	1	SICNMENT
¥	<u>A5.</u>	SIGNMENT // /9
From:	Date:	Veh No: SMQ7291L Yr Regn: 11/7
Estimated Cost:		Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD I TP I WS I TP RES I OD	RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	SM Q729/C	Make: Volkswagen Golf TSdc 1395
at Workshop m/s	Un mil	Colour Mi-6 A/C: Insured / Std / NI / NA
of		Sp.Reading 23088 T/Radio: Insured / Std / NI / NA
Insured:		Eng/No:
Policy No.		C/No: WVWZZZAUZKW 2/36
Claims No.		Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured:	Excess:	Steering: /norder / Jammed / Leaked / Burnt or
(Client's Record)		Brake: (norder/ Jammed / Leaked / Burnt or
Make of Veh:		Modi: Nil (S/Rim / STD A/Rim or
20 May 100 May	E COMPANY OF THE PARTY OF THE P	Tyre Size: F: 225/45 n 17
(Policy Condition)		R:
Remark: The veh had comm	nenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR) SUMI /
repair at the time of		TOYO / YOKO or
Bal. or Market Value:	695	Front Rear
IDAC Accident Rport:	Consistent?: Yes or No	R/Bal. 7 mm R/Bal. 7 mm
GIA / PR Seen:	Consistent?: Yes or No	L/Bal. 7 mm L/Bal. 7 mm
Est. Repairs: 2	days Res.: Yes or No	D.O.A. (2/9/2) D.O.I. 2//9/2
Lum Sum: /3/	% 3 Val.: Yes or No	Survey held at
-/-	200 Substituti Substit	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 2	4 HRS Vehicle: IN / OU	1 1 1
Date: Perso	on Contacted:	The U/C / Chassis frame// Body Structure affected due to collision.
Date / Time Action / Ins	struction	
Date/Time Action/Ins 27A 4 /w/20 Confin	14169	1395012 Wil Alvin
Date/Time Action/Ins LyA 4 Lollo Confin	44/68 Anol for 4 34.32;40% : Preli. Report : Final Report	Days Of Repair: 2 Resurvey No. of Trip: Survey Fee: Transportation:
Date / Time Action / Ins LyA 4 RED: 93	14/69 Med Final for # 34.32;40% 34.32;40%	Days Of Repair: 2 Resurvey No. of Trip: Survey Fee: Transportation:
Date / Time Action / Ins LYA 4 RED: 93 Date/Time, File Pass to? 1) Date/Time, File Return to?	44/68 Anol for 4 34.32;40% : Preli. Report : Final Report	Days Of Repair: 2 Resurvey No. of Trip: Survey Fee: Transportation: Pe: : Site Insp (\$)S+RS,SI Interview (\$) Photos
Date / Time Action / Ins LYA 4 LO/LO CONFINE RED: 93 Date/Time, File Pass to? 1) Date/Time, File Return to?	44/68 Anol for 4 34.32;40% : Preli. Report : Final Report	Days Of Repair: 2 Resurvey No. of Trip: Survey Fee: Transportation: See: Site Insp (\$)S+RS,SI



友尼摩哆公司 UNIMOTOR COMPANY

一說加基武吉六道一樓門牌九十四號 新加坡郵區四一七八八三 AUTOBAY @ KAKI BUKIT

No. 1 KAKI BUKIT AVE 6 #01-94 SINGAPORE 417883

TELEPHONE: 6748 2795 FAX: 6747 2373

Registration No.: 203165/00D

LKK

DATE:19/10/2020 OUR REF:UNI1428
REPAIR ESTIMATE YOUR VEHICLE VOLKSWAGEN NO:SMQ7291L
1 FRONT R/H SIDE WIND MIRROR ASSY 950.1 4

LESS 10%.....

\$ 1,321.60 \$ 1,321.60

\$ 1,321.60 \$ 132.16 \$ 1,189.44

LABOUR CHANGE

TO PANEL BEAT DAMAGED PORTION AND RENEW PARTS

TO PUTTY AND RESPRAY DAMAGED PORTION

TO SPRAY UNDERCOATING IN REPAIR

TO REMOVE AND REFIX REAR INTERIOR TRIM, GARNISH IN REPAIR

\$ 400.00 200 \$ 600.00 300 \$ 60.00 x \$ 80.00 40 \$ 2,329.44

21/9/20 21/9/20 9/2=1395.12 2 days.

LKK Auto Consultants hence notify

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- · Paris prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- . No illegal medification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

9-950-14 1-855:12 1-855:12 1395-12 MKFS20079327 / Kan Fook Sing Motor Workshop - Defu ENTRY DATE & TIME: 14/09/2020 11:33 SUBMITTED BY: Lucy Ng

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 witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.

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in Waller	1=1		تمته		

Date Of Report

14/09/2020 11:33

Date Of Accident

12/09/2020 14:55

Exact Location Of Accident

JALAN PELIKAT

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMQ7291L

Insured/Policyholder

Name Of Registered Owner

KOH AI MUI

NRIC No

SXXXX916F

Email Address

CATHERINEKOHAM2112@GMAIL.COM

Mobile Phone No

(LOCAL) +65-94889614

Alternative Phone No

OFFICE-94889614

Vehicle Particulars

Manufacturer

VOLKSWAGEN

Model

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?

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 29139036 AVW

Cover Note Number

Driver

KOH AI MUI

NRIC No

SXXXX916E

Date Of Birth

21/12/1971

Occupation

Name of Driver

INDOOR

Date Of Driving Pass

Driving Experience

17/05/1995

25 YEARS AND 3 MONTHS

Gender

FEMALE

Mobile Number

(LOCAL) +65-94889614

Fax Number

Contact Number

OFFICE-94889614

EMail Address

CATHERINEKOHAM2112@GMAIL.COM

Page 1 of 12

Address

BLK 152 WOODLANDS ST 13 #03-773

Postcode

730152

Was driver an employee of the Insured's Company

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

SIDE SWIPE

Weather Conditions

DRIZZLING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

2

NO

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES

Number of Passengers (Including Driver)

1

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

PLEASE SEE ATTACHED.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLJ7418M

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

GANESSARAJ S/O SOOCELARAJ

Name of Driver NRIC/Passport Number

SXXXX715F

Contact Number

96828589

Address

NA

NA

Postcode

NA

Insurance Company Name

Nature Of Damage

NA

No. Of Passenger (Including Driver)

		ASMQ F291L
	T RATE TO THE REPORT OF THE RE	
	HAT VA	(3)SLJ 7418 M
18416	JAC	
DANT F	7-2	
	14/4	
DESCRIBE CIRCUMSTANCES C		
MY FROD	WAS A URHCUE, PA	exine so I stopped to
CHROK CLEAR . O	PASITE LANG ON CO	WIND OUT OURL TAKE ROAM
70 GIVE: WAY . 1	URHICLE (B) FROM 34	
	GONTHE SIDE TO	
	THE ON COMING	
1200 mg LANE 8	40 HIT OTO M	CARC SHOW RIGHT STOP
POILION.		

-		
DEC! ADATION		
DECLARATION I/We declare the foregoing particu	ulars are true in every respect.	
DECLARATION I/We declare the foregoing particu	alars are true in every respect.	
	alars are true in every respect.	
	priver's Signature	Reporting Centra Personnel's Signature

Accident 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- 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")
- 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
- 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 Sign

Date & Time:

Driver's Signature

(If driver is not the policyholder

Date & Time: / 4/19 30

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	916E
Vehicle No.:	SMQ7291L
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Sep 2020
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	GOLF 1.4 TSI CL
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	CZCC06919
Chassis No.:	WVWZZZAUZKW213533
Maximum Power Output:	92.0 kW (123 bhp)
Open Market Value:	\$19,699.00
Original Registration Date:	29 Nov 2019
First Registration Date:	29 Nov 2019
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$19,699.00 9849
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Nov 2029
PARF Rebate Amount: Intended COE Rebate Details	\$14,774.00
COE Expiry Date:	28 Nov 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$32,000.00
COE Rebate Amount:	\$29,395.00
Total Rebate Amount:	\$44,169.00

The information contained herein is correct as at 21 Sep 2020 $\,$