ASS. REC. BY: RASUL | REF: CS/AWA 20013141/Rivf3 | 446w

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLW 6398A

at Workshop m/s Comfort Detailer

of 45, Pandan Rd

Insured: AWA

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: 500

(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: 117K

IDAC Accident Rport: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLW 6398A Yr Regn: 2018 / FEB

Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: VOLKSWAGEN PASSAT 2.0 RL c.c 1984

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

Sp.Reading 28784 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WVWZZZ3CZHE201421

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: 235/40R19

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / (PIR) / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	21/11/2020	D.O.I.	01/12/2020

Survey held at COMFORT

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to? 1) _____ Date/Time, File Return to?

2) 24/12/20-Typist

☐ : Prelt. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Rep. Format : OD

~~Lump Sum~~ / I.B.I: ($ $4737.00)

Survey Fee: _____

Transportation: _____

__S + RS__SI

Photos _____

Others _____

TOTAL _____

COMFORTDELGRO ENGINEERING
45 Pandan Road S (609286)

ACCIDENT REPAIR ESTIMATES

Our Ref:

Type of Claim : [X] Own Damage
[ ] 3rd Party
[ ] Windscreen

Ins Company : AWAC
Excess : TBA
Date of Accident : 21.11.2020
Suggested Days of Repair : 6 DAY

Vehicle No. : SLW6398A
Make & Model : VOLKSWAGEN / PASSAT VARIANT R-L TSI HUD
Year of Manufacture : 2017
Chassis No. : WVWZZZ3CZHE201421
Engine No. : CHH209768
Policy No. : BVFPSB0006822008
Time of Accident : 10.45 A.M

In-house Vehicle Assessor

Name : Wong Chee Wei
Signature :
Contact No : 68676919
HP : 97239882

Repair Estimates

Parts (a)	Cost / List Price Items	$5,262.00
	Plus/Less 10 %	$526.20
(b)	Nett Price Items	
	Less ___ %	
(c)	Special Nett Items	$205.00
Total Parts Cost (Appendix A)		$5,993.20
Labour (Appendix B)		$2,060.00
Total Repair Cost		**$8,053.20**

The above total will be subjected to 7% G.S.T.

Name of Surveyor : RASUL - LKK
Company : LKK
Survey conducted on : 01/12/2020 at 1410

Remarks By Surveyor

(a) The repair of this vehicle is authorized / is not authorized until further notice.
(b) Recommended Days of Repair : 4 day(s) P/P
(c) Resurvey : (Required) / Not Required
(d) Excess :$ 500 / REMPT / Resurvey before paint
(e) Signature of surveyor : Date: 01/12/2020

COMFORTDELGRO ENGINEERING PTE LTD
45 Pandan Road S (609286)
Tel: 68676919 Fax: 62626950

Appendix A

Spare Parts
Vehicle No. : **SLW6398A**
Make & Model : VOLKSWAGEN PASSAT VARIANT R-LINE 2.0 TSI HUD
Chassis No. : WVWZZZ3CZHE201421

Submit By : Wong Chee Wei
Year Manufacture : 2017
Engine No. : CHH209768

S/Order : **OD**

S/No	Part Description	Qty	Cost Price		Nett	List	S- Nett	Diposition By
			original	OEM	Price	Price	Price	Surveyor
1	FRONT BUMPER Dc /	1	$650.00					
2	FR BUMPER CLIP Nc /	10	$30.00					
3	FR BUMPER SIDE RETAINER,LH X	1	$26.00					
4	FR BUMPER SIDE RETAINER,RH X	1	$26.00					
5	FR BUMPER UPPER BRACKET,LH ?	1	$30.00					
6	FR BUMPER UPPER BRACKET ,RH ?	1	$30.00					
7	FR BUMPER SPONGE ?	1	$80.00					
8	FR BUMPER REINFORCEMENT ?	1	$250.00					
9	FRONT GRILLE CHROME CR /	1	$680.00					
10	LOGO – FR CR /	1	$65.00					
11	LEFT HEADLAMP ?	1	$950.00					
12	LEFT HEADLAMP CHROME MOULGING ?	1	$40.00					
13	RIGHT HEADLAMP ?	1	$950.00					
14	RIGHT HEADLAMP CHROME MOULDING ?	1	$40.00					
15	FRONT SUPPORT PANEL ?	1	$450.00					
16	BONNET bf /	1	$750.00					
17	BONNET INSULATOR CLIP Nc /	15	$45.00					
18	BONNET LOCK X	1	$120.00					
19	BONNET FR SEAL,RH Nc /	1	$25.00					
20	BONNET FR SEAL ,LH Nc /	1	$25.00					
21	FRONT NO.PLATE Dc /	1					$45.00	
22	RADIATOR COOLANT ?	1					$60.00	
23	AIR CON GAS & OIL ?	1					$100.00	
24		1						
25		1						
26		1						
27		1						
28		1						
29		1						
30		1						

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

COMFORTDELGRO ENGINEERING PTE LTD

45 Pandan Road S (609386)
Tel: 68676919 Fax: 62626950,68676903

Appendix B

Labour

Vehicle No. : **SLW6398A**
Make & Model : VOLKSWAGEN
Submit By : : **Wong Chee Wei**
Year of Manufacture : 2017

S/No	Labour Description	Esimated Price	Adjusted Price
1	TO REMOVE,REPLACE,RE ALIGN : FR BUMPER,BONNET,SUPPORT PANEL AND ACCIDENT AFFECTED AREA	~~$1,200.00~~	400
2	TO PUTTY,RE SPRAY PAINT :FR BUMPER,BONNET,	~~$800.00~~	400
3	TO CHECK WIRE AND FOCUS HEADLAMP	~~$60.00~~	30

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:

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.

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.
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	23/11/2020 08:10
Date Of Accident	21/11/2020 10:45
Exact Location Of Accident	BUKIT TIMAH PLAZA - CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW6398A
Insured/Policyholder	
Name Of Registered Owner	LIEBHERR-SINGAPORE PTE LTD
Co Reg No	NA
Email Address	ISKRONER@GMX.CH
Mobile Phone No	(LOCAL) +65-96658592
Alternative Phone No	OFFICE-96658592
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	PASSAT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	BVFPSB0006822008
Cover Note Number	
Driver	
Name of Driver	KRONER GEB MISSBACH INA
Passport No/FIN	GXXXX179P
Date Of Birth	02/10/1980
Occupation	INDOOR
Date Of Driving Pass	04/03/2019
Driving Experience	1 YEAR AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96658592
Fax Number	
Contact Number	OFFICE-96658592
EMail Address	ISKRONER@GMX.CH

Address	78F YUK TONG AVE
Postcode	596209
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SPOUSE OF EMPLOYEE
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	WET

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)	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

REFER ATTACHED

Attachment(s)

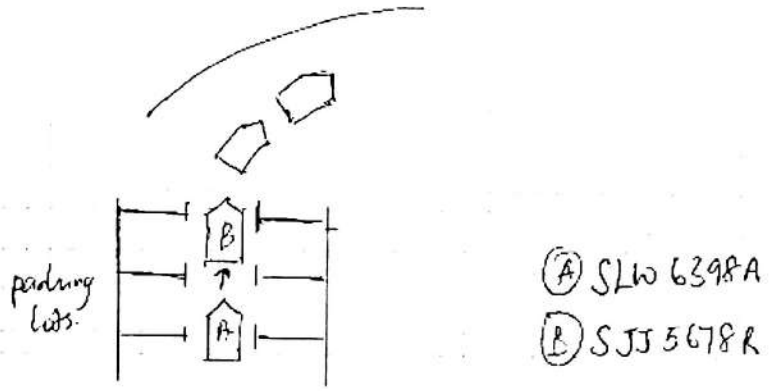
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJJ5678R
Vehicle Make/Model/Colour	NA
Details Of Properties	REAR PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	JINGYUNGI
NRIC/Passport Number	SXXXX700B
Contact Number	93868659
Address	NA NA
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Bukit Timah Plaza Car park 21/11/2020 10:45am

Inside carpark, I was looking for a empty slot and didn't recognise in time that the car in front stopped. (Stop and go waiting)
The vehicle got in contact with the rear of the vehicle in front.

DECLARATION

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

Policyholder's Signature

Driver's Signature

23/11/2020

Reporting Centre Personnel's Signature

Sketch Plan #2

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.**
5. 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

23/4/2020

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	446W
Vehicle No.:	SLW6398A
Vehicle to be Exported:	No
Intended Deregistration Date:	01 Dec 2020
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	PASSAT VARIANT R-LINE 2.0 TSI HUD
Primary Colour:	Brown
Manufacturing Year:	2017
Engine No.:	CHH209768
Chassis No.:	WVWZZZ3CZHE201421
Maximum Power Output:	162.0 kW (217 bhp)
Open Market Value:	$39,371.00
Original Registration Date:	26 Feb 2018
First Registration Date:	26 Feb 2018
Transfer Count:	0
Actual ARF Paid:	$47,120.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Feb 2028
PARF Rebate Amount:	$35,340.00
COE Expiry Date:	25 Feb 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$42,322.00
COE Rebate Amount:	$30,622.00
Total Rebate Amount:	$65,962.00

The information contained herein is correct as at 01 Dec 2020

OK

Brown

Merimen e-Claims | Used 2018 Volkswagen Passat Va | PARF/COE Reba

rmart.com/used_cars/info.php?ID=940903&DL=2430

Volkswagen Passat Variant 2.0A TSI R-Line

Overview | Financial | Accessories | Similar | Research | Photos | Map

Price	**$116,300**		
Depreciation	$12,970 /yr View models with similar depre	**Reg Date**	24-Jan-2018 (7yrs 1mth 22days COE left)
Mileage	57,000 km (20k /yr)	**Manufactured**	2017
Road Tax	$1,194 /yr	**Transmission**	Auto
Dereg Value	$67,706 as of today (change)	**OMV**	$39,365
COE	$45,289	**ARF**	$47,111
Engine Cap	1,984 cc	**Power**	162.0 kW (217 bhp)
Curb Weight	1,550 kg	**No. of Owners**	1
Type of Vehicle	Stationwagon		

Features

220BHP Turbocharged Engine, 350Nm Torque, 6 Speed Gearbox, 0-100km/h In 6.9 Sec, 8" Touch Screen, Bluetooth, Navigation, DVD, 2 SD Cards, 8 Speakers View specs of the Volkswagen Passat (2005-2011)

Accessories

19" Alloy Rims, R-Line, Keyless System, Auto LED Headlights, LED Daytime Running Lights, ISOFIX, Panoramic Sunroof, Cruise Control, All Round Sensor.