

08/11/13) wef

ASS. REC. BY: JSN

REF:

CC3/AIG22011574/Rqc

496H

ASSIGNMENT

From:

Date:

Estimated Cost:

OB / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SML 5865X

at Workshop m/s

PREMIUM

of

MEMORA PD

Insured:

AK

Policy No.

Claims No.

Sum Insured:

Excess:

78A 0/-

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value:

101K

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

REPAIR LIMIT-66K

Rasul finalised final fig \$3,796, 3 days. (Red \$3022, 44%)

Veh No:

SML 5865X

Yr Regn:

2019 / MAYType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Andi A3 SPORTBACK 1.0 TFSI c.c 999

Colour

RED

A/C: Insured / Std / NI / NA

Sp. Reading

52947

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WAUZZZ8V1KA 076726Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

205/55R16

R:

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

12/11/22

D.O.I.

16/11/22

Survey 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, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3Resurvey No. of Trip: 2

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

) S + RS, SI

) Photos

) Others

Report Format : MER-ODLump Sum / I.B.I: (\$ 3796)

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/01010/2022/EQ
DATE : 15-Nov-22
WIP : 50797

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 16/11/2022

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 CHEN SIEW LOON
ADDRESS : 48 LAKESIDE DRIVE
#07-37, LAKEFRONT RESIDENCES
SINGAPORE 648305
TELEPHONE : HP +65 92211888
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 1900101502-03
VEHICLE NO : **SML 5865 X**
MODEL CODE : AUDI A3 SPORTSBACK 1.0 TF
MODEL YEAR : 28/5/2019
ENGINE NO : CHZ C29706
CHASSIS NO : WAUZZZ8V1KA076726
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 12-Nov-22
PLACE OF ACCIDENT : NORTH BRIDGE 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 5865 X

S/N	NATURE OF JOBS		ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER REAR PARKING AID.	S/N	\$ 280.00	✓
2	TO DISMANTLE AND RENEW REAR BUMPER. RE-ORGANIZE CRASH MANAGHEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$	1,050.00 500	
3	TO RESPRAY REAR BUMPER.	\$	900.00 550	
4	TO CARRY OUT DIAGNOSTIC CHECK.	S/M	\$ 192.00	✓
TOTAL LABOUR CHARGES		:	\$ 2,422.00	

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

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SML 5865 X

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	REAR BUMPER <i>de/</i>	1	\$ 2,201.00	
2	REAR BUMPER FIXING PARTS <i>X</i>	1	\$ 201.00	
3	REAR BUMPER LOCKING MECHANISM - LH / RH <i>?</i>	2	\$ 32.00	
4	REAR WHEEL HOUSING LINER ADAPTER - LH / RH <i>X</i>	2	\$ 84.00	
5	REAR BUMPER SPOILER <i>X</i>	1	\$ 264.00	
6	REAR BUMPER REFLECTOR - LH / RH <i>X</i>	2	\$ 68.00	
7	REAR BUMPER SIDE REINFORCEMENT <i>?</i>	1	\$ 642.00	
8	REAR BUMPER BRACKET - LH / RH <i>X</i>	2	\$ 63.00	
9	REAR PARKING AID SENSOR - INNER / OUTER <i>X</i>	2	\$ 531.00	
10	REAR PARKING AID SEAL RING <i>mu/</i>	4	\$ 10.00	
11	SUNDRIES <i>?</i>		\$ 300.00	
TOTAL SPARE PARTS		:	\$ 4,396.00	
TOTAL LABOUR CHARGES		:	\$ 2,422.00	
GRAND TOTAL		:	\$ 6,818.00	

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

SURVEYED DATE

AUTHORISED DATE

EXCESS COST

LIABILITY

REMARKS

: Resur - 4p 90010068
: 16/11/22 @ 0930
: 3 days
: Resur before paint

Revert
Excess: TBA

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

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	12/11/2022 17:43 (SGT)
Reported by	Both
Date of Accident	12/11/2022 13:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NORTH BRIDGE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML5865X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEN SIEW LOON
NRIC No	SXXXX496H
Email Address	CHENSIEWLOON@YAHOO.COM
Mobile Phone No	(Phone) +65-92211888
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
Variant	1400
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	1000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1900101502-03

DRIVER

Name of Driver	CHEN SIEW LOON
NRIC No	SXXXX496H
Date Of Birth	06/10/1967
Occupation	Indoor

Date Of Driving Pass	29/12/1997
Driving experience	24 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92211888
Alt. Phone Number	-
Email Address	CHENSIEWLOON@YAHOO.COM
Address	48 LAKESIDE DRIVE
Address complement	#07-37, LAKEFRONT RESIDENCES
Postcode	648305
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)	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	WIFE
Gender	Female

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 DRIVING STRAIGHT WITHIN MY LANE UPON CROSSING OVER THE TRAFFIC JUNCTION WHEN THE LIGHT WAS GREEN. THE VEHICLE (B) WAS ON MY RIGHT CUTTING INTO MY LANE IN A AGGRESIVE MANNER, WITHOUT GIVING ME ENOUGH TIME TO GIVE WAY. THEREFORE, I ACCELERATE TO PREVENT A COLLISION. SUBSEQUENTLY, I SLOW DOWN MY CAR TO STOP TO CHECK IF THERE IS ANY ONCOMING TRAFFIC ON LEFT BEFORE I MAKE A LANE SWITCH. HOWEVER, THE VEHICLE (B) WAS TOO CLOSE TO MY CAR REAR, COULDN'T STOP INTIME AND COLLIDED FLATLY INTO MY CAR REAR.

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	SKL1379H
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Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
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 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.

12/11/2022

Policyholder's Signature / Date & Time

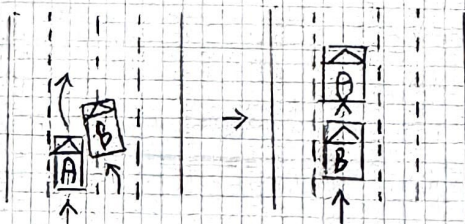
Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

12/11/22 @ 15:39

Sketch Plan



A - SML 5865X


B - SKL 1379H

Describe Circumstances of the Accident

I was driving straight within my lane upon crossing over the traffic junction when the light was green. The vehicle (B) was on my ^{right} ~~left~~ cutting into my lane in a aggressive manner, without giving me enough time to give way. Therefore, I accelerated to prevent a collision. Subsequently, I slow down my car ^{to} stop to check if there is any on coming traffic on the left ^{bus} lane before I make a lane switch. However, the vehicle B was too close to my car rear, ^{couldn't} ~~couldn't~~ stop in time and collided flatly into my ~~the~~ car rear.

Declaration

I/We declare the foregoing particulars are true in every respect.

 12/11/2022
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

12/11/2022 @ 15:39

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type: Singapore NRIC
Owner ID: 496H

Vehicle No: SML5865X
Vehicle to be Exported: No
Intended Registration Date: 17 Nov 2022
Vehicle Make: AUDI
Vehicle Model: A3 SPORTBACK 1.0 TFSI 5 TRONIC (LED)
Primary Colour: Red
Manufacturing Year: 2019
Engine No: CHZC29706
Chassis No: WAUZZZ8V1KA076726
Maximum Power Output: 85.0 kW (113 bhp)
Open Market Value: \$21,552.00
Original Registration Date: 28 May 2019
First Registration Date: 28 May 2019
Transfer Count: 0
Actual ARF Paid: \$22,173.00

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 27 May 2029
PARF Rebate Amount: \$16,629.00










COE Expiry Date: 27 May 2029
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period (Years): 10
QP Paid: \$27,000.00
COE Rebate Amount: \$17,622.00
Total Rebate Amount: \$34,251.00

The information contained herein is correct as at 17 Nov 2022

OK

Audi A3 Sportback 1.0A TFSI S-tronic

Overview Financial Accessories Similar Research Photos Map

Price	\$102,800		
Depreciation 	\$13,910 /yr View models with similar depre	Reg Date	21-Jun-2019 (6yrs 7mths 3days COE left)
Mileage	35,000 km (10.3k /yr)	Manufactured 	2019
Road Tax 	\$392 /yr	Transmission	Auto
Dereg Value 	\$34,437 as of today (change)	OMV 	\$21,554
COE 	\$26,999	ARF 	\$22,176
Engine Cap	999 cc	Power	85.0 kW (113 bhp)
Curb Weight 	1,275 kg	No. of Owners 	1
Type of Vehicle	Hatchback		