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	A	ASSIGNMENT
Estimated Cost OD / TP / WS / TP RES / OD RES / EVA / INV / MW To inspect Vehicle No: of	From: Date:	Veh No: SMW 6079J - YR Renn: 2070, NOV
Truck / Trailer or Make: Arci Q 3	Estimated Cost:	
at Workshop m/s of Insured: Policy No. Claims No. Sum Insured: Excess: (Clied's Record) Make of Velt: Person Market Value: DAC Accident Rport: Consistent? 'Yes or No Sal. or Market Value: DAC Accident Rport: AC REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: Person Co	OD / TP / WS / TP RES / OD RES / EVA / INV / MV	
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Gen. Cond. 600d Fair Poor Burnt Steering: Inforder Jammed Leaked Burnt or Brake: Inforder Jammed Leaked Burnt or Modi: Nil SRim STD AlRim or Tyre Size: F: 215/63 (2.17. Remark: The veh had commenced its repair at the time of inspection. Inforder Size: F: 215/63 (2.17. Remark: The veh had commenced its repair at the time of inspection. Inforder Size: F: 215/63 (2.17. Remark: The veh had commenced its repair at the time of inspection. Inforder Size: F: 215/63 (2.17. Remark: The veh had commenced its repair at the time of inspection. Inforder Size: F: 215/63 (2.17. Remark: The veh had commenced its repair at the time of inspection. Inforder Size: F: 215/63 (2.17. Remark: The veh had commenced its repair Size: F: 215/63 (2.17. Remark: The veh had commenced its repair Size: F: 215/63 (2.17. Remark: The veh had commenced its repair Size: F: 215/63 (2.17. Remark: The veh had commenced its repair Size: F: 215/63 (2.17. Remark: The veh had commenced its repair Size: F: 215/63 (2.17. Remark: The veh had commenced its repair Size: Size:	Policy No.	C/No: WAUZZZF 37M1028863
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SP1422CF0001 / PREMIUM AUTOMOBILES PTE LTD [408699] ENTRY DATE & TIME: 15/12/2022 15:34 (SGT) SUBMITTED BY: FOONG CHIN FONG VERSION: 1 (15/12/2022 15:34 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

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.

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 15/12/2022 15:34 (SGT) Reported by Date of Accident 14/12/2022 15:21 (SGT) **Exact Location of Accident** 3 Temasek Blvd, #1, #327-328, Singapore 038983 Additional Location Information OUT FROM SUNTEC CITY ONTO NICOLL HIGHWAY Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

1395

Vehicle Registration Number SMW6079J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ANG CHEE WEI NRIC No SXXXX725B **Email Address**

ANGCHEEWEI@HOTMAIL.COM

Mobile Phone No (Phone) +65-96150848

Alternative Phone No +65-96994910

VEHICLE PARTICULARS

Manufacturer Audi Model Q3

Variant 1.4 TFSI S-TRONIC

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? No - Claiming third party

Vehicle Category Private car Transmission Auto

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 2070167923-02

DRIVER

CC

Name of Driver ANG CHEE WEI NRIC No SXXXX725B Date Of Birth 01/01/1969 Occupation Indoor

Date Of Driving Pass 13/12/1995 Driving experience 27 YEARS Gender Male Mobile Number (Phone) +65-96150848 Alt. Phone Number +65-96994910 **Email Address** ANGCHEEWEI@HOTMAIL.COM Address 2 RIVERVALE LINK Address complement #15-03 Postcode 545040 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 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) 4 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 PHOON PECK MEI Gender Female PASSENGER 2 Name ANG TENG HONG Gender Female PASSENGER 3 Name ANG TENG XUAN 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 EXITING FROM SUNTEC CITY ONTO NICOLL HIGHWAY, INCHING FORWARD TO GET A CLEARER VIEW OF ONCOMING VEHICLES FROM NICOLL HIGHWAY. THE VEHICLE BEHIND (TOYOTA SIENTA SGM3323Y) HIT MY CAR'S REAR. ATTACHMENT(S)

Yes

Are accident photos available for attachment?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGM3323Y
Vehicle Manufacturer	Toyota
Vehicle Model	Sienta
Vehicle Variant	_
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	LEE CHIN SIONG
Contact Number	(Phone) +65-98161698
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

- Please report <u>correctly</u> 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 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 ladgement 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' 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

Witnessed by Reporting Centre Personnel

Sketch Fian

A! CMW 6079 I 18) SGM 33234

escribe Circumstances of the Accident	
I was exiting from Sunter City onto Nicoll get a clearer view of oncoming Jehidos from Nicoll (Toyota Sienta SCIM 3323Y) hit mycor's rear	Highway inching forward to
(Toyota Sienta SCIM 3323Y) hit my cor's lear	Highway . The wehicle behin
1	
TWA	
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claration	
duction the foresting multiplication and true 's	
e declare the foregoing particulars are true in every respect.	ALE LIO *
	19/ 12

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

10:46am 15 Ac 2022

& Time

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre

Personnel

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

CONTACT NO

6366 2323

FAX NO

6841 1183

REFERENCE

PA/TP/1129/2022/EQ

DATE

16-Dec-22

WIP

54996

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 29/12/2022

YOUR INSURED VEH NO: SGM 3323 Y

Allianz Insurance Singapore Pte Ltd

79 Robinson Road

#09-01

Singapore 068897

Attn: Motor Claims Dept

OWNER'S NAME

MR ANG CHEE WEI

ADDRESS

2 RIVERVALE LINK

#15-03

SINGAPORE 545040

TELEPHONE

HP +65 96150848

TYPE OF CLAIM

THIRD PARTY CLAIM

POLICY NO

2070167923-02

VEHICLE NO

SMW 6079]

MODEL CODE

AUDI Q3 1.4 TFSI S-TRONIC

MODEL YEAR **ENGINE NO**

27/11/2020

CZD C11272

CHASSIS NO

WAUZZZF37M1028863

MILEAGE

DATE IN

ESTIMATED BY

JOHNNY BOO / ALLAN WU

ACCIDENT DATE

14-Dec-22

PLACE OF ACCIDENT

OUT FROM SUNTEC CITY ONTO NICOLL HIGHWAY





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 SMW 6079]

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. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.		\$ 1,200.00	800
3	TO RESPRAY REAR BUMPER.		\$ 1,000.00	800
4	TO CARRY OUT DIAGNOSTIC CHECK.	S/N	\$ 192.00	/
	TOTAL LABOUR CHARGES	:	\$ 2,752.00	-





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. SMW 6079]

DAMAGED PARTS & PRICES

S/N	PARTS DESCRIPTION	QTY	 S/NETT	REMARKS
1	REAR BUMPER Regni	1	\$ 1,738.00 🕇.	
2	REAR BUMPER FIXING PARTS Not wer	1	\$ 220.00 🗶	
3	REAR BUMPER SPOILER Ton	1	\$ 510.00	
4	REAR BUMPER TOW EYE COVER	1	\$ 48.00	
5	REAR BUMPER CROSS REINFORCEMENT - CENTER WE am	1	\$ 108.00 🕈	
6	REAR BUMPER BRACKET Me m	1	\$ 53.00 *	
7	REAR BUMPER REFLECTOR - LH (racked.	1	\$ 46.00	
8	REAR BOOT LID OPENING CONTROL UNIT	1	\$ 484.00 🗡	
9	REAR TAILGATE OPENING SENSOR LINE	1	\$ 228.00 *	
10	REAR BUMPER REINFORCEMENT BEAM	1	\$ 693.00	
11	REAR BUMPER HOLDING STRAP - LH / RH	2	\$ 64.00 🔀	
12	REAR BUMPER GUIDE SECTION - LH	1	\$ 71.00	
13	REAR PARKING AID SENSOR - INNER / OUTER	2	\$ 531.00 🖟	
14	REAR PARKING AID SEAL RING	4	\$ 10.00 🖈	
15	REAR BUMPER WIRING SET	1	\$ 449.00 ⊀	
16	REAR WHEEL COVER - LH / RH Mer	2	\$ 566.00	
17	REAR UNDERBODY TRIM - LH	1	\$ 63.00 🗶	
18	SUNDRIES		\$ 300.00 ?	
	TOTAL SPARE PARTS	:	\$ 6,182.00	
	TOTAL LABOUR CHARGES	:	\$ 2,752.00	
	GRAND TOTAL	1.15	\$ 8,934.00	

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

Asian 17 29/12/22.

: All Authorised, 03 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 <u>and</u> is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

JOHNNY 500 BODY REPAIR MANAGER ALLAN WU CLAIMS CONSULTANT

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Enquire PARF/COE Rebate for Registered Vehicle

Wehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	725B
Vahicle Details - August Brown - English (See	
Vehicle No.:	SMW6079J
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Dec 2022
Vehicle Make:	AUDI
Vehicle Model:	Q3 1.4 TFSI S TRONIC (17")
Primary Colour:	Blue
Manufacturing Year:	2020
Engine No.:	CZDC11272
Chassis No.:	WAUZZZF37M1028863
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$27,875.00
Original Registration Date:	27 Nov 2020
First Registration Date:	27 Nov 2020
Transfer Count:	0
Actual ARF Paid:	\$31,025.00
Nitended PARE Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Nov 2030
PARF Rebate Amount:	\$23,268.00
Intended COE Rebate Details In The Acceptance COE Service Coe Service Details In The Acceptance Coe Service Coe	26 Nov 2030
COE Expiry Date:	
COE Category:	E - Open - all except motorcycle 10
COE Period(Years):	
QP Paid:	\$41,503.00
COE Rebate Amount:	\$32,514.00
Total Rebate Amount:	\$55,782.00

The information contained herein is correct as at 29 Dec 2022