

ASS. REC. BY:

REF:

CS/FCU18022725/T/Hber

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person):

CWS Joanne Yong

of

FCL

Date/Time:

18/12/2018 5:45pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJT 4270L

Insured:

SMA 8147H

at Workshop n/s

Volkswagen

Tel:

6305 7176

of

247 Alexandra Rd

Policy No:

Claim No:

D18008908MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

15-12-2018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp'

19.12.2018 @ 1pm

H.O.D. Endorsement:

Date/Time:

18/12/2018

550pm

Person Contacted:

Churmmine

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SJT 4270L - CS / ALG17002697 / 2104392

DA: 09022017

SMA 8147H - NAI / IPC18012789 / 61

DA: 21042008

21/12 @ 2:34pm Revised preli advise via email.

TP convert to OD case.

Typist

REF: FCI

ASSIGNMENT

From: Date: 19/12/2018

Estimated Cost:

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

To inspect Vehicle No: SST 4270L
at Workshop no: Volkswagen
of: 247 Alexandra Road

Insured:

Policy No:

Claims No:

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

1pm

(Policy Condition)

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

N/S	O/S

Est. or Market Value:

IDAC Accident Report: 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 1wp

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SST 4270L Yr Bgn: 2012

Type: ☒ Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Volkswagen Golf C.C: 1901

Colour: white A/C: Insured / Std / NI / NA

Sp Reading: 130878 E/Radio: Insured / Std / NI / NA

Eng/No:

C/N: WNW 227K EAW 033022

Gen. Cond: ☒ 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:

R:

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

TOYO / YOKO or

Front

R/Bal: 6 mm

L/Bal: 6 mm

D.O.A.

Survey held at

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time: Action / Instruction:

Submit preli report

RECEIVED 25 JAN 2019

Date/Time: File Past to?

25/1 Typist

Date/Time: File Return to?

3

Report Format:

TP

Lump Sum / LB 1: (\$)

-

Days Of Repair: 6

Resurvey No. of Trip: -

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Insp (\$)

☐ Weekend (\$)

Survey Fee

Transportation

1. 11 + RS 50

2. Photos

3. Others

TOTAL

170

50

32

252

MOTOR SURVEY ASSIGNMENT

Date	18-12-2018	Our Ref No. D18008908MFSH
Accident Date	15-12-2018	Claim Type. Third Party
Insured Vehicle	SHA8147H	Third Party Vehicle. SJT4270L
Survey Location	247 ALEXANDRA ROAD	
Contact Person.	CHARMAINE KONG	
Contact No.	63057176/ 63057299	Fax No. 64743643
Survey Type	WITHOUT PREJUDICE: LIABILITY UNCLEAR:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	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

Cc : Workshop	VOLKSWAGEN GROUP SINGAPORE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	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.

Denise Tay (LKKAUTO)

From: Kong, Charmaine (VWG Singapore) <charmaine.kong@vw.com.sg>
Sent: Tuesday, 22 January 2019 1:48 PM
To: Denise Tay (LKKAUTO); Wong, Mei (VWG Singapore); Cheong, Pearlyn (VWG Singapore)
Subject: RE: SJT 4270L / FIRST CAPITAL / TP / DOA:15.12.2018

Hi,

Customer reverted to OD but repaired at premium workshop, not at VW. Case close at VW.

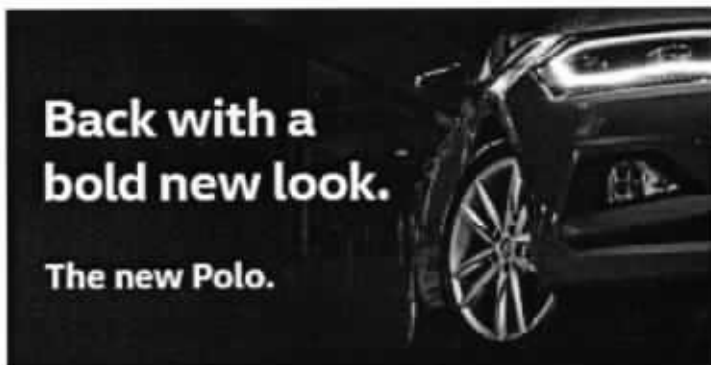
Thanks.

Best Regards,

Charmaine Kong
Insurance Service Advisor
Aftersales

Volkswagen Group Singapore Pte Ltd
247 Alexandra Road
Singapore 159934

Direct line: +65 6305 7176
Main Line: +65 6305 7299
Main Fax: +65 6474 3643
charmaine.kong@vw.com.sg
<http://www.vw.com.sg>



From: Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]
Sent: Tuesday, 22 January, 2019 11:44 AM
To: Kong, Charmaine (VWG Singapore); Wong, Mei (VWG Singapore); Cheong, Pearlyn (VWG Singapore)
Subject: SJT 4270L / FIRST CAPITAL / TP / DOA:15.12.2018

Dear Charmaine,

Can check for me what's the status for this claim.



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D18008908MFSH

Date: 21/12/2018

Our Ref: CS/FC18022725/T1tb

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

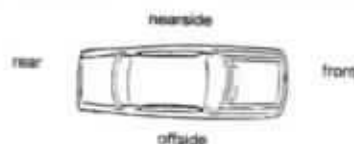
INITIAL INSPECTION REPORT OF VEHICLE NO. SJT 4270L

Please be informed that we had conducted the inspection of the abovementioned vehicle 21/12/2018 at the premises of M/s Volkswagen have the following to report: -

Workshop Estimate Amount	: S\$ <u>10,214.32</u>
Revised Estimate Amount	: S\$ <u>7,203.30</u>
"Check" Items Amount	: S\$ <u>0.00</u>
Market Value	: S\$ _____
LTA Reimbursement Value	: S\$ _____
Nett Value	: S\$ _____

Description of Damage:

The vehicle sustained damages at the front o/s portion.



Comments/ Present Status:

Damages Consistent.

Yours faithfully

Taufikh
Automotive Assessor

Denise Tay (LKKAUTO)

From: Denise Tay (LKKAUTO)
Sent: Friday, 21 December 2018 2:34 PM
To: Admin-D (LKKAUTO); 'CWS Motor Claims'; assignments
Cc: 'Joanne Yong Lai fong'; SUR
Subject: RE: SURVEY ASSESSMENT - D18008908MFSH/1
Attachments: PRELI ADVISED SJT 4270L.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle **SJT 4270L**

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

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

From: Admin-D (LKKAUTO)
Sent: Tuesday, 18 December 2018 5:59 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Joanne Yong Lai fong' <Joanneyong@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18008908MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

Please be informed that vehicle currently not in the workshop, repairer will arrange.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]
Sent: Tuesday, 18 December, 2018 5:45 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Joanne Yong Lai fong <Joanneyong@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D18008908MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

AXA (only AXA pms
 w/s)
 vs 1st car? 14 days
 out

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 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 Report 17/12/2018 10:59
 Date Of Accident 15/12/2018 08:35
 Exact Location Of Accident FROM CTE EXIT 7C TWDS BAILESTIER RD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJT4270L
Insured/Policyholder
 Name Of Registered Owner LEE PUAY KHOON
 NRIC No S0184268D
 Email Address JLPKHOON@YAHOO.COM.SG
 Mobile Phone No (LOCAL) +65-97844078
 Alternative Phone No OFFICE-97844078

Vehicle Particulars

Manufacturer VOLKSWAGEN
 Model GOLF-2.0 GTI (A)
 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 AXA INSURANCE PTE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number VPA/P1237220
 Cover Note Number

Driver

Name of Driver LEE PUAY KHOON
 NRIC No S0184268D
 Date Of Birth 24/08/1952
 Occupation INDOOR
 Date Of Driving Pass 04/10/1978
 Driving Experience 40 YEARS AND 2 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-97844078
 Fax Number
 Contact Number OFFICE-97844078
 EMail Address JLPKHOON@YAHOO.COM.SG

Address	56 BLANDFORD DRIVE 559849
Postcode	
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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: CHEN KEE CHIN 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

MORE DETAILS PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA8147H
Vehicle Make/Model/Colour	
Details Of Properties	LEAW LEONG KIAT
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	S1510128H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN


IMPORTANT NOTICE

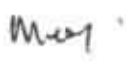
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

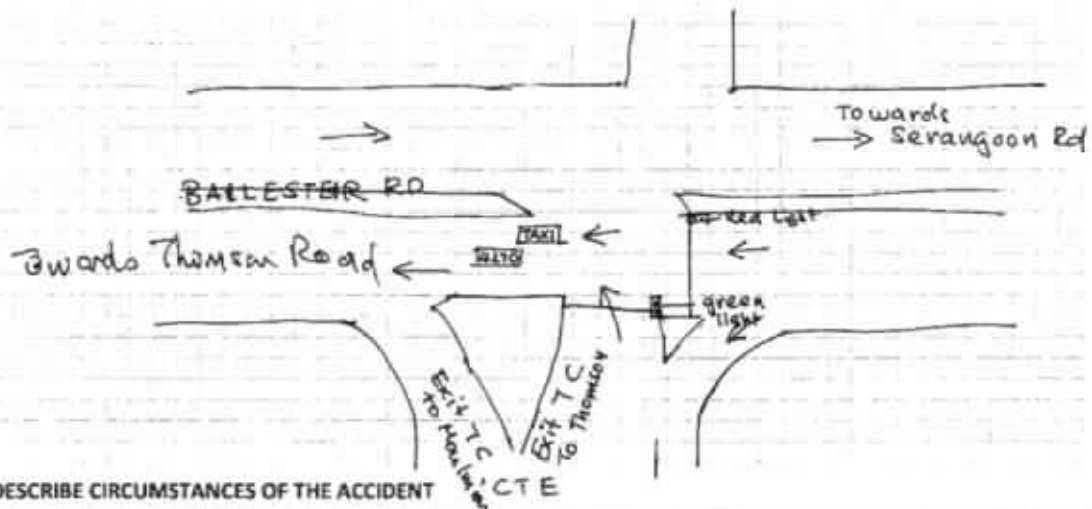
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:


Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving from CTE Exit 7C towards Balestier Road on 15 Dec @ 08:30hrs in the direction of Thomson Road as shown above with green light to for us to turn and suddenly a CityCab SHA 8147H driven by Mr Leow Leong Kiat (S1510128H) appeared on my right as he claimed that he dozed off and going against red light and hit the right front side of S154270L

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

AXA INSURANCE PTE LTD

8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Centre #01-21
 Tel: 1800 8804888 Fax:
 Website: www.axa.com.sg
 GST Registration Number: 199903512M
 customer.care@axa.com.sg

**CERTIFICATE OF INSURANCE**

• Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) • Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 • Road Transport Act, 1987 (Malaysia) • Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO. : VPA/P1237220 Account No. : 13820
 Coverage : Comprehensive
 Sum Insured : Market Value At The Time Of Loss
 Name of Policy Holder : LEE FUAY KHOON
 Vehicle Registration No. : SJT4270L
 Period of Insurance : From 09/10/2018 To 08/10/2019 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

- (a) The Policyholder
 The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner
 (b) Any other person who is driving on the Policyholder's order or with his permission
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

LIMITATIONS AS TO USE*

Use only for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speedtesting, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

(01)

Basic Own Damage Excess : NIL

An Additional Excess is applicable as follows:
 S\$500.00 for Unnamed Authorized Driver &/or Declared Young & Inexperienced Driver.
 S\$5,000.00 for Undeclared Young and Inexperienced Driver.
 (Please refer to your policy on the terms & conditions)

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 35 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

H.B. : (Private Car Only)

You have signed an Undertaking to use exclusively AXA Premium Workshops for all your accident repairs insured by AXA.

Basic Own Damage Excess for Insured & Named Drivers is reduced as follows:

- . 50% NCD - Nil Excess
- . 0% - 40% - Excess Halved

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOMOHA on 13/09/2018

IMPORTANT :

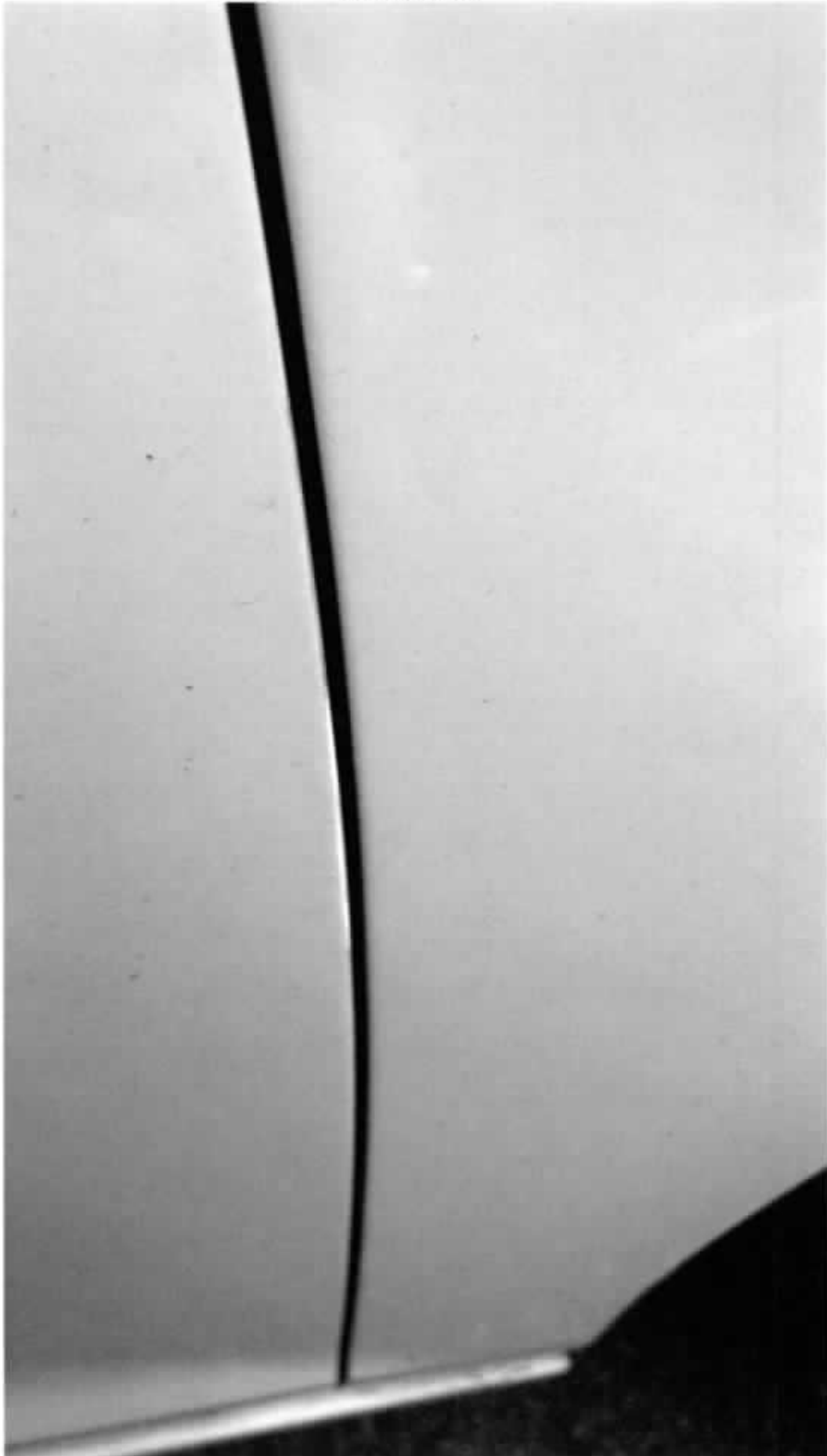
Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period falling which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

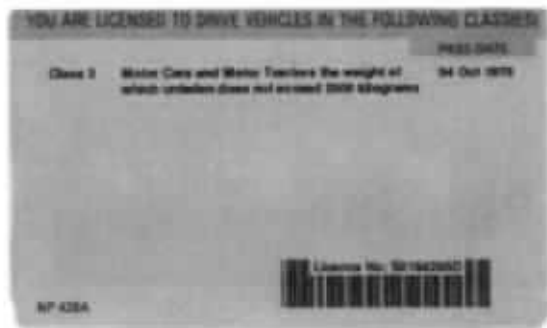


Driving License



Mobile: 9784407F
email: jlpkhon@yahoo.com.sg.

Identification Card



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Handwritten:
 2/12/18
 Taufik 97445744
 19/12/18
 Reamy hys part
 sure (hantoon)
 6 days

VGS Singapore
 247
 Alexandra Road
 159934 Singapore

Phone No. +65 6305 7299
 Fax No. +65 6474 3643
 E-Mail service@vw.com.sg

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

VGS Singapore, 247, 159934 Singapore

LEE PUAY KHOON
 56 BLANDFORD ROAD
 Singapore, 559849
 Singapore

Service Quote

Customer No. CV003190
 Quote No. SER/QUO/1802169
 QuoteDate 17/12/18
 Salesperson Linda Chan
 Page 1

THIS IS NOT AN OFFICIAL TAX INVOICE

Make	Model Description	Mileage	Service Advisor
Volkswagen Passeng	Golf A6 GTI (DSG) 5 Door+4KF,P	105.275	Cheong Pearlyn
License No.	VIN	Initial Registration	Sales Advisor
SJT4270L	WVWZZZ1KZAW033022	09/10/09	Linda Chan
Engine Code	Labor Type	Engine No.	Model Code
CCZB	1K	023292	5K19V3

No.	Description	Qty.	UoM	Unit Price	Amount
P B&P ALEX LABOUR	LABOUR	4	Labor		3,360.00
P B&P ALEX PAINT	SPRAY PAINT	4	Labor		3,200.00
P B&P DIAG	PROGRAMMING & CALIBRATION	1	Time Un		480.00
P B&P MECH	COMPULSORY TO DO AFTER AC				
	CHECK WIRE HARNESS, ECU, S	1	Time Un		280.00
	Nett				
	Sum Labor				7,320.00
P 5K0805903B 9B9	FRONT LOWER SPOILER	1	Pieces		531.02
P 5K0807217BPGRU	FRONT BUMPER	1	Pieces		1,322.02
P 5K0807228A	FR BUMPER BRACKET RH	1	Pieces		38.68
P 5K0807572J	BUMPER RETAINER RHS	1	Pieces		127.92
	Use Predecessor 5K0807572H				
P 5K0919491B	SENSOR BRACKET	2	Pieces		35.24
P 5K0919493G	SENSOR BRACKET	2	Pieces		35.24
P 5K6821022B	FENDER RHS	1	Pieces		650.50
	Use Predecessor 5K6821022A				
P D 180KU2A1	2KADHESIVE	1	Pieces		89.43
P D 822150A1	BONDAGENT	1	Pieces		64.27
	Sum Item				2,894.32

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:

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

VGS Singapore
247
Alexandra Road
159934 Singapore

Phone No. +65 6305 7299
Fax No. +65 6474 3643
E-Mail service@vw.com.sg

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

VGS Singapore, 247, 159934 Singapore

LEE PUAY KHOON
56 BLANDFORD ROAD
Singapore, 559849
Singapore

Service Quote

Customer No. CV003190
Quote No. SER/QUO/1802169
QuoteDate 17/12/18
Salesperson Linda Chan
Page 2

THIS IS NOT AN OFFICIAL TAX INVOICE

Make	Model Description	Mileage	Service Advisor
Volkswagen Passeng	Golf A6 GTI (DSG) 5 Door+4KF,P	105,275	Cheong Pearlyn
License No.	VIN	Initial Registration	Sales Advisor
SJT4270L	WVWZZZ1KZAW033022	09/10/09	Linda Chan
Engine Code	Labor Type	Engine No.	Model Code
CCZB	1K	023292	5K19V3

Sum Labor	7,320.00
Sum Item	2,894.32
Total SGD	10,214.32
7% GST	10,214.32 715.00
Total SGD Incl. GST	10,929.32

Explanations

P = Proportionately Charged

Payment Terms No Credit

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



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/FCI18022725/T1tbe2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 25-01-2019



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHA 8147H	Veh. Inspected	SJT 4270L
Policy No.		Coverage (\$)	0.00
Claim No.	D18008908MFSH	Excess (\$)	0.00
Assign From	JOANNE YONG	Assign Date	18/12/2018

2. Vehicle Particulars & Condition

Make & Model	VOLKSWAGEN GOLF	c.c	1984
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	WWWZZZ1KZAW033022	Colour	WHITE
Odometer	130878	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/40 R18	MICHELIN	6 mm
L/H Front Tyre	225/40 R18	MICHELIN	6 mm
R/H Rear Tyre	225/40 R18	MICHELIN	6 mm
L/H Rear Tyre	225/40 R18	MICHELIN	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	15/12/2018	Inspection Date	19/12/2018
Survey held at	VOLKSWAGEN GROUP SINGAPORE PTE LTD 247 ALEXANDRA ROAD SINGAPORE 159934		

5a. Remarks

A)DAMAGES CONSISTENT TO ACCIDENT REPORT. B)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. C)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	6 Working Days
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**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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJT 4270L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT LOWER SPOILER (SN)	NOT NECESSARY	531.02	-
1	FRONT BUMPER (SN)	DEFORMED	1,322.02	1,322.02
1	FR BUMPER BRACKET RH (SN)	NECESSARY	38.68	38.68
1	BUMPER RETAINER RHS (SN)	NECESSARY	127.92	127.92
2	SENSOR BRACKET (SN)	NECESSARY	35.24	35.24
2	SENSOR BRACKET (SN)	NECESSARY	35.24	35.24
1	FENDER RHS (SN)	BENT	650.50	650.50
1	2KADHESIVE (SN)	NECESSARY	89.43	89.43
1	BONDAGENT (SN)	NECESSARY	64.27	64.27
			2,894.32	2,363.30
	<u>LABOUR</u>			
	LABOUR.		3,360.00	1,680.00
	SPRAY PAINT.		3,200.00	2,400.00
	PROGRAMMING & CALIBRATION COMPULSORY TO DO AFTER AC.		480.00	480.00
	CHECK WIRE HARNESS, ECU, S.		280.00	280.00
			7,320.00	4,840.00
GRAND TOTAL			10,214.32	7,203.30
RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE)				7,203.30

Report Ref No. CS/FCI18022725/T1tbe2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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