

ASS. FEO. BY:

REF:

CC3/AIG22008157/Aqc

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / T / 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: _____

(Policy Condition)

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: 3 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: SNF3497H. Yr Regn: 2022 May.

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

Truck / Trailer or

Make: Audi A3 SB c.c. 1498.

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

Sp. Reading: 5838. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZ2GY1NA027039.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/45R17.

R: 225/45R17.

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

TOYO / YOKO or Nexen.

Front Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 24/08/22.

Survey held at Premium.

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

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

Date / Time Action / Instruction

OD AIG.

16/11/22@4.57pm confirmed with Mr Boo final fig \$4478.80, 3 days. (Red \$16065.20, 78%)

MV: 165K
PV: 105.3K
Nett: 597K.

Date/Time, File Pass to?

☐: Preli. Report

1)

☐: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐: Site Insp (\$)

☐: Interview (\$)

☐: Tech. Invs (\$)

3 + RS. \$

Photos

Others

Report Formist

MER-OD

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 Actual 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	19/08/2022 17:52 (SGT)
Reported by	Both
Date of Accident	08/08/2022 01:00 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	EXIT 8B SLIP ROAD, FROM BKE TO MANDAI AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF3497H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KON WEI SHENG
NRIC No	SXXXX651I
Email Address	KONWS.94@GMAIL.COM
Mobile Phone No	(Phone) +65-98321401
Alternative Phone No	(Home) +65-68932011

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
Variant	SPORTBACK 1.5 TFS
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	1498

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220054902

DRIVER

Name of Driver	KON WEI SHENG
NRIC No	SXXXX651I
Date Of Birth	29/03/1994
Occupation	Indoor

Date Of Driving Pass	28/02/2015
Driving experience	7 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98321401
Alt. Phone Number	(Home) +65-68932011
Email Address	KONWS.94@GMAIL.COM
Address	BLK 485B CHOA CHU KANG AVE 5
Address complement	#15-114
Postcode	682485
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	FELICIA NG JIA NING
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 WAS ENTERING EXIT 8B TO GO TO MY FIANCE'S HOME. THINKING THAT THE TRAFFIC LIGHT WILL TURN GREEN SOON. I HAVE STEPPED ON THE BRAKES LIGHTLY ONLY. UNFORTUNATELY, THE TRAFFIC LIGHT REWAIVED RIGHT AND I COULD NOT STOP IN TIME. HENCE, MY CAR COLLIDED WITH THE TAXI WHICH WAS STATIONARY BEHIND THE STOP LINE. LATE REPORTING TO INSURANCE COMPANY DUE TO WORRIED ABOUT LOSS OF NCD, THOUGHT REPAIR COSTS WILL BE LESS THAN \$1,000 AND CAN BE COVERED OUT OF MY OWN.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4041P
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Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	HAJI ISMAIL BIN MOHAMED
Contact Number	(Phone) +65-90919970
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

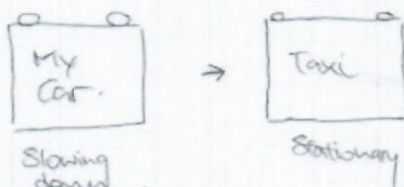
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel *[Signature]*

Sketch Plan



Marshall Avenue



Describe Circumstances of the Accident


I was entering ~~at~~ Exit 8B to go my fiancé's home. Thinking that the traffic light will turn green soon, I have stepped on the brakes lightly only. Unfortunately, the traffic light remained red and I ~~can~~ could not stop in time. Hence, ~~the~~ my car collided with the taxi which was stationary behind stop line.

Late reporting to insurance company.

- Worried about loss of NCD. ~~loss of~~ ^{loss of} ~~them~~
- Thought repair costs will be ~~\$~~ \$1000 and can be covered out of my own pocket.

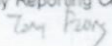
Declaration

I/we declare the foregoing particulars are true in every respect.

 19-Aug-2022, 2:59pm.
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel 



AIG Asia Pacific Insurance Pte. Ltd
AIG Building
78 Shenton Way
#07-16

MOTOR ACCIDENT INTERVIEW FORM

NAME : Kan Wei Sheng
VEHICLE NUMBER : SNF 3497H
DATE/ TIME OF ACCIDENT : 08-Aug-2022 / 1am
PLACE OF ACCIDENT : Exit 8B slip road from BKE to Mandai Ave.
THIRD PARTY VEHICLE (IF ANY) : SHD 4041P

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Start of Journey : Home

Intended Destination : Fiance's home

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?

Drink alcoholic drinks - No


WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Type of collision - Fract to rear

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

~~No~~ - Injured - No

Taken to TP for investigation - No

Kan Wei Sheng 

NAME:

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

UNDERTAKING

I, Kan Wei Sheng, (NRIC No. S9449651I), hereby confirm that the Singapore Accident Statement lodged by me on 19-Aug-2022 at 3:57pm hours pertaining to the accident involving motor car Reg. No: SNF 3497H, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I, Kan Wei Sheng, (NRIC No. S9449651I), am the owner of motor car Reg. No: SNF 3497H and the policyholder of policy no. 7220034902.

We acknowledge that the insurer, AIG Asia Pacific Insurance Pte. Ltd. is not liable under the contract of insurance if there is (a) a breach of policy terms and conditions and/or (b) cover under the policy is excluded due to the operation of an exclusion(s) under the policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or evidence emerges that:

- a) there is a breach of policy terms and conditions; and/or
- b) Cover under the policy is excluded due to the operation of an exclusion(s) under the policy terms and conditions,

we irrevocably jointly and severally undertake to absolve my insurer from all liability under the contract of insurance and we further jointly and severally undertake to re-pay any and all sums paid by my insurers pursuant to the contract of insurance upon my /our receipt of a written demand from the insurers.

Signature

Name of Policyholder

NRIC No.

Date

[Signature]
:
Kan Wei Sheng
:
S9449651I
:
19-Aug-2022

Signature

Name of Driver

NRIC No.

Date

[Signature]
:
Kan Wei Sheng
:
S9449651I
:
19-Aug-2022

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/OD/0720/2022/EQ
DATE : 20-Aug-22
WIP : 38211

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 24/8/2022.

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. KON WEI SHENG
ADDRESS : BLK 485B CHOA CHU KANG AVE 5
#15-114
SINGAPORE 682485
TELEPHONE : HP +65 98321401
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 7220054902
VEHICLE NO : **SNF 3497 H**
MODEL CODE : AUDI A3 SB 1.5 TFSI
MODEL YEAR : 23/5/2022
ENGINE NO : DFY 308671
CHASSIS NO : WAUZZZGY1NA027039
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 8-Aug-22
PLACE OF ACCIDENT : EXIT 8B SLIP ROAD, FROM
BKE TO MANDAI AVENUE

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 SNF 3497 H

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	
3	TO DISMANTLE AND RENEW FRONT BUMPER AND BOTH HEADLIGHT. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 1,200.00	
4	TO RESPRAY FRONT BUMPER.	\$ 1,200.00	
5	TO CARRY OUT DIAGNOSTIC CHECK	S/N \$ 292.00	
TOTAL LABOUR CHARGES		: \$ 3,972.00	

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. SNF 3497 H

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	FRONT BUMPER <i>Rehomed</i>	1	\$ 1,677.00	✓
2	FRONT BUMPER FIXING PARTS <i>new</i>	1	\$ 290.00	+
3	FRONT BUMPER CLOSING ELEMENT - LH / RH <i>new</i>	2	\$ 260.00	+
4	FRONT BUMPER GRILLE - LOWER CENTRE <i>cracked</i>	1	\$ 433.00	✓
5	FRONT BUMPER CLOSING ELEMENT - LOWER CENTRE ?	1	\$ 265.00	?
6	FRONT BUMPER AIR GUIDE - LH / RH <i>new</i>	2	\$ 134.00	+
7	FRONT BUMPER SPOILER <i>new</i>	1	\$ 326.00	+
8	FRONT BUMPER TRIM COVER - LH / RH	2	\$ 208.00	+
9	FRONT BUMPER AIR GUIDE GRILLE - LH / RH	2	\$ 342.00	+
10	FRONT BUMPER SENSOR SUPPORT - LH / RH	2	\$ 86.00	+
11	RADIATOR GRILLE <i>cracked</i>	1	\$ 932.00	✓
12	RADIATOR GRILLE CLOSING ELEMENT - CENTER ?	1	\$ 210.00	?
13	FRONT BUMPER FOAM FILLER PIECE ?	1	\$ 120.00	?
14	FRONT BUMPER CARRIER <i>new</i>	1	\$ 748.00	+
15	FRONT BUMPER GUIDE SECTION - LH / RH <i>new</i>	2	\$ 108.00	+
16	RADIATOR SUPPORT BRACKET <i>new</i>	1	\$ 93.00	+
17	CAUTION SIGN STICKER	1	\$ 16.00	+
18	AIR CONDITIONER STICKER	1	\$ 9.00	+
19	HORN SIGNAL LOW TONE - LH	1	\$ 154.00	+
20	HORN SIGNAL HIGH TONE - RH	1	\$ 162.00	+
SUB TOTAL SPARE PARTS		:	\$ 6,573.00	

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. SNF 3497 H

			DAMAGED PARTS & PRICES		
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS	
21	HORN BRACKET <i>Neu</i>	4	\$	107.00	<i>+</i>
22	HORN BRACKET UPPER - LH / RH <i>Neu</i>	2	\$	70.00	<i>+</i>
23	FRONT PARKING AID SENSOR - INNER / OUTER <i>Neu</i>	2	\$	558.00	<i>+</i>
24	FRONT PARKING AID SEAL RING <i>Neu</i>	4	\$	52.00	<i>+</i>
25	HEADLIGHT - LH / RH <i>Neu</i>	2	\$	8,168.00	<i>+</i>
26	HEADLIGHT LIFT CYLINDER - LH / RH <i>Neu</i>	2	\$	422.00	<i>+</i>
27	HEADLIGHT HOSE <i>Neu</i>	1	\$	108.00	<i>+</i>
28	RADIATOR AIR GUIDE SEAL - RH <i>Neu</i>	1	\$	14.00	<i>+</i>
29	FRONT AIR GUIDE - LH / RH <i>Neu</i>	2	\$	84.00	<i>+</i>
30	OUTSIDE TEMPERATURE SENSOR HOLDER <i>Neu</i>	1	\$	6.00	<i>+</i>
31	FRONT NO PLATE <i>Dented</i>	S/N	\$	60.00	<i>✓</i>
32	SUNDRIES <i>?</i>		\$	350.00	<i>?</i>
TOTAL SPARE PARTS		:	\$	16,572.00	
TOTAL LABOUR CHARGES		:	\$	3,972.00	
GRAND TOTAL		:	\$	20,544.00	

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

NAME : *Adrian Lj*
SURVEYED DATE : *24/08/22*
AUTHORISED DATE :
EXCESS COST :
LIABILITY :
REMARKS : *Not Authorised, 03 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

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

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Singapore NRIC
Owner ID: 651I

Vehicle Details

Vehicle No.: SNF3497H
Vehicle to be Exported: No
Intended Deregistration Date: 24 Aug 2022
Vehicle Make: AUDI
Vehicle Model: A3 SPORTBACK 1.5 TFSI S TRONIC
Primary Colour: Black
Manufacturing Year: 2021
Engine No.: DFY308671
Chassis No.: WAUZZZGY1NA027039
Maximum Power Output: 110.0 kW (147 bhp)
Open Market Value: \$27,672.00
Original Registration Date: 23 May 2022
First Registration Date: 23 May 2022
Transfer Count: 0
Actual ARF Paid: \$15,741.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 22 May 2032
PARF Rebate Amount: \$11,805.00

Intended COE Rebate Details

COE Expiry Date: 22 May 2032
COE Category: B - Car-Details at OneMotoring
COE Period(Years): 10
QP Paid: \$95,889.00
COE Rebate Amount: \$93,419.00
Total Rebate Amount: \$105,224.00

The information contained herein is correct as at 24 Aug 2022

OK



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Audi A3 Sportback Mild Hybrid

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No Max ▼

Depreciation ▼

Vehicle Type ▼

Category ▼




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Sort by Most Popular ▼

15 ▼ results/page

Car Model	Price	Dealer	Built in	User Rating
Audi A3 Sportback Mild Hybrid				
	1.0 TFSI S tronic (A) NEW VARIANT	Premium Automobiles	Germany	Rate it!
	\$191,369 \$17,600 /yr ?	• 22.7km/L 109bhp 7-speed (A) S tronic		
	1.5 TFSI S tronic (A)	• 20.8km/L 148bhp 7-speed (A) S tronic		
	\$217,635 \$21,000 /yr ?			

Car Model	Price	Dealer	Built in	User Rating
15 ▼ results/page				

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