	ASSIC	GNMENT	
From:	Date:	Veh No: SMZ1520T.	Yr Regn: 2021 / Apri
From: Estimated Cost:	Date.	Type: M.Car M.Cycle / Bus / Van / Lor	
OD / TP / WS / TP RES / C	DD RES / EVA / INV / MV	Truck / Trailer or	
To Inspect Vehicle No:	SP ICO BANTHAY MA	Make: Audi Q3	c.c 1395
		Colour Place	A/C: Insured / Std / NI / NA
		Sp.Reading (5943)	T/Radio: Insured / Std / NI / NA
		Eng/No:	
Insured:			33m/097033
		Gen. Cond: Good / Fair / Poor / Burnt	
Claims No.	Evere	Steering: Iporder / Jammed / Leaked /	
Sum Insured:	Excess:	Brake: Inorder / Jammed / Leaked /	
(Client's Record) Make of Veh:		Modi: Nil (S/Rim) STD A/Rim or	
		Tyre Size: F: 235/55	
(Daliny Condition)			5R18.
(Policy Condition) Remark: The veh had con	mmenced its N/S O/S	BS/ DUN / EXNOVA / GY / FS / LIZA	
The state of the s	ne of inspection.	TOYO/YOKO or	I WING I OTTI SO I FIRE I SO WILL
Bal. or Market Value:		Front	Rear
IDAC Accident Rport:	Consistent? : Yes or No	R/Bal. 06	R/Bal. 66 mi
GIA / PR Seen:	Consistent? : Yes or No	L/Bal. 06 mm	L/Bal. 06 m
Est. Repairs:	days Res.: Yes or No	D.O.A.	D.O.I. 13/01/23.
Lum Sum:	% 3 Val.: Yes or No	Survey held at Pren	nium.
		Des. of Damages : Frt / Rear / O/S	
CA / REV / REP. /	24 HRS Vehicle: IN / OUT	Front 6	
Date: Pe	erson Contacted:	The U/C / Chassis frame / Bod	ly Structure affected due to collisi
	/ Instruction		
0)/	916.		
mv :	160K		
PV:	66.41C		
Nett:	93.6K		
,,,,,,			
Date/Time, File Pass to?	: Preli. Report	Days Of Repair:	
1)	: Final Report	Resurvey No. of Trip:	Survey Fee:
Date/Time, File Return to?			Transportation:
2)	Add Fee	: Site Insp (\$)8+R8SI
		: Interview (\$) Pholos
Report Former:		: Tean, Iman 12) Others

" derrier Greene I f 15 fe /4

SP14231B0003 / PREMIUM AUTOMOBILES PTE LTD [408699] ENTRY DATE & TIME: 11/01/2023 18:35 (SGT) SUBMITTED BY: FOONG CHIN FONG VERSION: 1 (11/01/2023 18:35 (SGT))



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 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.

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

Reported by Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

11/01/2023 18:35 (SGT)

Both

11/01/2023 11:51 (SGT)

50 Tampines North Drive 2, Singapore 528766

NEAR TO TAMPINES COURTS

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMZ1520T

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

K S KUMAR

SXXXX620D

KUMAR787158@YAHOO.COM.SG

(Phone) +65-97432396

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission CC

Audi

Q3

1.4 TFSI S-TRONIC

Private use

Yes

Private car

Auto

1395

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd.

7210035229

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

Accident report SP14231B0003

K S KUMAR SXXXX620D 16/09/1974

Indoor

Page 1 of 24

Date Of Driving Pass 08/02/1999 Driving experience 23 YEARS AND 11 MONTHS Gender Male Mobile Number (Phone) +65-97432396 Alt. Phone Number **Email Address** KUMAR787158@YAHOO.COM.SG Address **BLK 621 WOODLANDS DRIVE 52** Address complement #07-46 Postcode 730621 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 Collided into Property Weather Conditions Clear Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 1 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 REBEKAH 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

AS I WAS DRIVING, DUE TO THE STRONG WIND THE BARRIER ON MY RIGHT SWUNG AND HIT MY CAR. VIDEO ATTACHED. (NEAR TAMPINES COURTS).

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 BARRIER Vehicle Manufacturer Vehicle Model



Vehicle Variant	
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	.
Postcode	
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	S.
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 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 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
- (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

& Time

Witnessed by Reporting Centre Personnel Try Fory

Sketch Plan

Refer to the video footage

Describe Circumstances of the Accident

AS I was drive right swing 8 (ourts)	ing due to	strong wind	the	barrier	on mu
right swing 8	Whit my	car Video 1	affached.	(Near	Tamornes
(ourts)					1
claration					
le declare the foregoing particu	lars are true in every respe	ect.			
				(30) 24	i Carl
				12/ 4	
N 115AW 23 1351hrs				10	(0)
licyholder's Signature / Date &	Driver's Signature IV d	river is not the policyholde	ar) / Data	Minore and hu D	anatina Carta
ne me	& Time	iver is not the policyholde			eporting Centre
E				Personnel 7	ony Fuory

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/OD/0038/2023/EQ

DATE : 12-Jan-23 WIP : 58714

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 13/1/2023

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 K S KUMAR

ADDRESS : BLK 621 WOODLANDS DRIVE 52

#07-46

SINGAPORE 730621 : HP +65 97432396

TELEPHONE : HP +65 97432396 **TYPE OF CLAIM** : OWN DAMAGE CLAIM

POLICY NO : 7210035229

VEHICLE NO : SMZ 1520 T

MODEL CODE : AUDI Q3 1.4 TFSI S-TRONIC

MODEL YEAR : 13/4/2021 ENGINE NO : CZD C36195

CHASSIS NO : WAUZZZF33M1097033

MILEAGE : DATE IN : -

ESTIMATED BY : JOHNNY BOO / ALLAN WU

ACCIDENT DATE : 11-Jan-23

PLACE OF ACCIDENT : NEAR TO TAMPINES COURTS





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 SMZ 1520 T

S/	N NATURE OF JOBS		CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE, CHECK AND TRANSFER FRONT WIRE HARNESS FOR HEADLIGHTS, HORNS, OUTSIDE TEMPERATURE SENSOR, HEADLIGHT WASHER ASSY AND FRONT PARKING AID.	S/N	\$ 480.00	/
2	TO REMOVE AND TRANSFER RHS HEADLIGHT'S CONTROL UNIT AND POWER MODULE.	S/N	\$ 400.06	250
3	COMPONENTS. REINSTALL ALL PARTS REMOVED.		\$ 1,200.00	5 33
4	TO RESPRAY FRONT BUMPER AND RHS FRONT FENDER.		\$ 2,000.00	550
5	TO CARRY OUT DIAGNOSTIC CHECK.	S/N	\$ 192.00	/
	TOTAL LABOUR CHARGES	:	\$ 4,272.00	





55 UBI ROAD 1, SINGAPORE 408699 TEL: 6366 2323 FAX: 6841 1183

 ${\tt EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG}$

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SMZ 1520 T

DAMAGED PARTS & PRICES

S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	FRONT BUMPER Deland	1	\$ 1,137.00	<u></u>
2	FRONT BUMPER CLOSING ELEMENT - RH XHC M	1	\$ 70.00	.
3	FRONT BUMPER GRILLE - RH 3 HE	1	\$ 131.00	+
4	FRONT BUMPER CLOSING ELEMENT	1	\$ 224.00	t.
5	FRONT BUMPER SPOILER 4	1	\$ 451.00	
6	FRONT BUMPER AIR GUIDE GRILLE - RH XM NEC	1	\$ 181.00	
7	HEADLIGHT MOUNTING - RH	1	\$ 140.00	-
8	HEADLIGHT - RH Lt	1	\$ 6,305.00	-
9	LIFT CYLINDER - RH Z NEOR NEW	1	\$ 244.00	+
10	LIFT CYLINDER HOSE	1	\$ 96.00	k.
11	FRONT WHEEL HOUSING LINER - RH 2	1	\$ 281.00 +	•
12	FRONT WHEEL HOUSING LINER COVER - RH	1	\$ 19.00 ∤	,
13	FRONT WHEEL COVER-LH/RH LH Nec, RH LT	2	\$ 598.00	
14	SUNDRIES ?		\$ 400.00	7
	TOTAL SPARE PARTS	:	\$ 10,277.00	
	TOTAL LABOUR CHARGES	:	\$ 4,272.00	
	GRAND TOTAL	:	\$ 14,549.00	

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

we 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 and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

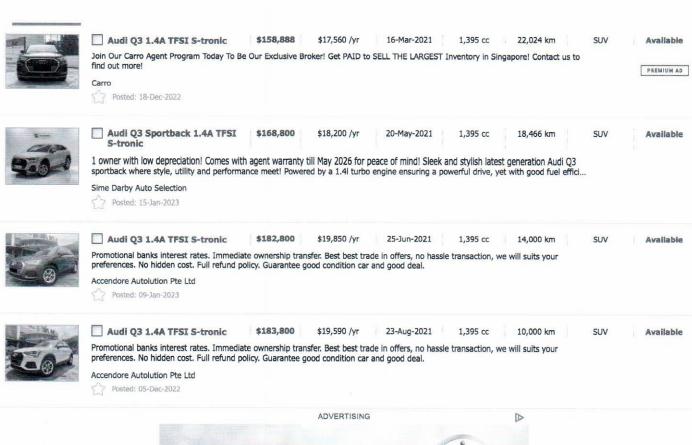
JOHNNY BOO **BODY REPAIR MANAGER** ALLAN WU **CLAIMS CONSULTANT**

> Back to OneMotoring

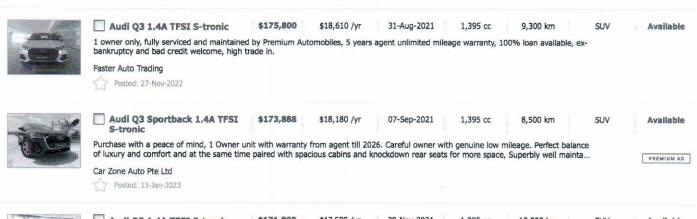
Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars Owner ID Type:	Cinconous NIDIC
Owner ID:	Singapore NRIC
Vehicle Details	620D
Vehicle No.:	SMZ1520T
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Jan 2023
Vehicle Make:	AUDI
Vehicle Model:	Q3 1.4 TFSI S TRONIC (17")
Primary Colour:	Blue
Manufacturing Year:	2021
Engine No.:	CZDC36195
Chassis No.:	WAUZZZF33M1097033
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$27,909.00
Original Registration Date:	13 Apr 2021
First Registration Date:	13 Apr 2021
Transfer Count:	0
Actual ARF Paid:	\$31,073.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Apr 2031
PARF Rebate Amount:	\$23,304.00
ntended COE Repate Details	
COE Expiry Date:	12 Apr 2031
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$52,309.00
COE Rebate Amount:	\$43,090.00
Total Rebate Amount:	\$66,394.00

The information contained herein is correct as at 17 Jan 2023











Posted: 04-Jan-2023