

CS/CT120005877/T.f3

ASS. REC. BY:

Toughlin

REF:

CT1

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: 4113K

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

WP'

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLZ1101G Yr Regn: 2018 / March

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

Truck / Trailer or

Make: Volkswagen Golf GTI c.c. 1984Colour: White A/C: Insured / Std / NI / NASp. Reading: 26280 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WVWZZZAUZJW185879

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: 275/40R18R: 7

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. _____ D.O.I. 3/6/20 04pmSurvey held at VW Alexandra

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

Frt o/s

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report1) _____
Date/Time, File Return to?☐ : Final Report

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Rep. Form: _____

Lump Sum / L.B.I. (\$) _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

VOLKSWAGEN CENTRE SINGAPORE

247 Alexandra Road
Singapore 159934
Biz Reg No: 199101494Z
GST No: M200985052



Quotation Non binding - Preview

Page 1/2

Company
CHINA TAIPING INSURANCE (S) PL
3 ANSON ROAD
#18-00 SPRINGLEAF TOWER
Singapore 079909

Customer Details
Ms.
CHOU
MEI (ZHOU MEI)
11 GREENLEAF LANE
Singapore 279470

Document no.
Document date 21-05-2020
Customer no. 5211001170
Customer GST-ID 200208384E
Dealer 30001
Job order number 2020008749/ 1
Job order date 21-05-2020
Service Advisor YEN MEI WONG

License plate	Model code	First registration	VIN	Model	Mileage
SLZ1101G	BQ19UY	13-03-2018	WWWZZZAUZJW185879	Golf GTI 2.0 TSI 169kW DSG	23,464

Position no.	Description	Quantity	Unit	Unit price excl. GST	Tax code	Total amount excl. GST	Total amount incl. GST
	Diagnostic and Programming	1	pcs.	480.00	#1	480.00	513.60
	Check Short Circuit / Harness Repair	1	pcs.	280.00	#1	280.00	299.60
5G0807217NKGRU	Cover For Bumper Primed	1	pcs.	1,199.99	#1	1,199.99	1,283.99
5G0807050B	Guide Piece	1	pcs.	20.38	#1	20.38	21.81
	BUMPER SIDE BRACKET RH						
5G0807724P	Support Part	1	pcs.	53.29	#1	53.29	57.02
	BUMPER INNER BRACKET RH						
5G0805915AA9B9	Retainer For Spoiler Sati	1	pcs.	183.58	#1	183.58	196.43
5G0919399F	Sensor Bracket	1	pcs.	12.48	#1	12.48	13.35
5G0919400F	Sensor Bracket	1	pcs.	12.48	#1	12.48	13.35
5G0919493J	Sensor Bracket	2	pcs.	11.90	#1	23.80	25.47
5G0919493L	Sensor Bracket	1	pcs.	12.60	#1	12.60	13.48
5G0919494G	Sensor Bracket	1	pcs.	12.60	#1	12.60	13.48
D 180KU2A1	2k-Plastic Adhesive	1	pcs.	75.94	#1	75.94	81.26
D 822150A1	Bonding Agent For Plastic	1	pcs.	59.40	#1	59.40	63.56
5G0853666P 9B9	Cooling Air Grill Satin B	1	pcs.	89.21	#1	89.21	95.45
	RHS FOG LAMP GRILLE						
5G0821106B	Fender	1	pcs.	589.90	#1	589.90	631.19
	RH						
5G0821136C	Cross Support	1	pcs.	30.84	#1	30.84	33.00
	FENDER BRACKET RH						
N 90817302	Riveted Cap Nut	2	pcs.	1.14	#1	2.28	2.44
5G0853688ATJZQ	Emblem	1	pcs.	83.42	#1	83.42	89.26
	FENDER EMBLEM - GTI						
	LABOUR	4	pcs.	840.00	#1	3,360.00	3,595.20
	SPRAY PAINT	3	pcs.	800.00	#1	2,400.00	2,568.00

Quotation valid till 28-05-2020

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	760.00	8,222.19	7%	628.75	8,982.19	9,610.94
Total	760.00	8,222.19		628.75	8,982.19	9,610.94

Customer

Tanfu 97495749
WP 3/6/2024pm
*Resurvey before paint
tanfu@lkkauto.com
05 days

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:

VOLKSWAGEN CENTRE SINGAPORE

247 Alexandra Road
Singapore 159934
Biz. Reg. No.: 199101494Z
GST No. M200985052



Quotation

Non binding - Preview

Page	2/2
Document no	
Document date	21-05-2020
Customer no	5211001170
Customer GST-ID	200208384E
Dealer	30001
Job order number	202008749/ 1
Job order date	21-05-2020
Service Advisor	YEN MEI WONG

Company
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#18-00 SPRINGLEAF TOWER
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Customer Details:
Ms
CHOU
MEI (ZHOU MEI)
11 GREENLEAF LANE
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SLZ1101G	BQ19UY	13-03-2018	WWWZZAUZJW185879	Golf GTI 2.0 TSI 169kW DSG	23,484

—VISIT OUR WEBSITE: aftersales.vw.com.sg (for online service appointments) and volkswagen.com.sg and www.skoda.com.sg (for additional services, products and promotions) —

Printed on 21-05-2020 at 10:10 AM
Quotation No: 5211001170-202008749-1
Customer: CHOU MEI (ZHOU MEI)
Address: 11 GREENLEAF LANE, SINGAPORE 279470
Phone: 6799 0900
Fax: 6799 0901
Email: info@volkswagen.com.sg
Website: volkswagen.com.sg

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 21/05/2020 09:26
Date Of Accident 20/05/2020 17:30
Exact Location Of Accident WAS PARKED OUTSIDE MY HOUSE AT 11 GREENLEAF LANE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLZ1101G
Insured/Policyholder
Name Of Registered Owner CHOU MEI
NRIC No SXXXX466E
Email Address MEI_CHOUZ@YAHOO.COM
Mobile Phone No (LOCAL) +65-96233514
Alternative Phone No OTHERS-96233514

Vehicle Particulars

Manufacturer VOLKSWAGEN
Model GOLF GTI 169 KW

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 AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 1900016120
Cover Note Number

Driver

Name of Driver CHOU MEI
NRIC No SXXXX466E
Date Of Birth 02/02/1975
Occupation INDOOR
Date Of Driving Pass 30/08/1994
Driving Experience 25 YEARS AND 8 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-96233514
Fax Number
Contact Number OTHERS-96233514
Email Address MEI_CHOUZ@YAHOO.COM

Address 11 GREENLEAF LANE
 Postcode 279470
 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 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

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 SMP320M
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver AIDYM LOVISOTTO
 NRIC/Passport Number GXXXX549P
 Contact Number 84250760
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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.

B. 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:

9:43am
21/5/20



Driver's Signature

(If driver is not the policyholder)

Date & Time:



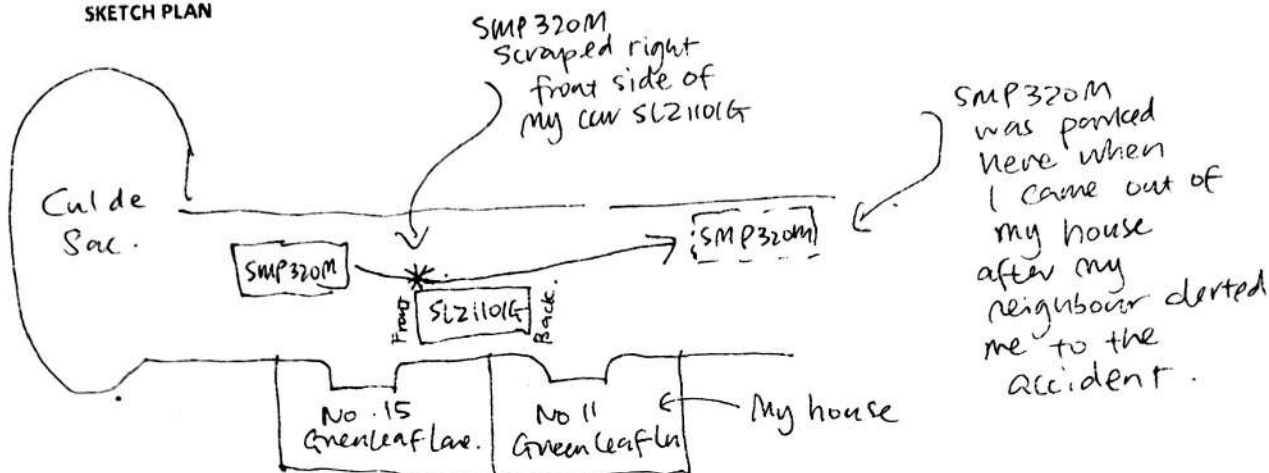
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date of Accident: 20 May 2020. at approx. 5:30 pm.

My car SL211016 was parked outside my house (No. 11) along Greenleaf Lane. My next door neighbour from 15 Greenleaf Lane witnessed another car scraping my car while reversing and rang the doorbell to alert me to the accident. The driver of the car Ms Aidyn Lovisotto (Dependent Pass number: G3914549P) has admitted verbally and over whatsapp message that she had scraped the car while reversing along Greenleaf Lane. The accident happened at approximately 5:30pm. Her car ~~was~~ SMP320M was leased from Swee Leng Leasing. Mable from Swee Leng Leasing also contacted me on the evening of 20 May, 1952hrs, confirming that the hirer Ms Aidyn had scraped my car. No one was inside my car when the accident happened. I was inside my house.

Third Party Contact detail - Ms Aidyn Lovisotto
HP: 8425 0760
Dependent pass: G3914549P
Car Number: SMP320M

DECLARATION

I/We declare the foregoing particulars are true in every respect

Policyholder's Signature
Date & Time: 9.43am
21/5/20

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

Reporting Centre Personne's Signature
Name:
NRIC/FIN No: