

ឈ្មោះ ហ៊ុន សែន / 1.៩.១: 17

VOLKSWAGEN CENTRE SINGAPORE

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



Quotation

Non binding - Preview

Page 1/1

Company
AIG ASIA PACIFIC INSURANCE P/L
78 Shenton Way
#07-16 AIG Building
Singapore 079120

Customer Details:
Mr
SEAH
ADRIAN GERARD
2 BISHAN STREET 25
#08-05
Singapore 573973

Document no.
Document date 30-03-2021
Customer no. 5211043795
Customer GST-ID 201009404M
Dealer 30001
Job order number 2021012523/ 1
Job order date 30-03-2021
Service Advisor SHU SHI TANG

License plate SLN9061Z	Model code 7N24MYH2	First registration 30-10-2020	VIN WVWZZZ7NZLV015658	Model Sharan Highline 2.0 TSI 162kW DSG Toulon	Mileage 7,179
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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
7N0807417E GRU	Cover For Bumper Primed X R	1	pcs.	1,378.97	#1	1,378.97	1,475.50
	REAR BUMPER						
7N0807521C 989	Spoiler Satin Black / CNT	1	pcs.	286.09	#1	286.09	306.12
N 90959101	Speed Nut - nk	4	pcs.	1.27	#1	5.08	5.44
	LABOUR	81	pcs.	840.00	#1 840	2,520.00	2,696.40
	Spray Painting	81	pcs.	800.00	#1 800	2,400.00	2,568.00
	AIG DIRECT SETTLEMENT						
	DOA: 29/03/2021						
	TP VEH: SMR7343R						
	SURVEY BY:						

Quotation valid till 06-04-2021

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	760.00	6,590.14	7%	514.51	7,350.14	7,864.65

Steve (LKK) 7/4/21, 10.00am

WIL AIL

PIP

By BL SJ
3 dgs

Customer

Service Advisor

LKK Auto Consultants hence notify
the Repairer of the following:

• To resurvey before/after spray painting

• To resurvey damaged part(s) during resurvey

---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). 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:

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 Submission	30/03/2021 13:41 (SGT)
Date of Accident	29/03/2021 13:20 (SGT)
Exact Location of Accident	St. Andrew's Village, Singapore
Additional Location Information	JLN TOA PAYOH OUTSIDE ST ANDREW VILLAGE
Country/State of Loss	Singapore

Vehicle Registration Number	SLN9061Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEAH ADRIAN GERARD
NRIC No	SXXXX198E
Email Address	anainc1@yahoo.com.sg
Mobile Phone No	(Phone) +65-91195996
Alternative Phone No	+65-91195996

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Sharan
Variant	-
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P2412230
Cover Note Number	-

DRIVER

Name of Driver	SEAH ADRIAN GERARD
NRIC No	SXXXX198E

Date Of Birth	24/08/1968
Occupation	Indoor
Date Of Driving Pass	08/07/1987
Driving experience	33 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91195996
Alt. Phone Number	+65-91195996
Email Address	anainc1@yahoo.com.sg
Address	2 BISHAN STREET 25
Address complement	#08-05
Postcode	573973
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

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

Vehicle Registration Number	SMR7343R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SWEE MEI LAN
Contact Number	(Phone) +65-96646450
Address	-
Address complement	-



Police Code	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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:

30 MAR 2021
10:50 AM

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

while stationary, car licence SMR 7343R came in contact with my rear right side bumper.

LOCATION: SWN TOA PAYOH JUST OUTSIDE ST.
ANDREW'S VILLAGE DIOCESE GATE, JUST
AFTER THE BOX JUNCTION.

OTHER DRIVER NAME : SWEET MEI LAN
S1317035E

DECLARATION

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

Policyholder's Signature _____
Date & Time _____

30 MAR 2021

10:50 AM

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

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