

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: SGX1911E Yr Regn: 2020 OCTType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi A7 c.c. 1984Colour: White A/C: Insured / Std / NI / NASp. Reading: 46900 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZF22LN013749Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 245/45R19R: 245/45R19BS / 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. _____ D.O.I. 27/01/23Survey 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
	<u>ODAIG</u>
	<u>MV: 245K</u>
	<u>PV: 89.8K</u>
	<u>Nett: 155.2K</u>

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Report Form:

Form 1 (Rev. 1/1/2020)

Add Fee:

☐

Site Insp (\$ _____)

☐

Interview (\$ _____)

☐

Tech. Insp (\$ _____)

S + RS \$ _____

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	17/01/2023 19:28 (SGT)
Reported by	Both
Date of Accident	17/01/2023 13:30 (SGT)
Exact Location of Accident	70 Phoenix Rd, Singapore 667973
Additional Location Information	70, PHOENIX ROAD, HILLSTA CARPARK SINGAPORE 667973
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX1911E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DHARMARAJ RAMESH
NRIC No	SXXXX415F
Email Address	d_ramesh_kn@yahoo.com
Mobile Phone No	(Phone) +65-92360827
Alternative Phone No	+65-62691196

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A7
Variant	SB 2.0 TFSI
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	2000

INSURANCE COMPANY

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

DRIVER

Name of Driver	DHARMARAJ RAMESH
NRIC No	SXXXX415F
Date Of Birth	20/05/1965
Occupation	Indoor

Date Of Driving Pass	10/08/1996
Driving experience	26 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92360827
Alt. Phone Number	+65-62691196
Email Address	d_ramesh_kn@yahoo.com
Address	70 Phoenix Road
Address complement	#20-16
Postcode	667973
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	Dry

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?	No
Number of Passengers (Including Driver)	1
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	-

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

WHILE PARKING MY CAR IN OUR CONDO CARPARK, WHILE REVERSING, OVERLOOKED THE PILLAR, AND HIT ON REAR LEFT SIDE OF MY CAR. HAPPENED WHEN RETURN TO HOME FROM THE OFFICE FOR LUNCH.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

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' 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 & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

While parking my car in our ~~the~~ Condo
Carport, while reversing, over looked the
Pillar, hit on rear Right Side of the car.
Happened when returns to home from
office for lunch.

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

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/0074/2023/EQ
DATE : 26-Jan-23
WIP : 59579

VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 27/1/2023

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 DHARMARAJ RAMESH
ADDRESS : 70 PHOENIX ROAD
#20-16
SINGAPORE 667973
TELEPHONE : HP +65 92360827
TYPE OF CLAIM : OWN DAMAGE CLAIM
POLICY NO : -
VEHICLE NO : **SGX 1911 E**
MODEL CODE : AUDI A7 SB 2.0 TFSI QU S
MODEL YEAR : 30/10/2020
ENGINE NO : DLH 066891
CHASSIS NO : WAUZZZF22LN013749
MILEAGE : -
DATE IN : -
ESTIMATED BY : JOHNNY BOO / ALLAN WU
ACCIDENT DATE : 17-Jan-23
PLACE OF ACCIDENT : 70, PHOENIX ROAD, HILLSTA CARPARK
SINGAPORE 667973

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 SGX 1911 E

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 REAR END PANELLING AND LHS REAR FENDER. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$	2,400.00	600
3	TO RESPRAY REAR BUMPER, REAR END PANELLING AND LHS REAR FENDER.	\$	3,000.00	1200
4	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$	192.00	✓
TOTAL LABOUR CHARGES		:	\$ 5,952.00	

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. SGX 1911 E

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
1	REAR BUMPER <i>Distorted</i>	1	\$ 3,677.00 ✓	
2	REAR BUMPER FIXING PARTS <i>new</i>	2	\$ 259.00 +	
3	REAR BUMPER SECURING STRIP - LH / RH <i>new</i>	2	\$ 102.00 +	
4	REAR BUMPER SPOILER <i>Del</i>	1	\$ 565.00 ✓	
5	REAR BUMPER CHROME TRIM - CENTER <i>ct.</i>	1	\$ 261.00 ✓	
6	REAR BUMPER CHROME TRIM - LH <i>new</i>	1	\$ 265.00 ✓	
7	REAR BUMPER CHROME TRIM <i>xhp</i>	1	\$ 688.00 +	
8	REAR BUMPER SECURING STRIP <i>new</i>	1	\$ 204.00 ✓	
9	REAR BOOT LID OPENING CONTROL UNIT	1	\$ 491.00 +	
10	REAR TAILGATE OPENING SENSOR LINE	2	\$ 460.00 +	
11	REAR TELEPHONE AERIAL	1	\$ 94.00 +	
12	REAR BUMPER REINFORCEMENT BEAM	1	\$ 1,140.00 ✓	
13	REAR BUMPER IMPACT BAR GASKET - LH / RH	2	\$ 34.00 +	
14	REAR BUMPER GUIDE SECTION - LH UPPER	1	\$ 54.00 +	
15	REAR BUMPER GUIDE SECTION - LH LOWER	1	\$ 75.00 +	
16	REAR BUMPER HOLDING STRAP - CENTER	1	\$ 140.00 +	
17	REAR PARKING AID SENSOR - INNER / OUTER	2	\$ 598.00 ?	
18	REAR PARKING AID SEAL RING <i>new</i>	4	\$ 11.00 +	
19	REAR BUMPER WIRING SET <i>new</i>	1	\$ 648.00 +	
20	REAR OUTER TAIL LIGHT - LH <i>Cracked</i>	1	\$ 1,626.00 ✓	
SUB TOTAL SPARE PARTS		:	\$ 11,392.00	

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

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SGX 1911 E

			DAMAGED PARTS & PRICES	
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS
21	REAR TAIL LIGHT TRIM - LH <i>Not m</i>	2	\$ 104.00	<i>+</i>
22	SUNDRIES <i>Not m</i>		\$ 400.00	<i>+</i>
TOTAL SPARE PARTS		:	\$ 11,896.00	
TOTAL LABOUR CHARGES		:	\$ 5,952.00	
GRAND TOTAL		:	\$ 17,848.00	

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 Ling*
SURVEYED DATE : *27/01/23*
AUTHORISED DATE :
EXCESS COST :
LIABILITY :
REMARKS : *Not Authorized, 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 OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	415F
Vehicle Details	
Vehicle No.:	SGX1911E
Vehicle to be Exported:	No
Intended Deregistration Date:	27 Jan 2023
Vehicle Make:	AUDI
Vehicle Model:	A7 SPORTBACK 2.0 TFSI QU (180KW)
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	DLH066891
Chassis No.:	WAUZZZF22LN013749
Maximum Power Output:	180.0 kW (241 bhp)
Open Market Value:	\$58,902.00
Original Registration Date:	30 Oct 2020
First Registration Date:	30 Oct 2020
Transfer Count:	0
Actual ARF Paid:	\$78,024.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Oct 2030
PARF Rebate Amount:	\$58,518.00
Intended COE Rebate Details	
COE Expiry Date:	29 Oct 2030
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$40,301.00
COE Rebate Amount:	\$31,254.00
Total Rebate Amount:	\$89,772.00

The information contained herein is correct as at 27 Jan 2023

OK

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 <p><input type="checkbox"/> Audi A7 Sportback Mild Hybrid 2.0A TFSI Quattro S-tronic</p> <p>Fuel Type: Petrol-Electric</p> <p>Premium Automobile Unit. Low Mileage! 5 Years Agent Warranty Until January 2026. Quattro Performance With 241bhp, Comfort/ dynamic Ride On Demand And Economical 9.0L/100km In City Driving. Condition As Good As New Car. Original Paintwork And 100% Accident Fre...</p> <p>Posted: 09-Jan-2023</p>	\$256,000	\$27,090 /yr	30-Jan-2021	1,984 cc	28,000 km	Luxury	Available	

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Make Model Price Depreciation Reg Date Eng Cap Mileage Veh Type Status

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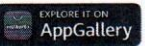
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