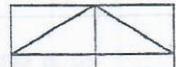


ASS. REC. BY: _____ REP: _____

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: _____

Veh No: SNF3268C Yr Regn: 2022/May
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Audi A5 Sportback c.c. 1984
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 10245 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WAUZZZF55 MA*062382
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 245/40R18
 R: 245/40R18
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Hankook
 Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 14/12/22
 Survey held at Premium
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear o/s
 The U/C / Chassis frame / Body Structure affected due to collision.

	
N/S	O/S

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

Bal. or Market Value: _____
 IDAC Accident Rport: _____ 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

Date / Time	Action / Instruction
	<u>OD AIG</u>
	<u>MV: 245K</u>
	<u>PV: 123.1K</u>
	<u>Nett: 121.9K</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to? _____
 2) _____
 Report Format: _____

Days Of Repair: _____
 Resurvey No. of Trip: _____

Arid Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech. Inve (\$) _____

Survey Fee: _____
 Transportation: _____
 S + RS, SI _____
 Photos _____
 Others _____

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	12/12/2022 16:21 (SGT)
Reported by	Both
Date of Accident	09/12/2022 15:45 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	ECP WESTBOUND NEAR STILL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF3268C
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	STEPHEN MCNULTY
NRIC No	SXXXX033H
Email Address	S_MCNULTY@ICLOUD.COM
Mobile Phone No	(Phone) +65-91054013
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A5
Variant	SPORTBACK 2.0 TFS
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	1984

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220055041

DRIVER

Name of Driver	STEPHEN MCNULTY
NRIC No	SXXXX033H
Date Of Birth	03/01/1966
Occupation	Indoor

Date Of Driving Pass 18/05/2006
 Driving experience 16 YEARS AND 7 MONTHS
 Gender Male
 Mobile Number (Phone) +65-91054013
 Alt. Phone Number -
 Email Address S_MCNULTY@ICLOUD.COM
 Address 55 COVE DRIVE
 Address complement #05-09
 Postcode 098395
 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) 3
 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 LACEREN MCNULTY
 Gender Female

PASSENGER 2

Name CATE MCNULTY
 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 IN THE MIDDLE LANE OF THE ECP AND APPROACHING A CAR IN FRONT. I CHECKED MY MIRROR, THE ROAD WAS CLEAR AND I INDICATED TO MOVE RIGHT. ONCE FULLY IN THE RIGHT LANE, I WAS HIT ON THE REAR SIDE BY THE OTHER CAR. I ASSUME HE ACCELERATED TO CUT ME OFF AND MISTIMED THINGS.

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	SMX7829A
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	ER KIM LAI
Contact Number	(Phone) +65-92373030
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.



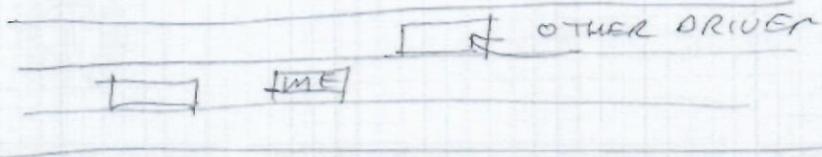
Stephen Hoff
Policyholder's Signature / Date & Time
Time 2:30pm 12/12/22

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

Witnessed by Reporting Centre Personnel

Sketch Plan

|| Still Rd.



← direction of travel
WEST

Describe Circumstances of the Accident

I WAS DRIVING IN THE MIDDLE LANE OF THE
ECP AND APPROACHING A CAR IN FRONT.

I CHECKED MY MIRROR, THE ROAD WAS CLEAR
AND I INDICATED TO MOVE RIGHT.

ONCE FULLY IN THE RIGHT LANE I WAS HIT
ON THE REAR SIDE BY THE OTHER CAR.

I ASSUME WE ACCELERATED TO CUT
ME OFF AND MISTIMED THINGS.

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]
Policyholder's Signature / Date &
Time

230PM 17/02/22

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

Witnessed by Reporting Centre
Personnel



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/1114/2022/EQ
DATE : 13-Dec-22
WIP : 54570

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 14/12/2022

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 STEPHEN MCNULTY
ADDRESS : 55 COVE DRIVE
#05-09
SINGAPORE 098395
TELEPHONE : HP +65 91054013
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : 7220055041
VEHICLE NO : **SNF 3268 C**
MODEL CODE : AUDI A5 SPORTBACK 2.0 TFS
MODEL YEAR : 20/5/2022
ENGINE NO : DEM 034525
CHASSIS NO : WAUZZZF55MA062382
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 9-Dec-22
PLACE OF ACCIDENT : ECP WESTBOUND NEAR STILL 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 SNF 3268 C

S/N	NATURE OF JOBS		ESTIMATED CHARGES	SURVEYOR'S 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. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$	1,600.00	750
3	TO RESPRAY REAR BUMPER AND RHS REAR FENDER.	\$	2,000.00	1100
4	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$	192.00	✓
TOTAL LABOUR CHARGES		:	\$ 4,152.00	



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. SNF 3268 C

DAMAGED PARTS & PRICES

S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	REAR BUMPER <i>Repis</i>	1	\$ 2,609.00	+
2	REAR BUMPER SECURING STRIP - LOWER	1	\$ 125.00	+
3	REAR BUMPER SECURING STRIP - UPPER	1	\$ 249.00	+
4	REAR BUMPER SPOILER	1	\$ 276.00	+
5	REAR BUMPER BRACKET - RH	1	\$ 228.00	+
6	REAR BUMPER REFLECTOR - LH / RH	2	\$ 96.00	+
7	REAR BUMPER REINFORCEMENT BEAM	1	\$ 1,131.00	+
8	REAR BUMPER IMPACT BAR GASKET - LH / RH	2	\$ 32.00	+
9	REAR BUMPER GUIDE SECTION - RH	1	\$ 49.00	+
10	REAR BUMPER GUIDE SECTION - RH UPPER	1	\$ 26.00	+
11	REAR BUMPER HOLDING STRAP - RH	1	\$ 94.00	+
12	REAR PARKING AID SENSOR - OUTER	1	\$ 266.00	X
13	REAR PARKING AID SEAL RING	4	\$ 10.00	+
14	EXHAUST TAIL PIPE TRIM - RH	1	\$ 383.00	+
15	REAR VENT TRIM	1	\$ 75.00	+
16	REAR WHEEL HOUSING LINER - RH	1	\$ 299.00	+
17	SUNDRIES ?		\$ 400.00	?
TOTAL SPARE PARTS		:	\$ 6,348.00	
TOTAL LABOUR CHARGES		:	\$ 4,152.00	
GRAND TOTAL		:	\$ 10,500.00	

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 Ly*
SURVEYED DATE : *14/12/22*
AUTHORISED DATE :
EXCESS COST :
LIABILITY :
REMARKS : *Not Authorised, 04 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 CneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 033H

Vehicle Details

Vehicle No.: SNF3268C

Vehicle to be Exported: No

Intended Deregistration Date: 14 Dec 2022

Vehicle Make: AUDI

Vehicle Model: A5 SPORTBACK 2.0 TFSI S TRONIC (110 KW)

Primary Colour: White

Manufacturing Year: 2021

Engine No.: DEM034525

Chassis No.: WAUZZZF55MA062382

Maximum Power Output: 110.0 kW (147 bhp)

Open Market Value: \$36,768.00

Original Registration Date: 20 May 2022

First Registration Date: 20 May 2022

Transfer Count: 0

Actual ARF Paid: \$43,476.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 19 May 2032

PARF Rebate Amount: \$32,607.00

Intended COE Rebate Details

COE Expiry Date: 19 May 2032

COE Category: B - Car-Details at OneMotoring

COE Period(Years): 10

QP Paid: \$95,889.00

COE Rebate Amount: \$90,424.00

Total Rebate Amount: \$123,031.00

The information contained herein is correct as at 14 Dec 2022

OK



Audi A5 Sportback Mild Hybrid Min Price to No Max Depreciation Vehicle Type Category Search Advanced Search

New Audi A5 Sportback Mild Hybrid Cars for Sale (1 vehicles)

Sort by Most Popular

15 results/page

Car Model	Price	Dealer	Built in	User Rating
 Audi A5 Sportback Mild Hybrid 2.0 TFSI S tronic (A)	\$288,062 \$26,600 /yr ?	Premium Automobiles • 15.6km/L 148bhp 7-speed (A) S tronic	Germany	5 User Reviews

Car Model	Price	Dealer	Built in	User Rating

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