



HL Assurance Pte Ltd
11 Keppel Road
#11-01 ABI Plaza
Singapore 089057
Attn: Motor Claims
Yr Ref: MP320159MPC03411/ANA

Norah Khai
6768 9911
6841 1183
Nora.khai@premiumauto.com.sg
Body & Paint Dept
PA/OD/0410/2022/MH

From
Telephone +65 -
Telefax +65 -
Email
Our Dept
Our Ref

20-Dec-2022 Date
1 Total Pages

Dear Sir,

RE: INSURANCE CLAIM FOR SLJ 2244 E – Audi A4 SEDAN 1.4 TFSI S TRONIC

With reference to the above-mentioned vehicle, no. **SLJ 2244 E**, claimant, **Mr. Joel Gay**, please find the related document per attached.

1. A copy of the Original invoice no. 85018031 – S\$ 10,826.47.
2. A copy of the Discharge Voucher duly signed by client.

Premium Automobiles Pte Ltd,
Showroom
9 Leng Kee Road
Singapore 159090
Telephone (65) 6566 1111
Telefax (65) 6471 3733

Based on the above document, we would appreciate you could expedite the payment soonest possible.

Service & Parts Centres
55 Ubi Rd 1
Singapore 408699
Telephone (65) 6336 2323
Telefax (65) 684 11183

If you require any further clarification, please do not hesitate to contact me at 6768 9911.

Regards

This is a computer-generated document. No signature is required.

Norah Khai
Claims Dept

Encl
HL Insurance – SLJ 2244 E

Premium Automobiles Pte Ltd



Audi Centre Singapore
281 Alexandra Road
Singapore 159938
Main Telephone 6836 2223
Main Telefax 6471 3733
Co. & GST Reg. No.: 199902271W

Alexandra Service Centre
281 Alexandra Road
Singapore 159938
Main Telephone 6388 2223
Main Telefax 6475 1023

Ubi Service Centre
55 Ubi Road 1
Singapore 408699
Main Telephone 6388 2323
Main Telefax 6841 1183

Customer Service
Service Appointment 6366 2323
24-hour Breakdown Service 9828 1233
Email customer.care@premiumauto.com.sg

INS TAX INVOICE

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HL ASSURANCE PTE LTD MOTOR CLAIM DEPT 11 KEPPEL ROAD #11-01 ABI PLAZA SINGAPORE 089057 089057 ATTN: MS WEN HWEI	Invoice No: 85018031	Account: H0014 (T 0)
	Date: 06/12/2022	HL ASSURANCE PTE LTD MOTOR CLAIM DEPT 11 KEPPEL ROAD #11-01 ABI PLAZA SINGAPORE 089057
	Order: SLJ2244E	
	Term: 30	

Regn No: SLJ2244E (V 31151)	Regn Date: 30/11/2016	Mileage: 89198	WIP No.: 24487
Model: A4 SEDAN 1.4 TFSI S tronic	Chassis: WAUZZZF44HA031797	Engine: CVN 018177	Dept: U
You have been assisted by :- UB-Tony Foong (33)			

		Details	Qty	Unit Price	Amount
Q	EXC	M: 8888 Insurance Excess/Liability	-600.00	1.00	-600.00
S	BODYWORK	M: TO REMOVE AND TRANSFER RHS HEADLIGHT'S CONTROL UNIT AND POWER MODULE.	350.00	1.00	350.00
S	BODYWORK	M: TO DISMANTLE AND RENEW FRONT BUMPER. REORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	700.00	1.00	700.00
S	BODYWORK	M: TO RESPRAY FRONT BUMPER.	700.00	1.00	700.00
S	BODYWORK	M: TO CARRY OUT DIAGNOSTIC CHECK	192.00	1.00	192.00
Q	OTHERS	M: TOWING FROM ACCIDENT SCENES (BY OWNER)	160.50	1.00	160.50
Q	OTHERS	M: TOWING FROM UBI TO OPERATING CENTRE (BY OWNER)	171.20	1.00	171.20
X	A8W0807682B 9B9	GRILL	1.00	150.50	150.50
X	A8W0941774A	HEADLIGHT	1.00	8294.00	8,294.00

Parts 8,444.50
Labour 331.70
Sublet 1,942.00
Menus 0.00
Lubricant 0.00

Sub-Total	10,118.20
7% GST	708.27
Grand Total	10,826.47



Received by _____

For & on behalf of
Premium Automobiles Pte Ltd



HL Assurance Pte Ltd
 11 Keppel Road
 #11-01 ABI Plaza
 Singapore 089057
Attn: Motor Claims Dept
Yr Ref: MP320159MPC03411/ANA

Norah Khai From
6768 9911 Telephone +65 -
6841 1183 Telefax +65 -
Body Repair Our Dept

PA/OD/0410/2022/NH Our Ref
27-May-2022 Date
1 Total Pages


RE: CLAIM – OWNER’S SATISFACTION/DISCHARGE VOUCHER

Make & Model : Audi A4 SEDAN 1.4 TFSI S-TRONIC
Vehicle Chassis No. : WAUZZZF44HA031797
Vehicle Regn No. : **SLJ 2244 E**
Vehicle Mileage : **89160** KM
Vehicle Owner : Mr. Joel Gay
Certificate No : MP320159
Own Damage Excess : S\$ 642.00 (Inclusive of 7% GST)
Accident Date : 14/5/2022
Place : Raffles City Basement Carpark
Repair Cost : S\$ **10,826.47**
WIP No. : 24487
Repairer’s Name : Premium Automobiles Pte Ltd

Premium Automobiles Pte Ltd,
 Showroom
 9 Leng Kee Road
 Singapore 159090
 Telephone (65) 6566 1111
 Telefax (65) 6471 3733

Service & Parts Centres
 55 Ubi Rd 1
 Singapore 408699
 Telephone (65) 6336 2323
 Telefax (65) 684 11183

I/We certify that the vehicle has been fully repaired to my entire satisfaction and that payment of the repairer’s charges that are claimable under the policy will be deemed in full and final settlement of property claim only.

Insured Signature : 
Time : 9.30am
Date : 28/5/22

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	17/05/2022 17:13 (SGT)
Date of Accident	14/05/2022 14:00 (SGT)
Exact Location of Accident	252 North Bridge Rd, Singapore 179103
Additional Location Information	RAFFLES CITY BASEMENT CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ2244E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	JOEL GAY
NRIC No	S9238120Z
Email Address	joelgay22@gmail.com
Mobile Phone No	(Phone) +65-96374550
Alternative Phone No	+65-96374550

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1400

INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MP320159
Cover Note Number	-

DRIVER

Name of Driver	JOEL GAY
NRIC No	S9238120Z