ASS. REC. BY: Kenneth | REF: AIG/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Cheng Hoe

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: $21K

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 06 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKU 5008E Yr Regn: 07, 15

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or CA) Wagon

Make: Volkswagen Touran c.c 1598

Colour M. Grey A/C: Insured / Std / NI / NA

Sp.Reading 80419 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WVGZZZ1TZ1W054920

Gen. Cohd: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 225/45R17

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	4 mm	L/Bal.	4 mm
D.O.A.	20/11/24	D.O.I.	26/11/2024

Survey held at _____

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.

Date / Time	Action / Instruction
/	

e/Time, File Pass to? _____

☐ : Prell. Report

☐ : Final Report

Time, File Return to? _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ $ - RS. _____ SI

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____) Parking

☐ Tech Invs ($ _____) Others

☐ Weekend ($ _____)

t Format : _____

Sum / I.B.I: (S _____)

TOTAL _____

Cheng Hoe Motor Pte Ltd

Blk 1019, Yishun Industrial Park A #01-374/382, Singapore 768761
TEL: 67556142 (YIS) FAX: 67557719 (YIS) Email: chmotor@singnet.com.sg
GST:201001158E RCB NO:201001158E

SKU5008E
TP/AIG

M/S : AIG ASIA PACIFIC INSURANCE PTE LTD
78 SHENTON WAY
#07-16 AIG BUILDING
SINGAPORE 079120
TEL: 64193000 FAX: 64153727
ATTN: Motor Claim Department

Not Authorised
1/Rep 8

Estimate No:	**ES2400984**
Date:	25 Nov 2024
Policy No:	5145975654
Veh Reg No:	**SKU5008E**
Make/Model:	VOLKSWAGEN TOURAN 1.6
Chassis No:	WVGZZZ1TZFW054920
Engine No:	CAYAX0111
Reg. Date:	31/07/2015

WS Ref:	OD/INCOME
Claim Type:	Own Damage
Accident Date:	20/11/2024
TP Veh Reg No:	GBK4168S

Resurvey After Paint
6days

Estimate Repair Cost to Vehicle No :SKU5008E

	Description	U/Price	Quantity		List Price S$		Amount S$
	List Price						
1	REAR BUMPER	1,100.00	1 PC	CM	1,100.00	✓	
2	REAR BUMPER LOWER SKIRT	710.00	1 PC	Ori	710.00	✓	
3	REAR BUMPER REINFORCEMENT	650.00	1 PC		650.00	?	
4	REAR BUMPER SPONGE	90.00	1 PC		90.00	?	
5	REAR BUMPER TOW COVER	70.00	1 PC	Mit	70.00	✓	
6	REAR TAILGATE	2,200.00	1 PC	Br	2,200.00	✓	
7	TAILGATE LOGO	130.00	1 PC	M	130.00	✓	
8	TAILGATE EMBLEM (TOURAN)	190.00	1 PC	M	190.00	✓	
9	TAILGATE EMBLEM (TDI)	175.00	1 PC	M	175.00	✓	
10	TAILGATE RH REFLECTOR	398.00	1 PC	Br	398.00	✓	
11	TAILGATE INNER RUBBER	580.00	1 PC		580.00	?	
12	REAR WINDSCREEN GLASS (Shatter)	1,390.00	1 PC		1,390.00	✓	
13	REAR END PANEL	500.00	1 PC		500.00	?	
14	TAILLAMP RH	560.00	1 PC	Br	560.00	✓	
					8,743.00		
			Less 10%		874.30		7,868.70
	Special Net						
15	REVERSE SENSOR	200.0000	1 SET		200.00	?	
16	REAR WINDSCREEN GLASS GUM	40.0000	1 PC	M	40.00	✓	
					240.00		240.00
	Labour						
17	REMOVE AND REFIX REAR WINDSCREEN GLASS	120.00	1 LA		120.00	✓	
18	REMOVE & REFIX REAR BUMPER ASSY,TAILGATE & ATTACHMENT,TO RENEW REAR PANEL,KNOCK & REPAIR REAR RH FENDER AND REALIGN THE SAME	950.00	1 LA		950.00	800	
19	PUTTY & RESPRAY ON REAR END PANEL,TAILGATE,REAR BUMPER,REAR RH SIDE PANEL	1,050.00	1 LA		1,050.00	800	
20	REMOVE & REFIX REVERSE CAMERA,SENSOR,SMART KEY AND RESET SYSTEM	40.0000	1 LA		40.00	✓	
21	RUSTPROOFING	60.00	1 LA		60.00	?	
					2,220.00		2,220.00
					Total		S$ 10,328.70
					Add GST @ 9%		929.58
					Total Amount Payable		S$ 11,258.28

LKK Auto Consultants hence notify the Repairer of the following: ERV 28.6k

- 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:

For Cheng Hoe Motor Pte Ltd

AUTHORISED SIGNATURE

Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	389B

Vehicle Details

Vehicle No.:	SKU5008E
Vehicle to be Exported:	No
Intended Deregistration Date:	20 Nov 2024
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	TOURAN 1.6 TDI AT 1T332Z
Primary Colour:	Grey
Manufacturing Year:	2015
Engine No.:	CAYAX0111
Chassis No.:	WVGZZZ1TZFW054920
Maximum Power Output:	77.0 kW (103 bhp)
Open Market Value:	$25,068.00
Original Registration Date:	31 Jul 2015
First Registration Date:	31 Jul 2015
Transfer Count:	1
Actual ARF Paid:	$22,096.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Jul 2025
PARF Rebate Amount:	$11,048.00

Intended COE Rebate Details

COE Expiry Date:	30 Jul 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$55,889.00
COE Rebate Amount:	$3,876.00
Total Rebate Amount:	**$14,924.00**

Message

You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.

The information contained herein is correct as at 20 Nov 2024

OK

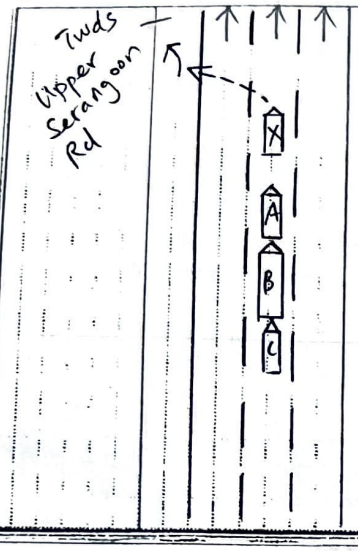
Describe Circumstance of the Accident

** NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy ( ) Claim Third party ( ) Reporting Onlly

( ) Claim OD/ TP at other workshop (_____)

Sketch Plan



A: SKU5008E (Alone)

B: GBK4168S (Alone)
Chinese Male in 30-40's

C: SLV1583U (Alone)
Chinese Male in 50-60's

Refer to Police Report attached.

Declaration

I/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

20/11/24

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) (YS)

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 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 First Submission	20/11/2024 17:56 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/11/2024 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BARTLEY ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU5008E

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SYED MARICAR SALEEM
NRIC No	SXXXX389B
Email Address	mohd.saleem.ramzan@gmail.com
Mobile Phone No	(Phone) +65-93837329
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	TOURAN 1.6 TDI AT 1T332Z
Variant	-
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
CC	1598
Vehicle Fuel	-
First Regisration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5145975654

DRIVER