

REC. BY:

REF

CS/FCI18012296 / G-H3er

Special Instruction:

Surveyor  
CWS

## ASSIGNMENT (Office)

From (Person):

Joanne Yang

of

FCI

Date/Time:

4/7/18 @ 5:25pm

Estimated Cost:

Bill to:

OD

(TP) WS / TP RES / OD RES / EVA / INV / MY7CS

To Inspect Vehicle No:

SLX1231A

Insured:

SHD6967E

at Workshop n/s:

Volkswagen

Tel:

9386 7833

of

247 Alexandra Road

Policy No:

Claim No:

D18005161MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

30/06/2018

CA / REV / REP. / REV 24 HRS

(wp)

Insp: Macpherson

6/7/18 @ 2pm ow

H.O.D. Endorsement

Date/Time:

5:51pm @ 4/7/18

Person Contacted:

Shushi

Vehicle IN

OUT

Date/Time

Action/Instruction

(✓)

Estimate

SLX1231A-X

SHD6967E-CS/FCI17023139/Kqbn2

DOA: 1/12/2018

Submit preli Report

Convert to OP claim.

## ASSIGNMENT

From: \_\_\_\_\_ Date: 6/7/18

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SLX 1231Aat Workshop m/s Volkswagenof 1 kampong airport off Macpherson

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

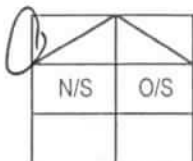
Sum Insured: \_\_\_\_\_

Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS <sup>up</sup>

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SLX 1231AYr Regn: 16 May 2018Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Volkswagen Sharan1984Colour: white

A/C: Insured / Std / NI / NA

Sp. Reading: 2644

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WUWZZZ7N8JV011084Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD / ABM orTyre Size: F: 225/50R17R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Continental

Front

Rear

R/Bal. 89 mmR/Bal. 89 mmL/Bal. 89 mmL/Bal. 89 mm

D.O.A. \_\_\_\_\_

D.O.I. 06-07-18Survey held at w/s12pmDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orN/S RA.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

RECEIVED 17 DEC 2018

Date/Time, File Pass to?

17/12 Typist.

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I. (\$) TP☒ : Preli. Report☐ : Final ReportDays Of Repair: 4Resurvey No. of Trip: —Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

3x15=451704435021286

**MOTOR SURVEY ASSIGNMENT**

|                           |                              |                                      |
|---------------------------|------------------------------|--------------------------------------|
| <b>Date</b>               | 03-07-2018                   | <b>Our Ref No.</b> D18005161MFSH     |
| <b>Accident Date</b>      | 30-06-2018                   | <b>Claim Type.</b> Third Party       |
| <b>Insured Vehicle</b>    | SHD6967E                     | <b>Third Party Vehicle.</b> SLX1231A |
| <b>Survey Location</b>    | 247 ALEXANDRA ROAD           |                                      |
| <b>Contact Person.</b>    | STEVEN CHEE                  |                                      |
| <b>Contact No.</b>        | 63057299/ 0                  | <b>Fax No.</b> 62858620              |
| <b>Survey Type</b>        | WITHOUT PREJUDICE:           |                                      |
| <b>Appointed Surveyor</b> | LKK AUTO CONSULTANTS PTE LTD |                                      |
| <b>Contact Person</b>     | NA                           | <b>Fax No.</b> 68416315              |
| <b>Contact Number.</b>    | NA                           |                                      |

**FOR DIRECT SETTLEMENT**

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

**THIRD PARTY SURVEY REQUEST**

|                          |                                |                                |
|--------------------------|--------------------------------|--------------------------------|
| <b>Cc : Workshop</b>     | VOLKSWAGEN CENTRE<br>SINGAPORE | <b>Attention.</b> NIL          |
| <b>Cc : TP Solicitor</b> | NA                             | <b>TP Solicitor Fax No.</b> NA |
| <b>Officer Incharge</b>  | JOANNEY                        |                                |

**IMPORTANT NOTE**

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.  
 This is a computer generated letter, no signature required.

Job Sheet (/ClaimWS/Surveyor/JobSheet/242017)

PRI Documents

Close X

## PRI Header Details

|                   |                                                               |                                   |                                                                                                     |                      |              |
|-------------------|---------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------|----------------------|--------------|
| Claim No          | D18005161MFSH                                                 | Policy No                         | D-18088936MFSH                                                                                      | Claimant S.No & Name | 1 & VOLKSWA  |
| Workshop Name     | VOLKSWAGEN CENTRE SINGAPORE<br>(Contact Person : STEVEN CHEE) | Survey Location & Contact Details | 247 ALEXANDRA ROAD<br>Mobile: 0 , Phone: 63057299 , Fax: 62858620<br>EmailId: STEVEN.CHEE@VW.COM.SG |                      |              |
| Our Surveyor      | LKK AUTO CONSULTANTS PTE LTD                                  | Instructions To Surveyor          | WITHOUT PREJUDICE:                                                                                  |                      |              |
| Insured Name      | COMFORT TRANSPORTATION PTE LTD                                | Insured Vehicle No                | SHD6967E                                                                                            | TP Vehicle No        | SLX1231A     |
| PRI Recieved Date | 03-07-2018 05:22:17 PM                                        | Surveyor Appointed Date           | 04-07-2018 05:24:20 PM                                                                              | Surveyor Accept Date | 04-07-2018 0 |

## Survey Report Upload

|                             |                      |                      |            |                         |                                            |
|-----------------------------|----------------------|----------------------|------------|-------------------------|--------------------------------------------|
| Surveyor Inspection Date *: | <input type="text"/> | Surveyor Report Date | 04-07-2018 | Upload Survey Report *: | <input type="button" value="Choose File"/> |
|-----------------------------|----------------------|----------------------|------------|-------------------------|--------------------------------------------|

## Vehicle Particulars

|           |                      |                |                       |         |                      |
|-----------|----------------------|----------------|-----------------------|---------|----------------------|
| Make      | Please Select Make ▼ | Model          | Please Select Model ▼ | Year    | Select Year ▼        |
| Chasis No | <input type="text"/> | Engine No      | <input type="text"/>  | Mileage | <input type="text"/> |
| Color     | <input type="text"/> | Cubic Capacity | <input type="text"/>  |         |                      |

## Multiple Documents Upload

Upload Multiple Documents

| File Name | Action |
|-----------|--------|
|-----------|--------|

## Surveyor Job Remarks

|         |                      |                                     |
|---------|----------------------|-------------------------------------|
| Remarks | <input type="text"/> | <input type="button" value="Save"/> |
|---------|----------------------|-------------------------------------|

## Denise Tay (LKKAuto)

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**From:** Tang, Shu Shi (VWG Singapore) <shushi.tang@vw.com.sg>  
**Sent:** Monday, 17 December 2018 10:44 AM  
**To:** Denise Tay (LKKAuto)  
**Cc:** Cheong, Pearlyn (VWG Singapore)  
**Subject:** RE: SLX 1231A / TP / FIRST CAPITAL / DOA: 30/06/2018

Hi,

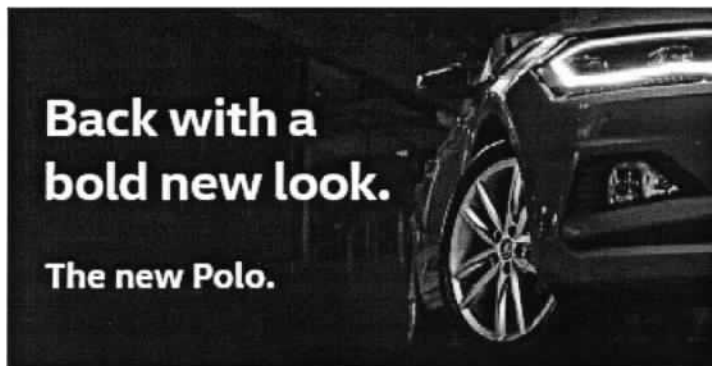
Customer revert to OD.

Best Regards,

Tang Shu Shi  
Insurance Service Advisor  
Aftersales

Volkswagen Centre Singapore (Macpherson)  
1 Kampong Ampat  
Singapore 368314

DID: +65 6922-3502  
Mobile: +65 9386-7833  
Main Line : +65 6305-7299  
Main Fax: +65 6285-8620  
[shushi.tang@vw.com.sg](mailto:shushi.tang@vw.com.sg)  
<http://www.vw.com.sg>



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**From:** Denise Tay (LKKAuto) [mailto:[denisetay@lkkauto.com](mailto:denisetay@lkkauto.com)]  
**Sent:** Monday, 17 December, 2018 10:29 AM  
**To:** Tang, Shu Shi (VWG Singapore); Cheong, Pearlyn (VWG Singapore)  
**Subject:** SLX 1231A / TP / FIRST CAPITAL / DOA: 30/06/2018

Dear All,

Can help to check if repair done any finalization?

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: [denisetay@lkkauto.com](mailto:denisetay@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

## 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 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 ability.
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 Report             | 02/07/2018 09:24                |
| Date Of Accident           | 30/06/2018 12:00                |
| Exact Location Of Accident | LAVENDER ST & SERANGOON RD JUNC |
| Country/State of Loss      | SINGAPORE                       |

### DETAILS OF OWN VEHICLE

|                             |                        |
|-----------------------------|------------------------|
| Vehicle Registration Number | SLX1231A               |
| <b>Insured/Policyholder</b> |                        |
| Name Of Registered Owner    | WEE HIAN PENG          |
| NRIC No                     | S0160578Z              |
| Email Address               | HWEENCO@SINGNET.COM.SG |
| Mobile Phone No             | (LOCAL) +65-98171453   |
| Alternative Phone No        | OFFICE-98171453        |

### Vehicle Particulars

|                                                                              |                          |
|------------------------------------------------------------------------------|--------------------------|
| Manufacturer                                                                 | VOLKSWAGEN               |
| Model                                                                        | SHARAN GP 2.0 TSI HL LOW |
| Exact Purpose for which vehicle was being used at time of accident           | PRIVATE                  |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                       |
| If No, Please state action to be taken                                       | THIRD PARTY              |
| Vehicle Category                                                             | PRIVATE CAR              |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             | A 29076200 AVW                       |
| Cover Note Number         |                                      |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | WEE HIAN PENG          |
| NRIC No              | S0160578Z              |
| Date Of Birth        | 21/01/1949             |
| Occupation           | INDOOR                 |
| Date Of Driving Pass | 18/01/1968             |
| Driving Experience   | 50 YEARS AND 5 MONTHS  |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-98171453   |
| Fax Number           |                        |
| Contact Number       | OFFICE-98171453        |
| Email Address        | HWEENCO@SINGNET.COM.SG |

|                                                     |                   |
|-----------------------------------------------------|-------------------|
| Address                                             | 24 THIAM SIEW AVE |
| Postcode                                            | 436860            |
| Was driver an employee of the Insured's Company     | NO                |
| If No, Relationship of the Driver with the Insured  | OWNER             |
| Vehicle Registration Number of Driver's Own Vehicle | -                 |
|                                                     | -                 |
|                                                     | -                 |
| Insurance Company of Driver's Own Vehicle           | -                 |
|                                                     | -                 |
|                                                     | -                 |

#### 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 this accident?                                          | NO                    |
| Number of vehicles involved in the accident                                                 |                       |
| Was any body injured in the Accident?                                                       | NO                    |
| Was any injured conveyed to hospital by ambulance?                                          | NO                    |
| Was any other material or property damaged?                                                 | YES                   |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO                    |
| Number of Passengers (Including Driver)                                                     | 2                     |
| Passenger 1                                                                                 | NAME: : THANG WEE HEE |
|                                                                                             | GENDER: : FEMALE      |

#### Details of Police Action

|                                           |    |
|-------------------------------------------|----|
| Was the accident reported to the police?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

REFER TO SKETCH PLAN

#### Attachment(s)

|                                               |                              |
|-----------------------------------------------|------------------------------|
| Are accident photos available for attachment? | YES                          |
| Was there any video captured by Car Camera?   | YES                          |
| Remarks/ Reasons:                             | VIDEO AVAILABLE UPON REQUEST |
| Was there any audio recorded?                 | NO                           |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |              |
|-----------------------------|--------------|
| Vehicle Registration Number | SHD6967E     |
| Vehicle Make/Model/Colour   | COMFORT      |
| Details Of Properties       |              |
| Vehicle Category            | TAXI         |
| Name of Driver              | PANG KEA TEN |
| NRIC/Passport Number        | S1612014F    |
| Contact Number              |              |
| Address                     |              |
| Postcode                    |              |
| Insurance Company Name      |              |
| Nature Of Damage            |              |

No. Of Passenger (Including Driver)



**SKETCH PLAN**

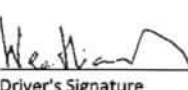
**IMPORTANT NOTICE**

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 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
 Policyholder's Signature  
 Date & Time:

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 2/7/18 (0940)

  
 Reporting Person's Signature  
 Name: 030002  
 NRIC/FIN No.:  
 2/7/18

hweenco@Singnet.com.sg

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0160578Z



Name

WEE HIAN PENG



黄献平

Race

CHINESE

Date of Birth

21-01-1949

Sex

M

Country of Birth

SINGAPORE



0934321

NRIC No. S0160578Z



Blood Group Date of issue

AB+ 04-05-1993

Address

24 THIAM SIEW AVENUE  
SINGAPORE 1543

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE  
18 Jan 1988

NP 429A





MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way #21-01 SGX Centre 2 Singapore 058807  
Tel: (65) 6827 7888 Fax: (65) 6827 7800  
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

A 2907 6200 ARW

Excess: \$1,500

NCD: 50% with protector.

**MOTOR INSURANCE COVER NOTE****Cover Note No. 50506678**

The Insured named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

**SCHEDULE**

Agent No. : 156348  
Name of Insured : WEE HIAN PENG  
Make and Description of Vehicle : VOLKSWAGEN SHARAN 2.0 TSI  
Vehicle Registration No. : SLX 1231 A  
Year of Manufacture : 2017  
Engine No. : DED017651  
Chassis No. : WWZZZ7NZJV011084  
Capacity : 1,984 Cubic Capacity  
Cover Type : Comprehensive  
Sum Insured (SGD) : Market Value  
Period of Insurance : One year from Date of Registration of the vehicle with LTA  
Excess (SGD) : As Agreed

I/We hereby certify that this Cover Note is issued in accordance with the Provisions of the Motor Vehicles (Third Party Risks & Compensation) Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Not valid unless countersigned by the  
Company's Authorised Representative



Winner Consultancy Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd.  
Authorised Insurers

Amy Ler  
Senior Vice President, Agencies

Date of Issue : 13/03/2018

This Cover Note is valid for 30 days from the date of issue.

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

| Vehicle Owner Particulars      |                                       |
|--------------------------------|---------------------------------------|
| Owner ID Type:                 | Singapore NRIC                        |
| Owner ID:                      | 0578Z                                 |
| Vehicle Details                |                                       |
| Vehicle No.:                   | SLX1231A                              |
| Vehicle to be Exported:        | No                                    |
| Intended De-registration Date: | 09 Jul 2018                           |
| Vehicle Make:                  | VOLKSWAGEN                            |
| Vehicle Model:                 | SHARAN 2.0 TSI 7N24MY                 |
| Primary Colour:                | Silver                                |
| Manufacturing Year:            | 2017                                  |
| Engine No.:                    | DED017651                             |
| Chassis No.:                   | WVWZZZ7NZJV011084                     |
| Maximum Power Output:          | 162.0 kW (217 bhp)                    |
| Open Market Value:             | \$34,829.00                           |
| Original Registration Date:    | 16 Mar 2018                           |
| First Registration Date:       | 16 Mar 2018                           |
| Transfer Count:                | 0                                     |
| Actual ARF Paid:               | \$40,761.00                           |
| Intended PARF Rebate Details   |                                       |
| PARF Eligibility:              | Yes                                   |
| PARF Eligibility Expiry Date:  | 15 Mar 2028                           |
| PARF Rebate Amount:            | \$30,570.00                           |
| Intended COE Rebate Details    |                                       |
| COE Expiry Date:               | 15 Mar 2028                           |
| COE Category:                  | B - Car above 1600cc or 97kW (130bhp) |
| COE Period(Years):             | 10                                    |
| QP Paid:                       | \$39,001.00                           |
| COE Rebate Amount:             | \$37,763.00                           |
| <b>Total Rebate Amount:</b>    | <b>\$68,333.00</b>                    |

The information contained herein is correct as at 09 Jul 2018

OK





PDI TUAS

PDI TUAS

WEE HIAN PENG  
24 THIAM SIEW AVENUE  
Singapore, 436860  
Singapore

*4 Days  
before paint photos.  
Guo Qian  
82880282*

Phone No.  
Fax No.  
E-Mail

VAT Registration No. M20098505-2  
Tax No. 199101494Z

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

*06/7/18*

## Service Quote

Customer No. CV040188  
Quote No. SER/QUO/18C00025  
QuoteDate 02/07/18  
Salesperson Yvonne Yip  
Page 1

THIS IS NOT AN OFFICIAL TAX INVOICE

**Make** Volkswagen Passeng  
**Model Description** Sharan GP 2.0 TSI HL LOW  
**License No.** SLX1231A  
**Engine Code** 10

**Mileage** 20  
**Initial Registration** 16/03/18  
**Engine No.** DED 017651

**Service Advisor** Tang Shu Shi  
**Sales Advisor** Yvonne Yip  
**Model Code** 7N24MY

| No.               | Description                                            | Qty. | UoM     | Unit Price | Amount           |
|-------------------|--------------------------------------------------------|------|---------|------------|------------------|
| P B&P MACP LABOUR | LABOUR                                                 | 1    | 5 UNIT  |            | 840              |
| P B&P MACP PAINT  | SPRAY PAINT                                            | 2    | 4 UNIT  |            | 1600             |
| P B&P DIAG        | PROGRAMMING & CALIBRATION<br>COMPULSORY TO DO AFTER AC | 1    | Time Un |            | 480.00           |
| P B&P MECH        | CHECK WIRE HARNESS, ECU, S<br>Nett                     | 1    | Time Un |            | 280.00           |
|                   | <b>Sum Labor</b>                                       |      |         |            | <b>8,160.00</b>  |
| P 7N0807183A      | FRT BUMPER SIDE BRACKET LH                             | 1    | Pieces  |            | 24.88            |
| P 7N0807184A      | FRT BUMPER SIDE BRACKET RH                             | 1    | Pieces  |            | 24.88            |
| 7N0807217J GRU    | FRT BUMPER                                             | 1    | Pieces  | 1,479.91   | 1,479.91         |
| P 7N0821021B      | FENDER LH                                              | 1    | Pieces  |            | 965.20           |
|                   | Use Predecessor 7N0821021A                             |      |         |            |                  |
| P 7N0821135A      | FENDER BRACKET LH                                      | 1    | Pieces  |            | 31.23            |
| 7N0919493         | SENSOR BRACKET                                         | 2    | Pieces  | 17.05      | 34.10            |
| P 7N0919493A      | SENSOR BRACKET                                         | 2    | Pieces  |            | 33.06            |
| P 7N0919493B GRU  | SENSOR BRACKET                                         | 1    | Pieces  |            | 27.84            |
| P 7N0919494B GRU  | SENSOR BRACKET                                         | 1    | Pieces  |            | 27.84            |
| P 7N2941753B      | HEADLAMP LH                                            | 1    | Pieces  |            | 3,002.55         |
|                   | Use Predecessor 7N2941753A                             |      |         |            |                  |
| P D 180KU2A1      | 2KADHESIVE                                             | 1    | Pieces  |            | 103.66           |
| P D 822150A1      | BONDAGENT                                              | 1    | Pieces  |            | 74.16            |
|                   | <b>Sum carried forward</b>                             |      |         |            | <b>13,989.31</b> |

Payments to: - BBN: - Acc.-No.:



PDI TUAS

WEE HIAN PENG  
24 THIAM SIEW AVENUE  
Singapore, 436860  
Singapore

PDI TUAS

Phone No.  
Fax No.  
E-Mail

VAT Registration No. M20098505-2  
Tax No. 199101494Z

## Service Quote

Customer No. CV040188  
Quote No. SER/QUO/18C00025  
QuoteDate 02/07/18  
Salesperson Yvonne Yip  
Page 2

THIS IS NOT AN OFFICIAL TAX INVOICE

|                    |                          |
|--------------------|--------------------------|
| <b>Make</b>        | <b>Model Description</b> |
| Volkswagen Passeng | Sharan GP 2.0 TSI HL LOW |
| <b>License No.</b> | <b>VIN</b>               |
| SLX1231A           | WVWZZZ7NZJV011084        |
| <b>Engine Code</b> | <b>Labor Type</b>        |
|                    | 1O                       |

|                             |
|-----------------------------|
| <b>Mileage</b>              |
| 20                          |
| <b>Initial Registration</b> |
| 16/03/18                    |
| <b>Engine No.</b>           |
| DED 017651                  |

|                        |
|------------------------|
| <b>Service Advisor</b> |
| Tang Shu Shi           |
| <b>Sales Advisor</b>   |
| Yvonne Yip             |
| <b>Model Code</b>      |
| 7N24MY                 |

|                  |                  |
|------------------|------------------|
| <b>Continued</b> | <b>13,989.31</b> |
| <b>Sum Item</b>  | <b>5,829.31</b>  |

|                  |                 |
|------------------|-----------------|
| <b>Sum Labor</b> | <b>8,160.00</b> |
| <b>Sum Item</b>  | <b>5,829.31</b> |

|                            |                  |
|----------------------------|------------------|
| <b>Total SGD</b>           | <b>13,989.31</b> |
| 7% GST                     | 13,989.31 979.25 |
| <b>Total SGD Incl. GST</b> | <b>14,968.56</b> |

### Explanations

P = Proportionately Charged


**Payment Terms** No Credit

**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

| Affiliated to Federation Internationale Des Experts En Automobile                                                                                                                  |                                     |                             |                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------|-------------------------------------------------------------------------------------|
| MS FIRST CAPITAL INSURANCE LTD                                                                                                                                                     |                                     | Ref : CS/FCI18012296/Gtd3e2 |                                                                                     |
| 36 ROBINSON ROAD<br>#16-01 CITY HOUSESINGAPORE 068877                                                                                                                              |                                     | Date : 19-12-2018           |  |
|                                                                                                                                                                                    |                                     | Code : FCI2                 |                                                                                     |
| <b>1. Policy Particulars :- THIRD PARTY CLAIM</b>                                                                                                                                  |                                     |                             |                                                                                     |
| Insured Veh.                                                                                                                                                                       | SHD 6967E                           | Veh. Inspected              | SLX 1231A                                                                           |
| Policy No.                                                                                                                                                                         | D-18088936MFSH                      | Coverage (\$)               | 0.00                                                                                |
| Claim No.                                                                                                                                                                          | D18005161MFSH                       | Excess (\$)                 | 0.00                                                                                |
| Assign From                                                                                                                                                                        | JOANNE YONG                         | Assign Date                 | 04/07/2018                                                                          |
| <b>2. Vehicle Particulars &amp; Condition</b>                                                                                                                                      |                                     |                             |                                                                                     |
| Make & Model                                                                                                                                                                       | VOLKSWAGEN SHARAN                   | c.c                         | 1984                                                                                |
| Engine No.                                                                                                                                                                         | HIDDEN                              | Year of Reg.                | 2018                                                                                |
| Chassis No.                                                                                                                                                                        | WWWZZZ7NZJV011084                   | Colour                      | WHITE                                                                               |
| Odometer                                                                                                                                                                           | 2644                                | Steering                    | IN ORDER                                                                            |
| Brakes                                                                                                                                                                             | IN ORDER                            | Modification                | STANDARD ALLOY RIM                                                                  |
| General                                                                                                                                                                            | GOOD                                |                             |                                                                                     |
| <b>3. Conditions of Tyres</b>                                                                                                                                                      |                                     |                             |                                                                                     |
|                                                                                                                                                                                    | Size                                | Make                        | Balance                                                                             |
| R/H Front Tyre                                                                                                                                                                     | 225/50 R17                          | CONTINENTAL                 | 9 mm                                                                                |
| L/H Front Tyre                                                                                                                                                                     | 225/50 R17                          | CONTINENTAL                 | 9 mm                                                                                |
| R/H Rear Tyre                                                                                                                                                                      | 225/50 R17                          | CONTINENTAL                 | 9 mm                                                                                |
| L/H Rear Tyre                                                                                                                                                                      | 225/50 R17                          | CONTINENTAL                 | 9 mm                                                                                |
| <b>4. Description of Damages</b>                                                                                                                                                   |                                     |                             |                                                                                     |
| THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION.<br>DAMAGES SEE DETAILS.                                                                                                    |                                     |                             |                                                                                     |
| <b>5. General Information</b>                                                                                                                                                      |                                     |                             |                                                                                     |
| Accident Date                                                                                                                                                                      | 30/06/2018                          | Inspection Date             | 06/07/2018                                                                          |
| Survey held at                                                                                                                                                                     | 1 KAMPONG AMPAT OFF MACPHERSON ROAD |                             |                                                                                     |
| Repairer                                                                                                                                                                           | VOLKSWAGEN CENTRE SINGAPORE         |                             |                                                                                     |
| <b>5a. Remarks</b>                                                                                                                                                                 |                                     |                             |                                                                                     |
| A)DAMAGES CONSISTENT TO ACCIDENT REPORT.<br>B)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.<br>C)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |                                     |                             |                                                                                     |
| <b>5b. Estimate Days of Repair</b>                                                                                                                                                 |                                     |                             |                                                                                     |
| ESTIMATED NORMAL PERIOD FOR REPAIR:                                                                                                                                                |                                     | <b>4 Working Days</b>       |                                                                                     |



**LKK Auto Consultants Pte Ltd**

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Page No.:1 of 1

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLX 1231A**

| Qty | Description of Parts                                                                                         | Condition            | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----|--------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|-------------------|
|     | <b><u>REPLACEMENT OF PARTS</u></b>                                                                           |                      |                           |                   |
| 1   | FRT BUMPER SIDE BRACKET LH (SN)                                                                              | NECESSARY            | 24.88                     | 24.88             |
| 1   | FRT BUMPER SIDE BRACKET RH (SN)                                                                              | NOT NECESSARY        | 24.88                     | -                 |
| 1   | FRT BUMPER (SN)                                                                                              | CUT                  | 1,479.91                  | 1,479.91          |
| 1   | FENDER LH (SN)                                                                                               | TO REPAIR SEE LABOUR | 965.20                    | -                 |
| 1   | FENDER BRACKET LH (SN)                                                                                       | NOT NECESSARY        | 31.23                     | -                 |
| 2   | SENSOR BRACKET (SN)                                                                                          | NECESSARY            | 34.10                     | 34.10             |
| 2   | SENSOR BRACKET (SN)                                                                                          | NECESSARY            | 33.06                     | 33.06             |
| 1   | SENSOR BRACKET (SN)                                                                                          | NECESSARY            | 27.84                     | 27.84             |
| 1   | SENSOR BRACKET (SN)                                                                                          | NECESSARY            | 27.84                     | 27.84             |
| 1   | HEADLAMP LH (SN)                                                                                             | * CHECK              | 3,002.55                  | -                 |
| 1   | 2KADHESIVE (SN)                                                                                              | NECESSARY            | 103.66                    | 103.66            |
| 1   | BONDAGENT (SN)                                                                                               | NECESSARY            | 74.16                     | 74.16             |
|     |                                                                                                              |                      | 5,829.31                  | 1,805.45          |
|     | <b><u>LABOUR</u></b>                                                                                         |                      |                           |                   |
|     | LABOUR. INCLUSIVE OF THE REPAIR OF FENDER LH.                                                                |                      | 4,200.00                  | 840.00            |
|     | SPRAY PAINT.                                                                                                 |                      | 3,200.00                  | 1,600.00          |
|     | PROGRAMMING & CALIBRATION COMPULSORY TO DO AFTER AC.                                                         |                      | 480.00                    | 480.00            |
|     | CHECK WIRE HARNESS, ECU, S.                                                                                  |                      | 280.00                    | 280.00            |
|     |                                                                                                              |                      | 8,160.00                  | 3,200.00          |
|     | <b>GRAND TOTAL</b>                                                                                           |                      | <b>13,989.31</b>          | <b>5,005.45</b>   |
|     | <b>RECOMMENDED COST OF REPAIRS<br/>(REPAIR COST NOT CONCLUDE)<br/>(EXCLUDE CHECK ITEMS S\$3,002.55 NETT)</b> |                      |                           | <b>5,005.45</b>   |

Report Ref No. CS/FCI18012296/Gtd3e2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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