ASSI	GNMENT
From: Date:	Veh No: SML33375. Yr Regn: 209, Apri
Estimated Cost:	Type: M.Car/ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Andi A4 c.c 1984
at Workshop m/s	Colour Brogge A/C: Insured / Std / NI / NA
of	Sp.Reading 35/63 T/Radio: Insured / Std / NI / NA
nsured	Eng/No:
Policy No.	C/No: WAUZZZF48KA042003
Claims No.	Gen. Cond: Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering (norder) Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder/Jammed / Leaked / Burnt or
Make of Veh:	Modí: Nil (S/Rim) STD A/Rim or
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: DAC Accident Rport: Consistent?: Yes or No Consistent?: Yes or No Est. Repairs: Market Value: Consistent?: Yes or No Sal. Yes or No	Tyre Size: F: 205/60 R/6 R: 205/60 R/6 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO OF Front R/Bal. Mm R/Bal. D.O.A. D.O.I. Survey held at
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted: Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision
ACTION / Instruction	
24/11/22@11.21am confirmed with Mr Boo final $m \vee : 13 \le 10$ $P \vee : G \vdash I \mid K$ Nett: $73 \cdot 9 \mid K$	Il fig \$3454.40, 5 days. (Red \$8706.60, 72%)

Resurvey No. of Trip:

: Site Insp (\$

Interview (\$

Tech. Invs (\$

Add Fee:

Survey Fee: Transportation:

_8 +RS.__SI

Photos

Officero

Report Formati: MER-OD

1)
Date/Time, File Return to?

: Final Report

SP14229D0001 / PREMIUM AUTOMOBILES PTE LTD [408699] ENTRY DATE & TIME: 13/09/2022 17:00 (SGT) SUBMITTED BY: WONG KHONG SENG

VERSION: 1 (13/09/2022 17:00 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

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 witholding 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

13/09/2022 17:00 (SGT) Both

12/09/2022 14:25 (SGT) Choa Chu Kang Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SML3337S

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No **Email Address** Mobile Phone No

Alternative Phone No

No

CHUA BAN LEE (CAI WANLI)

SXXXX981E JC@AXAC.COM (Phone) +65-82223337

VEHICLE PARTICULARS

Manufacturer

Model

Variant Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Transmission

CC

Audi

A4

Private use

Yes

Private car Auto

2000

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd.

1900088959-01

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

ZHANG YING SXXXX941B 22/09/1974 Indoor



Date Of Driving Pass 29/10/2019 Driving experience 2 YEARS AND 11 MONTHS Gender Female Mobile Number (Phone) +65-98379456 Alt. Phone Number **Email Address** JC@AXAC.COM Address 235 CCK CENTRAL Address complement #09-21 Postcode 680235 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 Collision - Change/cross lane
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) 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?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

THE CAR WAS STOPPED ALONG CHOA CHU KANG ROAD AT THE TRAFFIC LIGHT. AFTER THAT TRAFFIC CHANGED TO GREEN, I FILTER LEFT IN AS THE TAXI WAS STILL STATIONARY. WHILE I STARTED TO CHANGE LANE, THE TAXI WAS JUST BEHIND AND THE BACK OF THE CAR HIT THE FRONT SIDE OF THE TAXI.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

SHA999T

Vehicle Model

Vehicle Variant

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)	_

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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
- 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
- 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)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer in 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
- (ii) investigating the accident and/or my claims
- (ii) 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 linsurers' 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 sted outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Sketch Plan

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

8. Time

Witnessed by Reporting Centre

Personnel

5 19 /22 (2) 1347

A-ML33375

escribe Circumstances of t		
The ca	and expect along the	0 0 10 0
1 6 11 - 1-	Plant the single cho	a gun hang
agos as the tra	left in our as the taxi un	charted to
1 le la Taller	left in spras the laxi w	the f
white of starter	to but Change and,	THE Tax was
use pelinged a	not my the back of the	car hit the
fruit side of	The taxi.	
claration		
he declare the foregoing particular	rs are true in every respect.	
		COLON S.
10.		136 - FIT
2/1/1	3 6 %	The same
Misselve	576 9.	100
licyholder's Signature / Date &	Driver's Signature (if driver is not the policyholder) / Date	Milinessed by Reporting Centre

13/9/22@1347

* PREMIUM AUTOMOBILES



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 : 6366 2323

CONTACT NO FAX NO

: 6841 1183

REFERENCE

: PA/OD/0797/2022/EQ

DATE

: 14-Sep-22

WIP

41834

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 16/09/2022

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 CHUA BAN LEE (CAI WANLI)

ADDRESS

: BLK 235 CHOA CHU KANG CENTRAL

#09-21

SINGAPORE 680235

TELEPHONE

: HP +65 82223337

TYPE OF CLAIM

: OWN DAMAGE CLAIM

POLICY NO

: 1900088959-01

VEHICLE NO

: SML 3337 S

MODEL CODE

: AUDI A4 SEDAN 2.0 TFSI 8W

MODEL YEAR

23/4/2019

ENGINE NO

: CVK 077150

CHACCTC NO

: WAUZZZF48KA042003

CHASSIS NO

.

MILEAGE DATE IN

-

ESTIMATED BY

: JOHNNY BOO / ALLAN WU

ACCIDENT DATE

12-Sep-22

PLACE OF ACCIDENT

: CHOA CHU KANG 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 SML 3337 S

			ESTIMATED	SURVEYOR'S
S/N	NATURE OF JOBS		CHARGES	RECOMMENDATIONS
1	TO REMOVE AND TRANSFER REAR PARKING AID AND REAR LID KICK SENSOR.	S/N	\$ 360.00	/
2	TO DISMANTLE AND RENEW REAR BUMPER. TO REPAIR RHS REAR FENDER AND RHS REAR DOOR. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.		\$ 2,400.00	500
3	TO RESPRAY REAR BUMPER, RHS REAR FENDER AND RHS REAR DOOR.		\$ 2,800.00	1100
4	TO RENEW RHS REAR RIM AND CARRY OUT DIAGNOSTIC CHECK.	S/N	\$ 280.00	
5	TO CARRY OUT DIAGNOSTIC CHECK	S/N	\$ 192.00	
	TOTAL LABOUR CHARGES	:	\$ 6,032.00	





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. SML 3337 S

DAMAGED PARTS & PRICES

S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	REAR BUMPER REAL BUMPER	1	\$ 3,188.00	2
2	REAR BUMPER FIXING PARTS 7	1	\$ 487.00	T
3	REAR BUMPER SECURING STRIP	1	\$ 249.00	F
4	REAR BUMPER SPOILER We an	1	\$ 276.00	F
5	REAR BUMPER BRACKET - RH	1	\$ 130.00	<
6	REAR BUMPER REFLECTOR - RH	1	\$ 46.00	+
7	REAR BUMPER LOWER GUIDE SECTION - RH	1	\$ 26.00	+
8	REAR BUMPER HOLDING STRAP - RH	1	\$ 94.00	F
9	REAR BUMPER UPPER GUIDE SECTION - RH	1	\$ 51.00	
10	REAR ALUMINIUM RIM	1	\$ 1,278.00	
11	REAR ALUMINIUM RIM RUBBER VALVE Le a	1	\$ 4.00	1
12	SUNDRIES ?		\$ 300.00	7
	TOTAL SPARE PARTS	:	\$ 6,129.00	
	TOTAL LABOUR CHARGES	:	\$ 6,032.00	
	GRAND TOTAL	:	\$ 12,161.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST

LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APROVED

SPARE PARTS ARE SPECIAL NETT.

PREMIUM AUTOMOBILES



55 UBI ROAD 1, SINGAPORE 408699 TEL: 6366 2323 FAX: 6841 1183

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

NAME

SURVEYED DATE

AUTHORISED DATE

EXCESS COST

LIABILITY

REMARKS

Adria ()

Me Authorised, 05 hps

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 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

Owner ID Type:	Singapore NRIC
Owner ID:	981E
Vehicle Delaile	THE RESERVE OF THE PARTY OF THE
Vehicle No.:	SML3337S
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Sep 2022
Vehicle Make:	AUDI
Vehicle Model:	A4 SEDAN 2.0 TFSI S TRONIC (NAV)
Primary Colour:	Brown
Manufacturing Year:	2019
Engine No.:	CVK077150
Chassis No.:	WAUZZZF48KA042003
Maximum Power Output:	140.0 kW (187 bhp)
Open Market Value:	\$33,724.00
Original Registration Date:	23 Apr 2019
First Registration Date:	23 Apr 2019
Transfer Count:	0
Actual ARF Paid:	\$39,214.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Apr 2029
PARF Rebate Amount:	\$29,410.00
COE Expiry Date:	22 Apr 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$48,000.00
COE Rebate Amount:	\$31,640.00
Total Rebate Amount:	\$61,050.00
e information contained herein is correct as at 19 Sep 2022	

The information contained herein is correct as at 19 Sep 2022

New Cars

Used Cars

Rental Cars

Sell My Car

Directory

Products Insurance

Articles

Forum

Resources





9.9 SPECIALS \$9,900 OFF OUR PETROL SUV RANGE

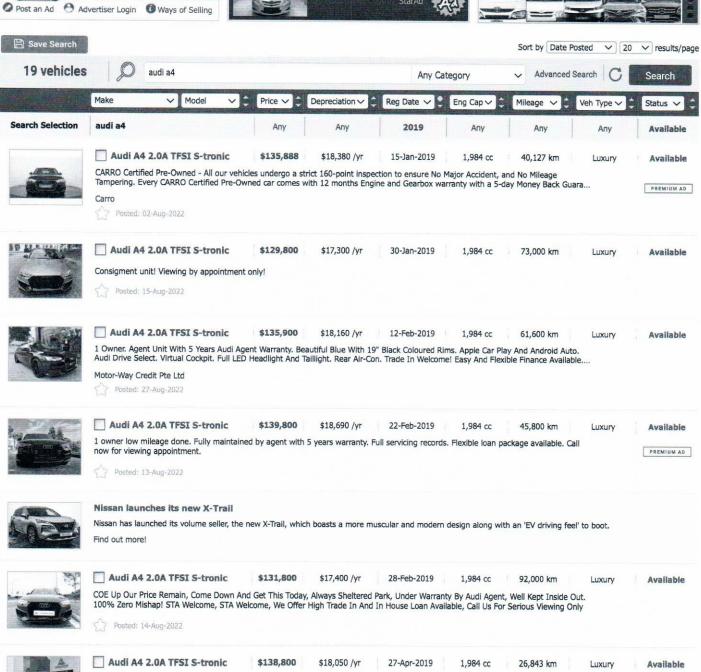


Post an Advertisement
Sell it yourself! Advertise it at just
\$68 until it's SOLD!

Advantage of the second









1 owner, road tax till 4/2023, nice 17 years "SGA" number plate, fully maintained by agent with proper service records, with on going warranty till 04/2024, can verify the authenticity of the mileage with agent, low bank rate, easy in house finance with attractive interest r...

variance and 04/2024, can verify the authenticity of the filleage with agent, low bank rate, easy in house finance

Dickson Automobile
Posted: 20-Jul-2022

Audi A4 2.0A TFSI S-tronic

\$138,999

\$18,050 /yr

30-Apr-2019

1,984 cc

9,000 km

Luxury

Available

Ongoing 5 Years Agent Warranty, Low Mileage With Agent Record. Audi MMI Music Player, Dynamic Drive Select, Dynamic Suspension, Multi Function Steering + Paddle Shifter, Keyless Entry + Start Engine. Well Taken Care Unit, Park In Shelter. Flexible/Full Loan Scheme...



