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SP11229U0001 / PREMIUM AUTOCARE CENTRE [159938] SF 17230001 THE STIME: 30/09/2022 17:18 (SGT) SUBMITTED BY: WONG KHONG SENG VERSION: 1 (30/09/2022 17:18 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 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

30/09/2022 17:18 (SGT) Date of Submission Owner Reported by 29/09/2022 18:00 (SGT) Date of Accident Keppel Bay View, Singapore **Exact Location of Accident** Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Auto

1000

SMJ7843G Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? **AXEL BADER** Name Of Registered Owner GXXXX069Q Passport No/FIN AXEL.BADER@GMAIL.COM **Email Address** (Phone) +65-82015248 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Audi Manufacturer A3 Model Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to Yes your vehicle? Private car Vehicle Category

INSURANCE COMPANY

Allianz Insurance Singapore Pte. Ltd. Name of Insurance Company SP2001207703 Policy Number / Cover Note Number

DRIVER

Transmission

CC

GABRIELA ALEYANDRA ROCATTI Name of Driver GXXXX603W Passport No/FIN 26/03/1984 Date Of Birth Indoor Occupation

Date Of Driving Pass 26/03/2001 Driving experience 21 YEARS AND 6 MONTHS Gender Male Mobile Number (Phone) +65-82015204 Alt. Phone Number **Email Address** GABYROCATTI@GMAIL.COM Address 29 KEPPEL BAY VIEW Address complement #28-88 Postcode 098417 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 - Major/Minor Rd
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

AS I WAS COMING OUT OF MY PARKING SPACE, I COLLIDED INTO AN INCOMING CAR. THE CAR CAME FROM MY RIGHT, AS IT JUST TURNED AROUND THE CORNER OF THE CAR PARK, I'D CHECKED IN THAT DIRECTION ALREADY ALREADY, BUT I WAS ALREADY LOOKING IN THE DIRECTION I NEEDED TO GO (MY LEFT) WHEN IT CAME AROUND.

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 SHC7611B
Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Yellow
Vehicle Category Taxi



Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
nsurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

COLLIDED INTO MOHT, AS IT ARK. I'D CHECKED
ARK. I'D CHECKED
HOK. I,O CHECKED
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MY (SFT) WHEN IT
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Witnessed by Reporting Centre ,
Personnel

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any will 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.
- 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)

Lunderstand, 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.

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

Sketch Plan

A - SM& 7843G
B - SH< 76118

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 **CONTACT NO** : UBI ROAD 1 : 6366 2323 : 6841 1183

REFERENCE

FAX NO

: PA/OD/0849/2022/EQ

DATE

: 4-0ct-22

: 44736 WIP

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 5/10/2022

Allianz Insurance Singapore Pte Ltd

79 Robinson Road

#09-01

Singapore 068897

Attn: Motor Claims Dept

Tel: 6880 4602 - Fax: 6880 4838

OWNER'S NAME

: MR AXEL BADER

ADDRESS

33 KEPPEL BAY VIEW

#24-95

SINGAPORE 098419

TELEPHONE

: HP +65 82015248

TYPE OF CLAIM

: OWN DAMAGE CLAIM

POLICY NO

SP2001207703

VEHICLE NO

SMJ 7843 G

MODEL CODE

AUDI A3 SPORTBACK 1.0 TF

MODEL YEAR

20/3/2019

ENGINE NO

CHZ C27715

CHASSIS NO

WAUZZZ8V0KA59576

MILEAGE

DATE IN

ESTIMATED BY

: JOHNNY BOO / ALLAN WU

ACCIDENT DATE

: 29-Sep-22

PLACE OF ACCIDENT

: KEPPEL BAY VIEW





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 SMJ 7843 G

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 AND HEADLIGHT WASHER ASSY.	S/N	\$ 360.00	
2	TO REMOVE AND TRANSFER RHS HEADLIGHT'S CONTROL UNIT AND POWER MODULE.	S/N	\$ 359.00	X.
3	TO DISMANTLE AND RENEW FRONT BUMPER AND RHS HEADLIGHT. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.		\$ 1,050.00	700
4	TO RESPRAY REAR BUMPER.		\$ 900.00	703
5	TO CARRY OUT DIAGNOSTIC CHECK	S/N	\$ 192.00	
	TOTAL LABOUR CHARGES	:	\$ 2,852.00	





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

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMJ 7843 G

DAMAGED PARTS & PRICES

S/N	PARTS DESCRIPTION	QTY	 S/NETT	REMARKS
1	FRONT BUMPER REAL	1	\$ 2,146.00 4	
2	FRONT BUMPER FIXING PARTS AM ~	1	\$ 195.00 €	
3	FRONT BUMPER GUIDE SECTION - RH 2	1	\$ 43.00 +	
4	FRONT BUMPER GRILLE - CENTER THE CONTRACTOR OF T	1	\$ 179.00 t	
5		ra 1	\$ 332.00 ←	
6	FRONT BUMPER CLOSING ELEMENT - RH	1	\$ 318.00 -	
7	RADIATOR GRILLE cand	1	\$ 1,578.00 /	
8	RADIATOR GRILLE CLOSING ELEMENT	1	\$ 210.00 7	
9	AIR CONDITIONER STICKER 3	1	\$ 9.00	
10	CAUTION SIGN STICKER	1	\$ 16.00	
11	FRONT BUMPER AIR GUIDE GRILLE - RH	1	\$ 210.00 £	
12	FRONT BUMPER REINFORCEMENT BEAM WC a	1	\$ 847.00 4	
13	FRONT BUMPER FOAM FILLER PIECE	1	\$ 211.00	
14	FRONT BUMPER TOP COVER New	1	\$ 136.00 \	
15	HEADLIGHT - RH 7	1	\$ 5,879.00+	
16	LIFT CYLINDER - RH Wen	1	\$ 156.00 ←	
17	LIFT CYLINDER HOSE	1	\$ 78.00 +	
18	OUTSIDE TEMPERATURE SENSOR BRACKET	1	\$ 21.00 /	
19	RADIATOR AIR GUIDE - RH	1	\$ 28.00 +	
20	RADIATOR AIR GUIDE OUTER SEAL - RH	1	\$ 9.00 1	
	SUB TOTAL SPARE PARTS	:	\$ 12,601.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST

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

SPARE PARTS ARE SPECIAL NETT.





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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMJ 7843 G

DAMAGED PARTS & PRICES

S/N	PARTS DESCRIPTION	QTY	 S/NETT	REMARKS
21	RADIATOR AIR GUIDE - UPPER CENTRE Ne w	1	\$ 14.00	+
22	FRONT NO PLATE Dested	S/N	\$ 60.00	
23	SUNDRIES ?		\$ 400.00	
	TOTAL SPARE PARTS	:	\$ 13,075.00	
	TOTAL LABOUR CHARGES	:	\$ 2,852.00	
	GRAND TOTAL	:	\$ 15,927.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST

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

SPARE PARTS ARE SPECIAL NETT.

PREMIUM AUTOMOBILES



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NAME

SURVEYED DATE

AUTHORISED DATE

EXCESS COST

LIABILITY

REMARKS

Mre Authorised, Excess To be advised 03 Pags

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

Owner ID Type:	Foreign Identification Number	
Owner ID:	069Q	- C
Vehicle Details		7.5
Vehicle No.:	SMJ7843G	
Vehicle to be Exported:	No	
Intended Deregistration Date:	06 Oct 2022	
Vehicle Make:	AUDI	
Vehicle Model:	A3 SB 1.0 TFSI S TRONIC (LED & NAV)	
Primary Colour:	Grey	
Manufacturing Year:	2019	
Engine No.:	CHZC27715	
Chassis No.:	WAUZZZ8V0KA059576	
Maximum Power Output:	85.0 kW (113 bhp)	
Open Market Value:	\$22,832.00	
Original Registration Date:	20 Mar 2019	
First Registration Date:	20 Mar 2019	
Transfer Count:	0	
Actual ARF Paid:	\$23,965.00	
Intended PARF Rebate Cretalls	是这一个人就是这个人的人,但是一个人的人的人,但是一个人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	19 Mar 2029	
PARF Rebate Amount:	\$17,973.00	200
Intended COE Rebate Details COE Expiry Date:	19 Mar 2029	
COE Category:	A - Car up to 1600cc & 97kW (130bhp)	
COE Period(Years):	10	
QP Paid:	\$26,309.00	
COE Rebate Amount:	\$16,973.00	
Total Rebate Amount:	\$34,946.00	

The information contained herein is correct as at 06 Oct 2022

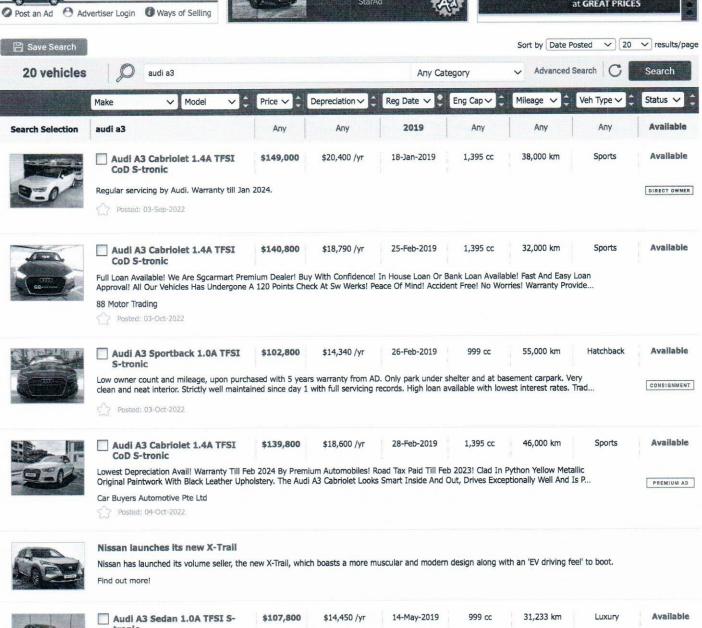
New UNIQLO at Raffles C UNIQLO Paya Lebar Quarter



1









tronic

Certified Quality Standards. Agent Premium Automobiles Unit, 5-Year/Unlimited Mileage Warranty. 6 Complimentary Servicing Sessions By Republic Auto. Fully Serviced And Maintained By Agent.

Republic Auto

Posted: 18-Sep-2022



Audi A3 Sportback 1.0A TFSI S-tronic

\$104,888

\$13,990 /yr

27-May-2019

50,000 km

Hatchback

Available

5 years agent warranty. Low mileage. Paddle shifter for the sporty handling. Immaculate condition. Well maintained white unit, Lowest interest rate! Full loan welcome! High trade in! Make your appointment now before this beauty is gone!

PREMIUM AD





Audi A3 Sedan 1.0A TFSI Stronic

\$122,800

\$16,600 /yr

31-May-2019

999 cc

50,075 km

Luxury

Available