

ASS. REC. BY:

Surveyor: RASUL

REF: CS/CTI1901293/R2+f3A2

Special Instruction:

## ASSIGNMENT (Office)

From (Person): Irene Tay

of

CTIDate/Time: 10/7/19 @ 9.46am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKG 8857A

Insured:

GBB 8006Y

at Workshop m/s

Avantage VAG

Tel:

82289771

of

48 toh Guan Road East # 05-123

Policy No:

DMCVSH30372718022

Claim No:

3NM19D203141C02

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

2/7/19

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

10:11am @ 10/7/2019

Person Contacted:

zuohan

Vehicle IN

OUT

Date/Time

Action/Instruction

1st initial / ✓GBB 8006Y: CC3/1M211024221/H2y1n D.O.A. 22/11/2011SKG 8857A: CC6/11117011004/R12b3q2 D.O.A. 23/06/2017Part by Part \$1,183/- (Red: 624; 34%)

ASS. REC. BY: Far

REF: CTI

59253

## ASSIGNMENT

From: \_\_\_\_\_ Date: 10/7/2019

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

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

To Inspect Vehicle No: SKG 8857Aat Workshop m/s VAGof 48 Joh Gwan Rd East #05-123

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

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

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

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

(Client's Record)

Make of Veh: 2pm-4pmzuohan @ 8228 9771

(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 1wp

Vehicle: IN / OUT

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

Veh No: SKG 8857A Yr Regn: 2012 / 04Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: Audi A4 1.8 TFSI Mu (A1) c.c. 1798Colour: Gold A/C: Insured / Std / NI / NASp. Reading: 124 368 T/Radio: Insured / Std / NI / NA

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

C/No: WAN 2228K 30A 058009Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_Modi: Nil / S/Rim / STD A/Rim or \_\_\_\_\_Tyre Size: F: 225/50R17R: ~BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or \_\_\_\_\_

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 02/07/2019 D.O.I. 10/07/19Survey held at VAG

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or \_\_\_\_\_

N/S Fair

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

Date / Time Action / Instruction

RECEIVED 03 OCT 2019

Date/Time, File Pass to?

☐ : Preli. Report1) 310 Typist☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Report Format: TPLump Sum / 10: (\$) 1183Days Of Repair: 1Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS. \$ \_\_\_\_\_

Photos \_\_\_\_\_

Others \_\_\_\_\_

TOTAL

220

## Nivitha (LKK Auto)

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**From:** Irene Tay <irene.tay@sg.cntaiping.com>  
**Sent:** Wednesday, 10 July 2019 9:46 AM  
**To:** assignments  
**Cc:** claims@vag.sg  
**Subject:** FW: OUR REF: SNM19D203144/TAYHP - GBB8006Y - PRS SKG8857A  
**Attachments:** GIA Report -SKG8857A.PDF

### WITHOUT PREJUDICE

Dear LKK,

Please liaise with VAG to conduct PRS today before 12pm.

Thank you.

Regards,

**Irene Tay**  
Executive  
Claims Department (Motor Division)

**China Taiping Insurance (Singapore) Pte. Ltd.**  
3 Anson Road #16-00 Springleaf Tower Singapore 079909  
Direct (65) 6389 6192  
Fax (65) 62247478/62247175  
Email: [claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)  
[www.sg.cntaiping.com](http://www.sg.cntaiping.com)



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*This message is confidential; its contents do not constitute a commitment by China Taiping Insurance (Singapore) Pte. Ltd. except where provided for in a written agreement between you and China Taiping Insurance (Singapore) Pte. Ltd. Any unauthorized disclosure, use or dissemination, either in whole or partial, is prohibited. If you are not the intended recipient of the message, please notify the sender immediately.*

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**From:** Lim Shu Min  
**Sent:** Monday, 8 July, 2019 4:51 PM  
**To:** Irene Tay <irene.tay@sg.cntaiping.com>; Alfred Toh <alfred.toh@sg.cntaiping.com>; Chee So Chow <sochow.chee@sg.cntaiping.com>; claims@vag.sg  
**Subject:** OUR REF: SNM19D203144/TAYHP - GBB8006Y - PRS SKG8857A

Dear Irene,

Please conduct PRS for SKG8857A.

Officer in charge – Irene Tay 63896192 (file with OIC).

Thank you

**Lim Shu Min**

Executive  
Claims Department

**China Taiping Insurance (Singapore) Pte. Ltd.**

3 Anson Road #15-00 Springleaf Tower Singapore 079909  
DID: (65) 63896156 | F: (65) 62247175

**W:** [www.sg.cntaiping.com](http://www.sg.cntaiping.com) | **FB:** [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/) | **WeChat:** 太平獅城 Taiping SG

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**From:** Claims Assistance - VAG Singapore [<mailto:claims@vag.sg>]

**Sent:** Monday, 8 July, 2019 1:57 PM

**To:** Claims Dept of CTI <[claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)>

**Subject:**

Dear Ms. Tan,

Attached is the GIA report for SKG8857A.

Please arrange and get the surveyor to contact me directly at 82289771.

Do get the liability clearance for this case.

The claimant's vehicle is not in.

Thank you.

Best Regards,

Zuohan

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**AVANTAGE VAG**

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6515 9515 Sales & Service | 6795 5005 24hr Towing | [www.avantage.sg](http://www.avantage.sg)

**AVANTAGE VAG WEST Service & Tuning Centre**

48 Toh Guan Road East, #05-123 Enterprise Hub, Singapore 608586

**AVANTAGE VAG NORTH Service Centre**

160 Sin Ming Drive, #04-17 Sin Ming AutoCity, Singapore 575722

**AVANTAGE VAG EAST Service Centre**

8 Kaki Bukit Ave 4, #06-48 Premier @ Kaki Bukit, Singapore 415875

**Accident Reporting & Repair Centre**

48 Toh Guan Road East, #05-155 Enterprise Hub, Singapore 608586

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**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	04/07/2019 11:17
Date Of Accident	02/07/2019 13:30
Exact Location Of Accident	327 JALAN BESAR CARPARK PREMISES
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SKG8857A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YUE BEE YEN
NRIC No	S7005929J
Email Address	IES.PHILWONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96288365
Alternative Phone No	OFFICE-96288365

**Vehicle Particulars**

Manufacturer	AUDI
Model	A4-1.8 TFSI MU (B8) (A)
Exact Purpose for which vehicle was being used at time of accident	
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	P1544302
Cover Note Number	

**Driver**

Name of Driver	WONG KAI YUAN
NRIC No	S1782692A
Date Of Birth	23/08/1966
Occupation	OUTDOOR
Date Of Driving Pass	17/12/1992
Driving Experience	26 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96823526
Fax Number	
Contact Number	OFFICE-96823526
Email Address	IES.PHILWONG@GMAIL.COM

Address	50D FABRE HEIGHTS #02-23
Postcode	129198
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	0

#### 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 attached

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB8006Y
Vehicle Make/Model/Colour	MITSUBISHI/CANTER/WHITE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GAN CHENG HUAT
NRIC/Passport Number	S0240390J
Contact Number	92202334
Address	APT BLK 333C YISHUN STREET 31 #05-173
Postcode	763333
Insurance Company Name	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: ;
	GENDER: ;

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report exactly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Affiliated Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and existence 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 to the G/A 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 lodging 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) assessing, 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 queries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, notices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the claim 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/are 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 situated outside of Singapore, for one or more of the above Purposes.
- (d) My Personal Information will also be referred and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) My information so collected under (a) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that exist 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.

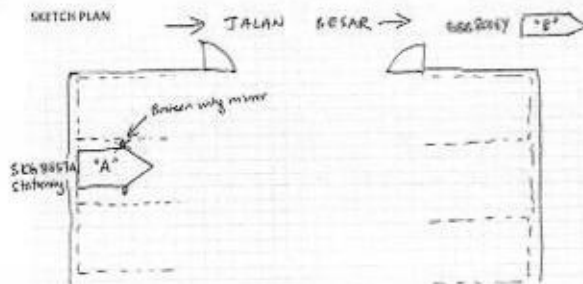
Policyholder's Signature  
Date & Time:

Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name: **WONG LUCY HAO**  
ID No./Phone: **697065516**

## Sketch Plan #2





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Report

My vehicle SK6985TA(A) was parked in the open air at 329 Jin Boon.

It was stationary and parked. Nobody was inside.

At the time of incident, the witness heard Chua See Phang (NRIC S02496612) heard a loud crash and saw the truck (Mitsubishi Canter GBB 8006Y) driven away. He ran after and shouted at the driver to stop. The driver of GBB 8006Y, Gan Cheng Huan, NRIC S0240840J got out of the driver seat.

I was informed of the accident and arrived at the scene shortly (5 mins).

When I arrived, I saw my front passenger wing mirror had broken and the debris was on the ground.

Mr. Gan negotiated that he wanted to compensate me for the damage. I wanted him to source for his repair workshop and parts. However, Mr. Gan couldn't give me a response and I decided to file the report at my insurer workshop on 06/08/19 morning.

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: WONG JOON HAN  
NIC/ID No: S97065574





Tel: 6267 9916

Fax: 6267 9313

[www.avantage.sg](http://www.avantage.sg)

Vehicle Num : SKG8857A

**Make/Model : AUDI**

Chassis No : WAUZZZ8K3DA058009

1

## LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

## VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/CTI19012193/R1TF3N2

Date: 08/10/2019

## REFERENCE

<b>Handling Insurer:</b>	China Taiping Insurance (Singapore) Pte. Ltd.	<b>Policy No:</b>	DMCVSN30372718022	
<b>Claimant Vehicle No :</b>	SKG8857A	<b>Insured Vehicle No :</b>	GBB8006Y	
<b>Date of Loss:</b>	02/07/2019	<b>Nature of Claim:</b>	TP	<b>Claim No:</b> SNM19D203144C02

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

<b>Reg No:</b>	SKG8857A	<b>Engine No:</b>	CJE017757
<b>Make &amp; Model:</b>	AUDI A4, 1.8 (A)	<b>Chassis No:</b>	WAUZZZ8K3DA058009
<b>Reg. Date:</b>	17/10/2012 (Man. Year: 2012)	<b>Odometer:</b>	124368 km
<b>Colour:</b>	Gold		
<b>Engine Capacity:</b>	1798 cc		
<b>Market Value/New Car Price:</b>	N/A		
<b>Sum Insured (\$\$):</b>	Market Value/New Car Price		

## CONDITION OF VEHICLE AT THE TIME OF SURVEY

<b>General Condition:</b>		<b>Steering (Serviceable):</b>	Yes	<b>Footbrake (Serviceable):</b>	Yes
<b>Handbrake (Serviceable):</b>	Yes	<b>Engine Modification:</b>	No	<b>Pre-accident Condition:</b>	

## CONDITION OF TYRES

<b>Front Tyre Size:</b>	225/50R17	<b>Rear Tyre Size:</b>	225/50R17
<b>Front Left Side:</b>	Goodyear 6 mm	<b>Rear Left Side:</b>	Goodyear 6 mm
<b>Front Right Side:</b>	Goodyear 6 mm	<b>Rear Right Side:</b>	Goodyear 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	957.00	933.00	24.00	2.51
Miscellaneous Items	0.00	0.00	0.00	
Labour	860.00	250.00	610.00	70.93
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (\$\$)</b>	<b>1,817.00</b>	<b>1,183.00</b>	<b>634.00</b>	<b>34.89</b>
<b>+ GST 7.00/7.00% (\$\$)</b>	<b>127.19</b>	<b>82.81</b>	<b>44.38</b>	<b>34.89</b>
<b>Nett Amount (\$\$)</b>	<b>1,944.19</b>	<b>1,265.81</b>	<b>678.38</b>	<b>34.89</b>

## INSPECTION

<b>Date of Assignment:</b>	03/10/2019	
<b>Date Inspected:</b>	10/07/2019	<b>Inspected At:</b> VAG Singapore Pte Ltd (HQ) 48 Toh Guan Road East, #05-155 Enterprise Hub Singapore 608586

Estimated Period of Repair: 1.0 days

Adjuster: MOHD RASUL

Manager: DENISE TAY KWEE CHENG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

## REPAIR DETAILS

### Reference

<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 07 Oct 2019)
<b>Parts:</b> 143	AUDI A4 1.8 (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b> (Unsubmitted, no print-code for SKG8857A)	
<b>Validity:</b>	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *.

### Recommended Parts

No.	Qty	Part No. Particulars	Condition	Repairer's	Amount
1	1	*REAR VIEW MIRROR MOUNTING WITH ETEC.MOTOR	Not Working	311.00 FS	*311.00 FS
2	1	*TRIM FOR INTERIOR HOUSING	Serviceable	24.00 FS	*-FS
3	1	*SMALL PARTS KIT	Necessary	10.00 FS	*10.00 FS
4	1	*CAP FOR REAR VIEW MIRROR	Scratched	291.00 FS	*291.00 FS
5	1	*MIRROR GLASS (CONVES WITH PLATE)	Cracked	115.00 FS	*115.00 FS
6	1	*ADJUSTER WITH MOTOR FOR REAR VIEW MIRROR	Distorted	150.00 FS	*150.00 FS
7	1	*TURN SIGNAL	Scratched	50.00 FS	*50.00 FS
8	1	*HEXAGIN SOCKET FLAT HEAD BOLT	Necessary	6.00 FS	*6.00 FS

F=Franchise part. S=SpcNett.

<b>Total Parts (S\$)</b>	<b>957.00</b>	<b>933.00</b>
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Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<b>Labour Items</b>				
1	TO REMOVE/REFIT/PANEL BEAT OF LH WING MIRROR,LH FRONT FENDER AND OTHER AFFECTED AREAS	New	350.00	100.00
2	TO PUTTY AND SPRAY PAINT OF LH WING MIRROR CAP AND LH FRONT FENDER AND OTHER AFFECTED AREAS	New	400.00	100.00
3	TO DIAGNOSE AND CLEARING OF FAULT CODES BEFORE AND AFTER REPAIR	New	110.00	50.00
<b>Gross Labour Cost (\$\$)</b>			<b>860.00</b>	<b>250.00</b>

Report was unsubmitted during this print-out.

< END OF ESTIMATES >