

1454

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____


Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

Remark: The veh had commenced its repair at the time of inspection.

	
N/S	O/S

Bal. or Market Value:		
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: 3MHA5245 Yr Regn: 2021 / May

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi Q3 C.C. 1395

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: 13772 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZZF31M1115996

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/65R17.

R: 215/65R17.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or *Condoms!*

Front		Rear			
R/Bal.	<u>06</u>	mm	R/Bal.	<u>06</u>	mm
L/Bal.	<u>06</u>	mm	L/Bal.	<u>06</u>	mm
D.O.A.			D.O.I.	<u>19/05/22</u>	

Survey held at Prentiss

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

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

[illegible]

☐ : Prel. Report
☐ : Final Report

Days Of Repair: _____
Resurvey No. of Trip: _____

2)

Add Fee: ☐ : Site Insp (\$ _____) _____ \$ + RS. _____ \$
☐ : Interview (\$ _____) Photos
☐ : Tech. Invs (\$ _____) Others
☐ : _____ \$

Report Format :

1. BRUNNEN, S. (Hrsg.) 1971: 12.

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 11/05/2022 18:35 (SGT)
Date of Accident 11/05/2022 15:54 (SGT)
Exact Location of Accident Stevens Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA3299B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SOEDONO ADJI
NRIC No SXXXX277G
Email Address SOEDONO1@GMAIL.COM
Mobile Phone No (Phone) +65-85004093
Alternative Phone No (Office) +65-93227884

VEHICLE PARTICULARS

Manufacturer Audi
Model Q3
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 1400

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 7210050904
Cover Note Number -

DRIVER

Name of Driver KIM KYUNG HA
NRIC No SXXXX663I

Date Of Birth	24/03/1974
Occupation	Indoor
Date Of Driving Pass	14/07/2012
Driving experience	9 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93227884
Alt. Phone Number	-
Email Address	KYUNGHA224@GMAIL.COM
Address	83 PATASON ROAD
Address complement	#09-06
Postcode	238549
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
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	DANIEL
Gender	Male

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

OUR CARS WAS STATIONARY @ THE INTERSECTION WHEN WE GOT HIT FROM THE REAR FROM THE VAN. APPARENTLY, THE VAN HIT US BECAUSE THE VAN WAS HIT BY THE TRUCK BEHIND.

TRUCK DRIVER DETAILS :

NGIA CHEN WOO
 DOB : 20/05/1964
 ID:S1679508I
 PLATE : XB8244R

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG620A
-----------------------------------	---------

Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Goods vehicle
Name of Driver	EUGENE
Contact Number	(Phone) +65-81265784
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XB8244R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SKR6574X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SHD8611T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

Vehicle Registration Number
 Vehicle Make
 Vehicle Model
 Vehicle Year
 Vehicle Color
 Vehicle Category
 Name of Driver
 Contact Number
 Address
 Address complement
 Postcode
 Insurance Company Name
 Name of Damage
 Details of property damaged in accident
 No. Of Passenger (Including Driver)

Vehicle Registration Number
 Vehicle Make
 Vehicle Model
 Vehicle Year
 Vehicle Color
 Vehicle Category
 Name of Driver
 Contact Number
 Address
 Address complement
 Postcode
 Insurance Company Name
 Name of Damage
 Details of property damaged in accident
 No. Of Passenger (Including Driver)

Vehicle Registration Number
 Vehicle Make
 Vehicle Model
 Vehicle Year
 Vehicle Color
 Vehicle Category
 Name of Driver
 Contact Number
 Address
 Address complement
 Postcode
 Insurance Company Name
 Name of Damage
 Details of property damaged in accident
 No. Of Passenger (Including Driver)

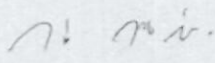
SKETCH PLAN

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.



Policyholder's Signature / Date & Time

 11th May 2022
5:28 pm

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



Witnessed by Reporting Centre Personnel

Sketch Plan

E	
D	
A	
B	
C	
↑↑	

A - SMA3299B
B - GBG620A
C - XB8244R
D - SKR6574X
E - SHD8611T

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/0380/2022/JT
DATE : 13-May-22
WIP : 23719

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE SURVEY 19/5/22
YOUR INSURED VEH NO : GBG 620 A

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 SOEDONO ADJI
ADDRESS : 83 PATERSON ROAD
#09-06
SINGAPORE 238549
TELEPHONE : HP +65 85004093
TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : 721005094
VEHICLE NO : **SMA 3299 B**
MODEL CODE : AUDI Q3 1.4 TFSI S TRONIC
MODEL YEAR : 31/5/2021
ENGINE NO : CzD C39741
CHASSIS NO : WAUZZZF31M1115996
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 11-May-22
PLACE OF ACCIDENT : STEVENS 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 SMA 3299 B - FRONT

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE, CHECK AND TRANSFER FRONT WIRE HARNESS FOR HEADLIGHTS, HORNS, OUTSIDE TEMPERATURE SENSOR, HEADLIGHT WASHER ASSY AND FRONT PARKING AID.	S/N \$ 480.00	✓
2	TO REMOVE AND TRANSFER BOTH HEADLIGHT'S CONTROL UNIT AND POWER MODULE.	S/N \$ 800.00	X
3	TO DISMANTLE AND RENEW FRONT BUMPER AND BOTH HEADLIGHT. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 1,200.00	SSO
4	TO RESPRAY FRONT BUMPER.	\$ 1,000.00	SSO
SUB TOTAL LABOUR CHARGES		: \$ 3,480.00	

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 SMA 3299 B - REAR

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 REMOVE AND TRANSFER REAR LID'S CONVENIENCE LOCK SYSTEM, WIRE HARNESS FOR TAIL LIGHT'S AND REAR WIPER ASSY.	S/N \$	480.00	✓
3	TO RENEW REAR WINDSCREEN TO FACILITATE RENEWAL OF REAR LID.	S/N \$	480.00	✓
4	TO CARRY OUT WATER SEEPAGE FOR REAR WINDSCREEN.	S/N \$	200.00	✓ 150.
5	TO INSTALL SOLAR FILM FOR REAR WINDSCREEN.	S/N \$	400.00	✓
SUB TOTAL LABOUR CHARGES		:	\$ 1,920.00	

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 SMA 3299 B - REAR

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
6	TO DISMANTLE AND RENEW REAR BUMPER AND REAR LID. TO REPAIR REAR END PANELLING. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED. ✓ ✓	\$ 2,800.00	100 ✓
7	TO RESPRAY REAR BUMPER, REAR LID AND REAR END PANELLING.	\$ 3,000.00	1100 ✓
8	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00	✓
TOTAL LABOUR CHARGES		: \$ 11,392.00	

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

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMA 3299 B - FRONT

			DAMAGED PARTS & PRICES		
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS	
1	FRONT BUMPER <i>Byis</i>	1	\$ 2,308.00	+	
2	FRONT BUMPER CLOSING ELEMENT - LH / RH	2	\$ 132.00	+	
3	FRONT BUMPER GRILLE - CENTER	1	\$ 242.00	+	
4	FRONT BUMPER GRILLE LOWER COVER	1	\$ 58.00	+	
5	FRONT BUMPER GRILLE - LH / RH	2	\$ 248.00	+	
6	FRONT BUMPER CLOSING ELEMENT	1	\$ 212.00	+	
7	FRONT BUMPER SPOILER <i>new</i>	1	\$ 426.00	+	
8	FRONT BUMPER BRACKET <i>new</i>	1	\$ 24.00	+	
9	FRONT BUMPER AIR GUIDE GRILLE - LH / RH <i>new RH cut</i>	2	\$ 342.00	177	
10	RADIATOR GRILLE <i>could</i>	1	\$ 1,594.00	✓	
11	RADIATOR GRILLE STRIKER PLATE ?	1	\$ 271.00	?	
12	RADIATOR GRILLE COVER CAP ?	1	\$ 47.00	?	
13	RADIATOR GRILLE BRACKET ?	1	\$ 46.00	?	
14	RADIATOR GRILLE SECURING STRIP ?	1	\$ 37.00	?	
15	FRONT CAMERA <i>new</i>	1	\$ 1,261.00	+	
16	FRONT BUMPER REINFORCEMENT BEAM <i>new</i>	1	\$ 974.00	+	
17	FRONT BUMPER FOAM FILLER PIECE <i>new</i>	1	\$ 114.00	+	
18	FRONT BUMPER GUIDE SECTION - LH / RH <i>new</i>	2	\$ 86.00	+	
19	FRONT BUMPER TOP COVER <i>new</i>	1	\$ 137.00	+	
20	CAUTION STICKER <i>new</i>	1	\$ 16.00	+	
SUB TOTAL SPARE PARTS			\$ 8,575.00		

ALL CHARGES ARE NOT INCLUSIVE OF GST
LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED
SPARE PARTS ARE SPECIAL NETT.

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

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMA 3299 B - FRONT

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
21	AIR COND STICKER	1	\$ 9.00	+
22	FRONT PARKING AID SENSOR	2	\$ 530.00	+
23	FRONT PARKING AID SENSOR SEAL RING	4	\$ 10.00	+
24	HEADLIGHT MOUNTING - LH / RH	2	\$ 264.00	+
25	HEADLIGHT - LH / RH	2	\$ 11,904.00	+
26	LIFT CYLINDER - LH / RH	2	\$ 462.00	+
27	LIFT CYLINDER HOSE	1	\$ 92.00	+
28	RADIATOR AIR GUIDE OUTER - LH / RH	2	\$ 86.00	+
29	RADIATOR AIR GUIDE - UPPER / LOWER	2	\$ 96.00	+
30	FRONT WHEEL ARCH COVER -LH / RH	2	\$ 566.00	+
SUB TOTAL SPARE PARTS		:	\$ 14,019.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST
LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED
SPARE PARTS ARE SPECIAL NETT.

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

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMA 3299 B - REAR

			DAMAGED PARTS & PRICES		
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS	
1	REAR BUMPER <i>Delud</i>	1	\$ 1,738.00	✓	
2	REAR BUMPER FIXING PARTS <i>neu</i>	1	\$ 220.00	+	
3	REAR BUMPER SPOILER <i>Delud</i>	1	\$ 510.00	✓	
4	REAR BUMPER TOWING EYE <i>neu</i>	1	\$ 48.00	+	
5	REAR BUMPER BRACKET <i>neu</i>	1	\$ 53.00	+	
6	REAR LIGHT REFLECTOR - LH / RH <i>neu</i>	2	\$ 92.00	+	
7	TAIL LIGHT INNER - LH / RH <i>neu</i>	2	\$ 2,060.00	+	
8	TAIL LIGHT TRIM INNER - LH / RH <i>neu</i>	2	\$ 68.00	+	
9	REAR BUMPER REINFORCEMENT BEAM <i>?</i>	1	\$ 693.00	?	
10	REAR BUMPER HOLDING STRAP - CENTER <i>?</i>	1	\$ 120.00	?	
11	REAR BUMPER GUIDE SECTION - LH / RH <i>neu</i>	2	\$ 142.00	+	
12	REAR PARKING AID SENSOR <i>neu</i>	2	\$ 530.00	+	
13	REAR PARKING AID SENSOR SEAL RING <i>neu</i>	4	\$ 10.00	+	
14	REAR LID <i>Dented</i>	1	\$ 3,767.00	✓	
15	REAR PACKING ADHESIVE <i>neu</i>	1	\$ 21.00	✓	
16	REAR LID ATTACHMENT PARTS <i>neu</i>	1	\$ 393.00	+	
17	REAR LID LOCK <i>?</i>	1	\$ 292.00	+	
18	REAR LID LOCK COVER <i>neu</i>	1	\$ 8.00	+	
19	REAR LID STRIKER PLATE <i>neu</i>	1	\$ 74.00	+	
20	REAR LID LOCK ACTUATOR <i>neu</i>	1	\$ 1,478.00	+	
SUB TOTAL SPARE PARTS		:	\$ 12,317.00		

ALL CHARGES ARE NOT INCLUSIVE OF GST
LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED
SPARE PARTS ARE SPECIAL NETT.

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

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMA 3299 B - REAR

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
21	REAR LID FLAP GASKET <i>Ren</i>	1	\$ 229.00	✓
22	AUDI EMBLEM <i>Ren</i>	1	\$ 144.00	✓
23	Q3 EMBLEM <i>Ren</i>	1	\$ 104.00	✓
24	REAR WINDSCREEN <i>Ren</i>	1	\$ 1,064.00	✓
25	PRIMER <i>Ren</i>	1	\$ 22.00	✓
26	REAR LID TOP SPOILER - LH / RH <i>Ren</i>	2	\$ 470.00	+
27	REAR LID GASKET CLIP <i>Ren</i>	2	\$ 16.00	+
28	REAR END PANEL TRIM <i>Ren</i>	1	\$ 213.00	+
29	REAR WHEEL ARCH COVER - LH / RH <i>Ren</i>	2	\$ 566.00	✓
30	LED LICENCE PLATE <i>Ren</i>	2	\$ 113.00	+
31	REAR LID TRIM PANEL - LOWER <i>Ren</i>	1	\$ 541.00	+
32	REAR WINDSCREEN SEALANT <i>Ren</i>	S/N	\$ 200.00	✓
33	FRONT NO PLATE <i>Detel</i>	S/N	\$ 60.00	✓
34	REAR NO PLATE <i>Ren</i>	S/N	\$ 60.00	+
35	SUNDRIES <i>?</i>		\$ 500.00	?
TOTAL SPARE PARTS (FRONT & REAR)		:	\$ 39,213.00	
TOTAL LABOUR CHARGES (FRONT & REAR)		:	\$ 11,392.00	
GRAND TOTAL		:	\$ 50,605.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST
LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APROVED
SPARE PARTS ARE SPECIAL NETT.



55 UBI ROAD 1, SINGAPORE 408699

TEL : 6366 2323 FAX : 6841 1183

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

NAME : *Adrian*
SURVEYED DATE : *19/05/22*
AUTHORISED DATE :
EXCESS COST :
LIABILITY :
REMARKS : *see Authorised 28 days*

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

JOHNNY BOO
BODY REPAIR MANAGER

ALLAN WU
CLAIMS CONSULTANT