

ASS. REC. 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: SNH2SX Yr Regn: 2022, JulyType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Andi Q7 C.C. 2995Colour: Black A/C: Insured / Std / NI / NASp. Reading: 4812 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAU2224mXND022969Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModf: Nil / S/Rim / STD A/Rim orTyre Size: F: 285/45R20R: 285/45R20BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ P.O.I. 06/10/22Survey held at PremiumDes. 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

OP ALGMV: 320kPV: 160.8kNett: 159.2k

Date/Time, File Pass to?

☐

: Preli. Report

1) _____
Date/Time, File Return to?☐

: Final Report

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Photos

Others

Report Format: _____

I hereby certify that the above information is true and correct.

Add Fee: ☐ Site Insp (\$ _____)☐ Interview (\$ _____)☐ Techn. Insp (\$ _____)

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	06/09/2022 18:43 (SGT)
Reported by	Both
Date of Accident	06/09/2022 17:00 (SGT)
Exact Location of Accident	Leng Kee Rd & Alexandra Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH25X
-----------------------------	--------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG EE KAY GEOFFREY
NRIC No	SXXXX345A
Email Address	GWONG368@MAC.COM
Mobile Phone No	(Phone) +65-97236646
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q7
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	3000

INSURANCE COMPANY

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

DRIVER

Name of Driver	CHIN CHEE KEONG
NRIC No	SXXXX325G
Date Of Birth	01/11/1966
Occupation	Indoor

Date Of Driving Pass	17/12/1986
Driving experience	35 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82126840
Alt. Phone Number	-
Email Address	JOHNNYCHEEKEONG0325@YAHOO.COM
Address	BLK 182 AMK AVE5
Address complement	-
Postcode	560182
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Cross Junction
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	WONG EE KAY GEOFFREY
Gender	Male

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 PROCEEDING TO CROSS OVER THE TRAFFIC JUNCTION WHEN THE TRAFFIC LIGHT TURNED GREEN. THE VAN ON MY RIGHT SIDE ENCROACHED INTO MY LANE AND COLLIDED INTO MY CAR ON RIGHT HAND SIDE. PLEASE SEE THE UPLOADED PHOTOS AND VIDEO FOOTAGE.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

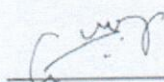
Vehicle Registration Number	GBC4449Z
Vehicle Manufacturer	Toyota

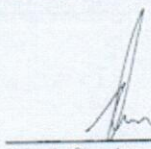
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	GILL JAGDEEP SINGH
Passport No/FIN	GXXXX358T
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-


SKETCH PLAN

IMPORTANT NOTICE

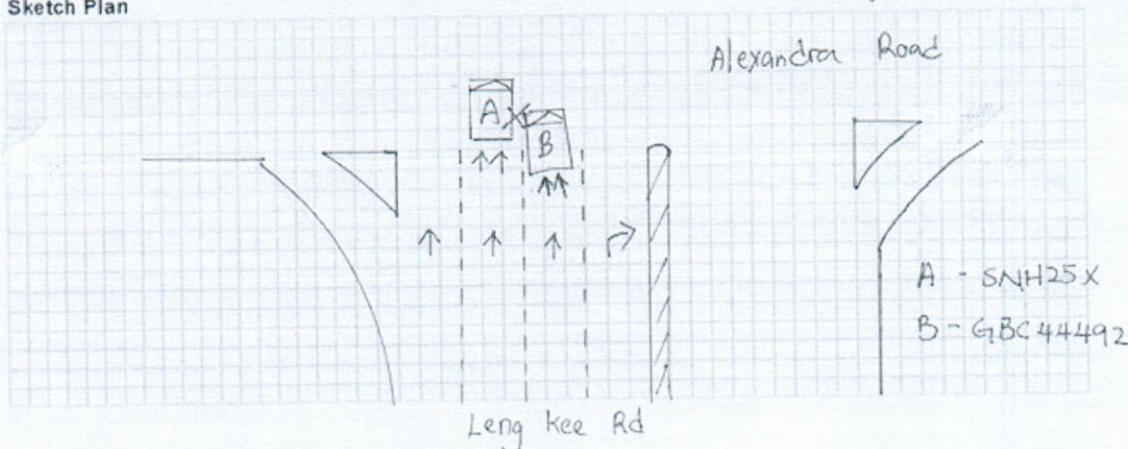
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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
6/9/22 @ 1800

Sketch Plan

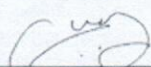


Describe Circumstances of the Accident

I was proceeding to cross over the traffic junction when the traffic light turned green. The van on my right side encroached into my lane and collided into my car on right hand side. ~~My~~ Please see the uploaded photos and video footage.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

6/9/22 @ 1800

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/0782/2022/EQ
DATE : 8-Sep-22
WIP : 41041

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 6/10/2022

AIG Asia Pacific Insurance Pte Ltd

78 Shenton Way

#07-16 AIG Building

Singapore 079120

Attn: Motor Claims Dept

OWNER'S NAME : MR WONG EE KAY GEOFFREY
ADDRESS : 33 BIN TONG PARK
SINGAPORE 269814

TELEPHONE : HP +65 97236646
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 7220082881
VEHICLE NO : **SNH 25 X**
MODEL CODE : AUDI Q7 3.0 TFSI QU TIPTR
MODEL YEAR : 28/7/2022
ENGINE NO : DCB 531578
CHASSIS NO : WAUZZZ4MXD022969
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 6-Sep-22
PLACE OF ACCIDENT : LENG KEE ROAD & ALEXANDRA 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 SNH 25 X

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	X
2	TO REMOVE AND TRANSFER RHS FRONT DOOR AND RHS REAR DOOR'S MULTI-LOCK SYSTEM AND POWER WINDOW DEVICES. INSPECT FOR DAMAGES.	S/N \$ 900.00	X
3	TO DISMANTLE AND REINSTALL REAR BUMPER. TO REPAIR RHS REAR FENDER. TO RENEW RHS FRONT DOOR AND RHS REAR DOOR. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 4,000.00	600
4	TO RESPRAY REAR UPPER BUMPER, REAR LOWER BUMPER, RHS REAR FENDER, RHS REAR DOOR, RHS FRONT DOOR, 2 DOOR COVERS, DOOR HANDLES, RHS REAR DOOR WHEEL ARCH TRIM AND BOTH REAR WHEEL ARCH TRIMS.	\$ 7,000.00	1900
5	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00	✓
TOTAL LABOUR CHARGES		\$ 12,452.00	

Door x 2 = 1200
 Door Protection x 2 = 400
 Door Arc = 100
 Fender Arc = 200
1900

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. SNH 25 X

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	FRONT DOOR - RH <i>Regis</i>	1	\$ 5,466.00	+
2	FRONT OUTER DOOR SEAL	1	\$ 282.00	+
3	BONDING AGENT	1	\$ 51.00	+
4	CLEANING SOLUTION	1	\$ 74.00	+
5	APPLICATOR	1	\$ 9.00	+
6	FRONT DOOR CATCH - RH <i>Regis</i>	1	\$ 137.00	+
7	FRONT DOOR COVER - RH <i>Regis</i>	1	\$ 963.00	+
8	REAR DOOR - RH <i>Regis</i>	1	\$ 5,708.00	+
9	BONDING AGENT	1	\$ 51.00	+
10	CLEANING SOLUTION	1	\$ 74.00	+
11	APPLICATOR	1	\$ 9.00	+
12	REAR DOOR CATCH - RH	1	\$ 137.00	+
13	REAR OUTER DOOR SEAL - RH <i>Mem</i>	1	\$ 213.00	+
14	REAR WEATHER STRIP <i>Mem</i>	1	\$ 282.00	+
15	REAR DOOR COVER - RH <i>Cut</i>	1	\$ 883.00	✓
16	REAR DOOR WHEEL COVER - RH <i>Cut</i>	1	\$ 201.00	✓
17	REAR WHEEL COVER - LH / RH <i>RH cut</i>	2	\$ 770.00	385
18	SUNDRIES		\$ 400.00	?
TOTAL SPARE PARTS		:	\$ 15,710.00	
TOTAL LABOUR CHARGES		:	\$ 12,452.00	
GRAND TOTAL		:	\$ 28,162.00	

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

:

06/10/22

AUTHORISED DATE

:

EXCESS COST

:

LIABILITY

:

REMARKS

:

Not Authorised, 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:	Singapore NRIC
Owner ID:	345A
Vehicle Details	
Vehicle No.:	SNH25X
Vehicle to be Exported:	Yes
Intended Deregistration Date:	07 Oct 2022
Vehicle Make:	AUDI
Vehicle Model:	Q7 3.0 TFSI QUATTRO TIP (SR)
Primary Colour:	Black
Manufacturing Year:	2022
Engine No.:	DCB531578
Chassis No.:	WAUZZZ4MXND022969
Maximum Power Output:	250.0 kW (335 bhp)
Open Market Value:	\$74,973.00
Original Registration Date:	28 Jul 2022
First Registration Date:	28 Jul 2022
Transfer Count:	0
Actual ARF Paid:	\$106,952.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Jul 2032
PARF Rebate Amount:	\$80,214.00
Intended COE Rebate Details	
COE Expiry Date:	27 Jul 2032
COE Category:	B - Car-Details at OneMotoring
COE Period(Years):	10
QP Paid:	\$100,684.00
COE Rebate Amount:	\$80,547.00
Total Rebate Amount:	\$160,761.00

The information contained herein is correct as at 07 Oct 2022


OK



Min Price to No Max Depreciation Vehicle Type Category Search Advanced Search

New Audi Q7 Mild Hybrid Cars for Sale (1 vehicles)

Sort by Most Popular 15 results/page

Car Model	Price	Dealer	Built in	User Rating
Audi Q7 Mild Hybrid  <input type="checkbox"/> 3.0 Sport 55 TFSI qu tip 7-Seater (A)	\$356,000 \$32,800 /yr ?	Parallel Importers	Slovakia	★★★★★ 1 User Review

Car Model	Price	Dealer	Built in	User Rating
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There are 1 **Past New Audi Q7 Mild Hybrid Cars for Sale** no longer being sold by local distributors
 View all [past Audi cars](#)



Audi Q7 Mild Hybrid (2020-2021)

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