

Ass. Ref. By:

Ref:

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: SMX8267P Yr Regn: 2021 Jan.

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

Truck / Trailer or

Make: Audi A5 SB c.c. 1984

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

Sp. Reading: 35150 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAU22ZF53MA004285

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: 245/40 R18

R: 245/40 R18

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. ob mm R/Bal. ob mm

L/Bal. ob mm L/Bal. ob mm

D.O.A. _____ D.O.I. 30/08/22

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
	<u>OD ALG</u>
	<u>MV: 190K</u>
	<u>PV: 73.6K</u>
	<u>Nett: 116.4K</u>

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. Inve (\$ _____)

Photos

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 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	25/08/2022 16:35 (SGT)
Reported by	Both
Date of Accident	24/08/2022 17:30 (SGT)
Exact Location of Accident	3 Simei Street 6, Singapore 528833
Additional Location Information	CAR PARK AT EASTPOINT MALL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX8267P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAUDHARI AJAY SHOK
Passport No/FIN	GXXXX699L
Email Address	AJAY.CHAUDHARI09@GMAIL.COM
Mobile Phone No	(Phone) +65-90181837
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A5
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	2000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210004265-01

DRIVER

Name of Driver	CHAUDHARI AJAY SHOK
Passport No/FIN	GXXXX699L
Date Of Birth	29/11/1978
Occupation	Indoor

Date Of Driving Pass	07/09/2006
Driving experience	15 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90181837
Alt. Phone Number	-
Email Address	AJAY.CHAUDHARI09@GMAIL.COM
Address	31 JURONG WEST ST 41
Address complement	#04-30 THE LAKESHORE
Postcode	649412
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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

I WAS ENTERING THE CAR PARK OF EASTPOINT MALL ON 25TH AUGUST 2022 AROUND 5:30PM AFTER CROSSING THE ENTRANCE BARRIER. I FELT A BUMP AND SOUND ON THE PASSENGER SIDE. THE CAR WAS ON THE RAMP SO I COULD NOT STOP AND GET OUT OF CAR. I DROVE UP THE RAMP AND STOPPED AND STEPPED OUT TO CHECK. THE PASSENGER SIDE (LEFT SIDE) OF THE CAR HAD GRAZED AGAINST THE SIDE WALL OF THE RAMP AND SUFFERED SCRATCHES ON BOTH DOOR AND BACK BUMPER AND PANEL ON TOP OF LEFT REAR WHEEL.

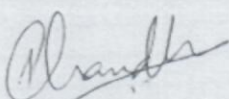
ATTACHMENT(S)

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

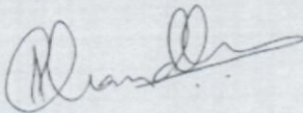
SKETCH PLAN

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



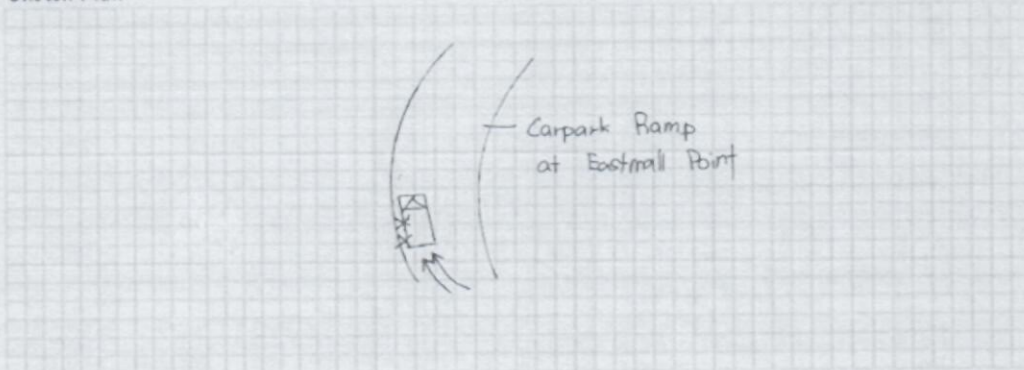
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

25/8/22 @ 1330

Sketch Plan



Describe Circumstances of the Accident

I was entering the carpark of East Point Mall on 25th Aug 2022 around 0530pm when After crossing the entrance barrier I felt a bump and sound on the passenger side. The car was on the ramp so I could not stop and got out of car. I drove up the ramp and stopped and stepped out to check. The passenger side (left side) of the car had grazed against the side wall of the ramp and suffered scratches on both doors and back bumper and panel on top of left rear wheel.

Declaration

We declare the foregoing particulars are true in every respect.

Chandler

26/08/2022
0155PM

Policyholder's Signature / Date & Time

Chandler

26/08/2022
0155PM

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



Witnessed by Reporting Centre Personnel

25/8/22 01330

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/0739/2022/EQ
DATE : 26-Aug-22
WIP : 39132

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 30/8/2022.

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. CHAUDHARI AJAY SHOK
ADDRESS : 31 JURONG WEST ST 41
#04-30, THE LAKESHORE
SINGAPORE 649412
TELEPHONE : HP +65 90181837
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 7210004265-01
VEHICLE NO : **SMX 8267 P**
MODEL CODE : AUDI A5 SB 2.0 TFSI
MODEL YEAR : 30/1/2021
ENGINE NO : DEM 025744
CHASSIS NO : WAUZZZF53MA004285
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 24-Aug-22
PLACE OF ACCIDENT : CARPARK AT EASTPOINT MALL

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 SMX 8267 P

S/N	NATURE OF JOBS		ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND REINSTALL REAR PARKING AID AND REAR LID KICK SENSOR.	S/N \$	360.00	✓
2	TO REMOVE AND TRANSFER LHS REAR DOOR 'S MULTI-LOCK SYSTEM AND POWER WINDOW DEVICES. INSPECT FOR DAMAGES.	S/N \$	400.00	X
3	TO DISMANTLE AND REINSTALL REAR BUMPER. TO REPAIR LHS REAR FENDER. TO RENEW LHS REAR DOOR AND LHS SILL PANEL TRIM. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$	3,200.00 1000	
4	TO RESPRAY REAR BUMPER, LHS REAR FENDER, DOOR ENTRANCE, LHS SILL PANEL, LHS REAR DOOR.	\$	4,500.00 1655	
5	TO CARRY OUT DIAGNOSTIC CHECK	S/N \$	192.00	✓
TOTAL LABOUR CHARGES		:	\$	8,652.00

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. SMX 8267 P

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	REAR DOOR - LH <i>Repis</i>	1	\$ 3,977.00	<i>+</i>
2	REAR OUTER DOOR SEAL - LH <i>Men</i>	1	\$ 247.00	<i>+</i>
3	BONDING AGENT <i>} Men</i>	1	\$ 51.00	<i>+</i>
4	CLEANING SOLUTION <i>} Men</i>	1	\$ 74.00	<i>+</i>
5	APPLICATOR <i>} Men</i>	1	\$ 9.00	<i>+</i>
6	REAR DOOR ATTACHMENT PARTS <i>} Men</i>	1	\$ 180.00	<i>+</i>
7	REAR DOOR CATCH - LH <i>} Men</i>	1	\$ 134.00	<i>+</i>
8	SIDE MEMBER TRIM - LH <i>} Men</i>	1	\$ 916.00	<i>+</i>
9	SIDE MEMBER TRIM SECUR ATTACHMENT PARTS <i>} Men</i>	1	\$ 136.00	<i>✓</i>
10	SIDE MEMBER TRIM ADHESIVE TAPES <i>} Men</i>	1	\$ 221.00	<i>✓</i>
11	REAR BUMPER GUIDE SECTION - LH <i>} Men</i>	1	\$ 49.00	<i>+</i>
12	REAR PARKING AID SENSOR <i>} Men</i>	1	\$ 266.00	<i>+</i>
13	REAR PARKING AID SEAL RING <i>} Men</i>	4	\$ 10.00	<i>+</i>
14	SUNDRIES <i>?</i>		\$ 400.00	<i>?</i>
TOTAL SPARE PARTS		:	\$ 6,670.00	
TOTAL LABOUR CHARGES		:	\$ 8,652.00	
GRAND TOTAL		:	\$ 15,322.00	

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 Ly*
SURVEYED DATE : *30/08/22*
AUTHORISED DATE :
EXCESS COST :
LIABILITY :
REMARKS : *Not Authorized, 05 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:	Foreign Identification Number
Owner ID:	699L

Vehicle Details

Vehicle No.:	SMX8267P
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Aug 2022
Vehicle Make:	AUDI
Vehicle Model:	A5 SPORTBACK 2.0 TFSI S TRONIC (110 KW)
Primary Colour:	Grey
Manufacturing Year:	2020
Engine No.:	DEM025744
Chassis No.:	WAUZZZF53MA004285
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$36,471.00
Original Registration Date:	30 Jan 2021
First Registration Date:	30 Jan 2021
Transfer Count:	0
Actual ARF Paid:	\$43,060.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Jan 2031
PARF Rebate Amount:	\$32,295.00

Intended COE Rebate Details

COE Expiry Date:	29 Jan 2031
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$49,001.00
COE Rebate Amount:	\$41,229.00
Total Rebate Amount:	\$73,524.00

The information contained herein is correct as at 30 Aug 2022

OK



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AUDI A5 SPORT

Any Category

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Search Selection

AUDI A5 SPORT



**Audi A5 Sportback Mild Hybrid
2.0A TFSI S-tronic**

Fuel Type: Petrol-Electric

Accessories worth more than \$10k. No admin fee. Full groom & polish. Shelter park. Full agent unit. 4 year warranty audi. Viewing strictly appointment only.

Posted: 14-Aug-2022



**Audi A5 Sportback Mild Hybrid
2.0A TFSI S-tronic**

Fuel Type: Petrol-Electric

Signature Audi navara blue with black interior. Agent unit with 5 years warranty. Number plate to be retained. Trade in/loan/insurance assistance available.

Posted: 29-Aug-2022



**Audi A5 Sportback Mild Hybrid
2.0A TFSI S-tronic**

Fuel Type: Petrol-Electric

Negotiable! District green. 2.48% bank. No admin fee. Full groom and polish with coating. Shelter park. Pristine condition. Full Audi maintained. 5yrs warranty Audi. Unlimited free servicing. Trade in and consignment welcome for high price. Free insurance quotation. Vi...

☒ This car comes with 6-mth Sgcarmart Warranty - the best protection for your car. Learn More

Posted: 30-Jul-2022



**Audi A5 Sportback Mild Hybrid
2.0A TFSI S-tronic**

Fuel Type: Petrol-Electric

1984cc 4 cylinders turbocharged mild Hybrid engine, metallic glacier white with cedar brown Nappa leather trim premium package (black lining ceiling), multi colored ambient lighting, sill trims plus contour, 5 years warranty by agent. New road tax.

Posted: 16-Aug-2022

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