

Ass. Fed. BY:

REP:

ASSIGNMENT

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: _____

(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: _____ 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: SNE 77385 Yr Regn: 2022 April

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

Truck / Trailer or

Make: Audi A3 c.c. 1498

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

Sp.Reading: 2288 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZGY2NA026112

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: 225/45 R17

R: 225/45 R17

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. 29/08/22

Survey held at Premium

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

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

Date / Time	Action / Instruction
	<u>OP AIG</u>
	<u>MV: 190K</u>
	<u>PV: 106.8K</u>
	<u>Nett: 83.2K</u>

Date/Time, File Pass to?

: Preli. Report

Days Of Repair: _____

1)

: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee:

2)

Addl Fee: : Site Insp (\$)

Transportation:

: Interview (\$)

Photos

: Tech. Insp (\$)

Others

Report Format: _____

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 GI 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	08/08/2022 13:53 (SGT)
Reported by	Both
Date of Accident	06/08/2022 12:30 (SGT)
Exact Location of Accident	181 Orchard Rd, Singapore 238896
Additional Location Information	ALONG ORCHARD ROAD OUTSIDE TAKASHIMAYA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE7738S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOPHIA EVANGELINE GOH YI QING
NRIC No	SXXXX502A
Email Address	SOPHIAGOH3498@GMAIL.COM
Mobile Phone No	(Phone) +65-97878747
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
Variation	SEDAN 1.5 TFSI
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	7220036108

DRIVER

Name of Driver	SOPHIA EVANGELINE GOH YI QING
NRIC No	SXXXX502A
Date Of Birth	03/04/1998
Occupation	Indoor

Date Of Driving Pass	06/09/2018
Driving experience	3 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97878747
Alt. Phone Number	-
Email Address	SOPHIAGOH3498@GMAIL.COM
Address	53 CHEMPAKA AVENUE
Address complement	-
Postcode	349667
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)	1
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	-

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

REAR-ENDED CAR IN FRONT. DAMAGED BACK OF VEHICLE AND FRONT OF MY CAR.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD202T
Vehicle Manufacturer	Renault
Vehicle Model	Latitude
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-97345046

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' 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.


 9:31am
 8/19/22
 Policyholder's Signature / Date & Time

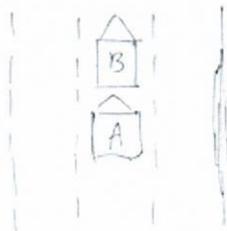
Driver's Signature (If driver is not the policyholder) / Date & Time



 Witnessed by Reporting Centre Personnel

Sketch Plan

A: SNV77385
 B: SHD202T





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/0675/2022/EQ
DATE : 11-Aug-22
WIP : 36496

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 12/08/2022

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 : MS SOPHIA EVANGELINE GOH YI QING
ADDRESS : 53 CHEMPAKA AVENUE
SINGAPORE 349667
TELEPHONE : HP +65 97878747
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 7220036108
VEHICLE NO : **SNE 7738 S**
MODEL CODE : A3 SEDN 1.5 TFSI
MODEL YEAR : 8/4/2022
ENGINE NO : DFY 309676
CHASSIS NO : WAUZZZGY2NA026112
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 6-Aug-22
PLACE OF ACCIDENT : ALONG ORCHARD ROAD OUTSIDE TAKASHIMAYA



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 SNE 7738 S

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 ANF FRONT PARKING AID.	S/N \$	480.00	✓
2	TO RMEOVE AND TRANSFER BOTH HEADLIGHT'S CONTROL UNIT AND POWER MODULE.	S/N \$	700.00	X
3	TO DISMANTLE AND RENEW FRONT BUMPER AND BOTH HEADLIGHT. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$	1,050.00 500	
4	TO RESPRAY FRONT BUMPER	\$	1,200.00 550	
5	TO CARRY OUT DIAGNOSTIC CHECK	S/N \$	192.00	✓
TOTAL LABOUR CHARGES		:	\$ 3,622.00	



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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SNE 7738 S

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	FRONT BUMPER <i>chd</i>	1	\$ 1,677.00	✓
2	FRONT BUMPER FIXING PARTS <i>neu</i>	1	\$ 290.00	x
3	FRONT BUMPER CLOSING ELEMENT - LH / RH <i>neu</i>	2	\$ 260.00	f
4	FRONT BUMPER GRILLE - LOWER CENTRE <i>chd</i>	1	\$ 433.00	✓
5	FRONT BUMPER CLOSING ELEMENT - LOWER CENTRE <i>neu</i>	1	\$ 265.00	f
6	FRONT BUMPER AIR GUIDE - LH / RH <i>neu</i>	2	\$ 134.00	f
7	FRONT BUMPER SPOILER <i>neu</i>	1	\$ 326.00	f
8	FRONT BUMPER SPOILER TRIM - LH / RH	2	\$ 208.00	f
9	FRONT BUMPER AIR GUIDE GRILLE - LH / RH <i>neu</i>	2	\$ 342.00	f
10	FRONT PARKING AID SENSOR BRACKET - LH / RH	2	\$ 86.00	f
11	RADIATOR GRILLE <i>chd</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>neu</i>	1	\$ 748.00	f
15	FRONT BUMPER COVER - INNER ?	1	\$ 93.00	?
16	FRONT BUMPER GUIDE SECTION - LH / RH <i>neu</i>	2	\$ 108.00	f
17	FRONT BUMPER SUPPORT - LH / RH <i>neu</i>	2	\$ 20.00	f
18	CAUTION SIGN STICKER <i>neu</i>	1	\$ 16.00	✓
19	AIR CONDITIONER STICKER <i>neu</i>	1	\$ 9.00	✓
20	FRONT PARKING AID SENSOR - INNER <i>neu</i>	2	\$ 558.00	f
SUB TOTAL SPARE PARTS		:	\$ 6,835.00	

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



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

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SNE 7738 S

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
21	FRONT PARKING AID SEAL RING	4	\$	52.00	X
22	HEADLIGHT - LH / RH	2	\$	8,168.00	X
23	LIFT CYLINDER - LH / RH	2	\$	422.00	X
24	LIFT CYLINDER HOSE	1	\$	108.00	X
25	TEMPERATURE SENSOR HOLDER	1	\$	6.00	X
26	RADIATOR AIR GUIDE	2	\$	84.00	X
27	FRONT NO PLATE <i>Deleted</i>	S/N	\$	60.00	✓
28	SUNDRIES <i>?</i>		\$	400.00	?
TOTAL SPARE PARTS		:	\$	16,135.00	
TOTAL LABOUR CHARGES		:	\$	3,622.00	
GRAND TOTAL		:	\$	19,757.00	

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 L*
SURVEYED DATE : *29/08/22*
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:	502A
Vehicle Details	
Vehicle No.:	SNE7738S
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Aug 2022
Vehicle Make:	AUDI
Vehicle Model:	A3 SEDAN 1.5 TFSI S TRONIC
Primary Colour:	White
Manufacturing Year:	2021
Engine No.:	DFY309676
Chassis No.:	WAUZZZGY2NA026112
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$28,117.00
Original Registration Date:	08 Apr 2022
First Registration Date:	08 Apr 2022
Transfer Count:	0
Actual ARF Paid:	\$16,364.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Apr 2032
PARF Rebate Amount:	\$12,273.00
Intended COE Rebate Details	
COE Expiry Date:	07 Apr 2032
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$98,389.00
COE Rebate Amount:	\$94,507.00
Total Rebate Amount:	\$106,780.00

The information contained herein is correct as at 30 Aug 2022

OK

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Audi A3 Sedan Mild Hybrid		Premium Automobiles	Germany	★★★★☆ 6 User Reviews
 <input type="checkbox"/> 1.0 TFSI S tronic (A) <small>NEW VARIANT</small> - Read facelift article	\$193,148 \$17,700 /yr ?	• 23.3km/L 109bhp 7-speed (A) S tronic		
<input type="checkbox"/> 1.5 TFSI S tronic (A)	\$219,415 \$21,100 /yr ?	• 20.8km/L 148bhp 7-speed (A) S tronic		
<input type="checkbox"/> 1.5 TFSI S tronic [Sport Seats] (A)	\$219,513	• 20.8km/L 148bhp 7-speed (A) S tronic		

Car Model	Price	Dealer	Built in	User Rating
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