

ASS. REC. BY: mm

REF:

CC3/A1422004170/Rga3

079E

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SNA 5904Mat Workshop m/s PREMIUMof SS, WAI RD 1.Insured: ALG

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: 270K

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SNA 5904MYr Regn: 2019 / JanType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi Q8 3.0 TSI Quattroc.c. 2995Colour: Black

A/C: Insured / Std / NI / NA

Sp. Reading: 31430

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: Wau 222F13KD001200Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim orTyre Size: F: 275/50R20

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

CONTINENTAL

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 01/05/22D.O.I. 11/05/22

Survey held at

PREMIUM

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

REAR O/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

REPAIR LIMIT - 168K

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

S + RS. SI

Photos

Others

Report Format: _____

Lum Sum / 12.6.12

55 UBI ROAD 1, SINGAPORE 408699

TEL : 6366 2323 FAX : 6841 1183

EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

ESTIMATE : ACCIDENT REPAIRS
WORKSHOP : UBI ROAD 1
CONTACT NO : 6366 2323
FAX NO : 6841 1183
REFERENCE : PA/TP/0359/2022/JT
DATE : 5-May-22
WIP : 22640

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE SURVEY 11/5/22

YOUR INSURED VEH NO : SJX 5620 H

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY

#07-16 AIG BUILDING

SINGAPORE 079120

Attn: Motor Claims Dept

Tel: 6880 4602 - Fax: 6880 4838

OWNER'S NAME : MR JIANG SHUAI
ADDRESS : 220 DEPOT ROAD
#15-76
SINGAPORE 109704
TELEPHONE : HP +65 93397470
TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : PER/AIS/2021/0000260
VEHICLE NO : **SNA 5904 M**
MODEL CODE : AUDI Q8 3.0 TFSI QU
MODEL YEAR : 28/1/2019
ENGINE NO : DCB 051886
CHASSIS NO : WAUZZZF13KD011200
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 1-May-22
PLACE OF ACCIDENT : THE SLIP ROAD OF HENDERSON ROAD

55 UBI ROAD 1, SINGAPORE 408699
 TEL : 6366 2323 FAX : 6841 1183
 EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SNA 5904 M

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER REAR PARKING AID AND REAR LID KICK SENSOR.	S/N \$ 360.00 ✓	
2	TO DISMANTLE AND RENEW REAR BUMPER. TO REPAIR REAR END PANELLING. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 1,800.00 600 ✓	
3	TO RESPRAY REAR UPPER BUMPER, REAR LOWER BUMPER, BOT HREAR WHEEL ARCH TRIMS AND REAR END PANELLING.	\$ 4,000.00 1700 ✓	
4	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00 ✓	
TOTAL LABOUR CHARGES		: \$ 6,352.00	



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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SNA 5904 M

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
1	REAR BUMPER - UPPER <i>de/</i>	1	\$	1,451.00	
2	REAR BUMPER - LOWER <i>de/</i>	1	\$	2,201.00	
3	REAR BUMPER FIXING PARTS <i>X</i>	1	\$	177.00	
4	REAR BUMPER SPOILER <i>scr/</i>	1	\$	1,407.00	
5	REAR BUMPER CLOSING ELEMENT - RH <i>?</i>	1	\$	108.00	
6	REAR BUMPER TRIM - RH <i>scr/</i>	1	\$	273.00	
7	REAR BUMPER TRIM - CENTER <i>scr/</i>	1	\$	271.00	
8	BOOT LID CONTROL UNIT <i>?</i>	1	\$	454.00	
9	REAR BUMPER REINFORCEMENT BEAM <i>?</i>	1	\$	1,506.00	
10	REAR BUMPER SEAL - LH / RH <i>?</i>	2	\$	32.00	
11	REAR BUMPER HOLDING STRAP <i>?</i>	1	\$	206.00	
12	REAR BUMPER GUIDE SECTION - CENTER <i>?</i>	1	\$	159.00	
13	REAR BUMPER GUIDE SECTION - RH <i>?</i>	1	\$	75.00	
14	REAR PARKING AID SENSOR <i>X</i>	2		TBC	
15	REAR PARKING AID SEAL RING <i>m/</i>	4	\$	10.00	
16	REAR WHEEL ARCH COVER - LH / RH <i>m/</i>	2	\$	794.00	
17	REAR FOG LIGHT - RH <i>scr/</i>	1	\$	257.00	
18	SUNDRIES <i>?</i>		\$	350.00	
TOTAL SPARE PARTS		:	\$	9,731.00	
TOTAL LABOUR CHARGES		:	\$	6,352.00	
GRAND TOTAL		:	\$	16,083.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST

LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED
SPARE PARTS ARE SPECIAL NETT.



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TEL : 6366 2323 FAX : 6841 1183

EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

NAME

:

SURVEYED DATE

:

AUTHORISED DATE

:

EXCESS COST

:

LIABILITY

:

REMARKS

:

Rashid - Hp 9000 68
11/05/22 @ 1400
4 days / p/p
Resy before paint

PLEASE NOTE

:

THIS ESTIMATE IS BASED ON VISUAL INSPECTION OF THE AFFECTED VEHICLE. SHOULD WE REQUIRE FURTHER LABOUR CHARGES AND SPARE PARTS IN THE PROGRESS OF REPAIR, WE SHALL INFORM YOU ACCORDINGLY. FOR INSPECTION OF VEHICLE, PLEASE REFER TO MS. NORAH KHAI AT TEL: 6768 9828 / 6768 9911 FOR APPOINTMENT.

YOURS FAITHFULLY,

PREMIUM AUTOMOBILES PTE LTD

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

JOHNNY BOO
BODY REPAIR MANAGER

ALLAN WU
CLAIMS CONSULTANT



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	04/05/2022 17:30 (SGT)
Date of Accident	01/05/2022 12:00 (SGT)
Exact Location of Accident	Henderson Rd, Singapore
Additional Location Information	THE SLIP ROAD OF HENDERSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA5904M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	JIANG SHUAI
NRIC No	SXXXX079E
Email Address	MWZZ@LIVE.COM
Mobile Phone No	(Phone) +65-93397470
Alternative Phone No	(Office) +65-93397470

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q8
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	3000

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	PER/AIS/2021/0000260

DRIVER

Name of Driver	JIANG SHUAI
NRIC No	SXXXX079E



Date Of Birth 05/01/1996
 Occupation Indoor
 Date Of Driving Pass 21/07/2021
 Driving experience 10 MONTHS
 Gender Male
 Mobile Number (Phone) +65-93397470
 Alt. Phone Number (Office) +65-93397470
 Email Address MWZZ@LIVE.COM
 Address 220 DEPOT ROAD
 Address complement THE INTERLACE #15-76
 Postcode 109704
 Is the driver the policyholder? Yes
 If No, Relationship of the Driver with the Insured -
 Does Driver Own Other Vehicles? No
 Vehicle Registration Number of Other Vehicle Owned by Driver -
 Insurance Company of Other Vehicle Owned by Driver -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Head to Rear
 Weather Conditions Clear
 Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
 Number of vehicles involved in the accident 2
 Was anybody injured in the Accident? No
 Was any injured conveyed to hospital by ambulance? -
 Was any other vehicle or property damaged? Yes
 Number of Passengers (Including Driver) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name SHI LIYANG
 Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? No
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

I STOPPED MY CAR AT THE SLIP ROAD OF HENDERSON ROAD, TO CHECK IF THERE IS ANY ON COMING CARS AT TELOK BLANGAH (THE MAIN ROAD) BEFORE I PROCEED. AFTER A FEWS SECOND, I GOT HIT BY A CAR FROM BEHIND.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? No
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJX5620H
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -

Vehicle Category	Private car
Name of Driver	EE KIM SENG
Contact Number	(Phone) +65-96363588
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;


(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")


(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

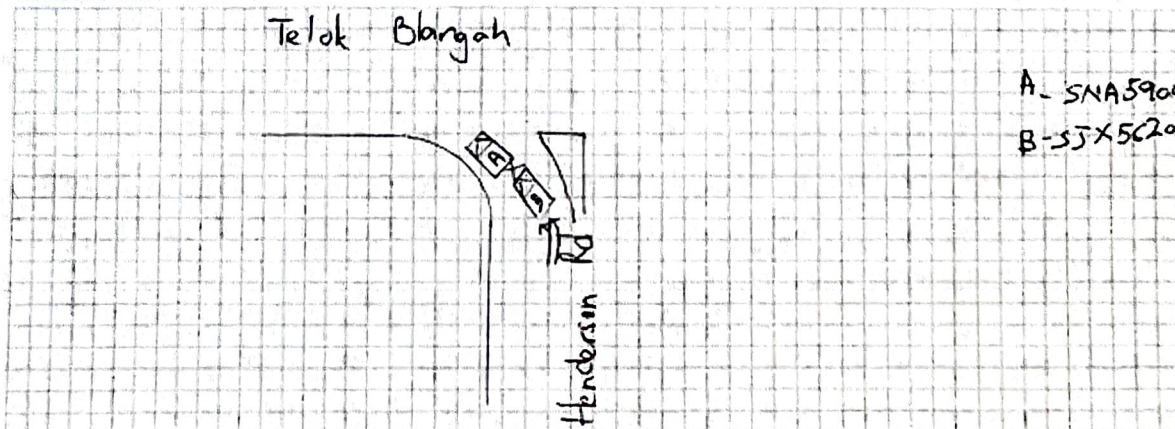
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


14:39
04/05/2022

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

I stopped my car at the slip road of herberton road, to check if there is any on coming cars at telok blongah (the main Road) before I proceed. After a few seconds, I got hit by a car from behind.

Declaration

We declare the foregoing particulars are true in every respect.

 14:39
04/05/2022

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	079E
Vehicle No.:	SNA5904M
Vehicle to be Exported:	No
Intended Deregistration Date:	12 May 2022
Vehicle Make:	AUDI
Vehicle Model:	Q8 3.0 TFSI QUATTRO
Primary Colour:	Black
Manufacturing Year:	2018
Engine No.:	DCB051884
Chassis No.:	WAUZZZF13KD011200
Maximum Power Output:	250.0 kW (335 bhp)
Open Market Value:	\$73,637.00
Original Registration Date:	28 Jan 2019
First Registration Date:	28 Jan 2019
Transfer Count:	1
Actual ARF Paid:	\$104,547.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Jan 2029
PARF Rebate Amount:	\$78,410.00
COE Expiry Date:	27 Jan 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$33,989.00
COE Rebate Amount:	\$22,796.00
Total Rebate Amount:	\$101,206.00

The information contained herein is correct as at 12 May 2022

OK

Audi Q8 Mild Hybrid 3.0A TFSI Quattro Tip

Overview

Financial

Accessories

Similar

Research

Photos

Map

CARRO

The Better Place to Buy Cars

Price **\$270,888**

Depreciation ⓘ **\$32,690 /yr**
[View models with similar depre](#)

Reg Date **10-Jan-2019**
(6yrs 7mths 28days COE left)

Mileage **49,065 km (14.7k /yr)**

Manufactured ⓘ **2018**

Road Tax ⓘ **\$2,380 /yr**

Transmission **Auto**

Dereg Value ⓘ **\$100,804 as of today ([change](#))**

Fuel Type **Petrol-Electric**

COE ⓘ **\$32,200**

OMV ⓘ **\$74,319**

Engine Cap **2,995 cc**

ARF ⓘ **\$105,775**

Curb Weight ⓘ **2,165 kg**

Power **250.0 kW (335 bhp)**