

REC. BY:

Steve

REF:

CS/40121004128/E9f3

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. _____

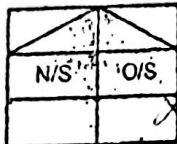
Claims No. M11D12512104

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Cum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLP 3285 X Yr Regn: 31/5/17
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Volkswagen Jetta C.C. 1399Colour: White A/C: Insured / Std / NI / NSp. Reading: 68424 T/Radio: Insured / Std / NI / N

Eng/No: _____

C/No: WVW 221162611 028 332Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim orTyre Size: F: 205/55ZR16R: 1

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 28/3/21 D.O.I. 1/4/21Survey held at VolkswagenDes. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop orRear RH.

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

Date / Time Action / Instruction

MV-64K22/04/21 @ 10.39pm Steve finalised with Germaine final fig \$3200, 4 days (Red \$4940.82, 61%)

Date/Time, File, Pass to?



: Prel. Report



: Final Report

23/04 Typist

Date/Time, File Return to?

Days Of Repair: 4Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Insp (\$ _____)☐ : Weekend (\$ _____)Approved: TPFinal Sum / LE: 3200

VOLKSWAGEN CENTRE SINGAPORE

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



Quotation

Non binding - Preview

Page 1/2

Company
UNITED OVERSEAS INSURANCE
3 ANSON ROAD
#28-01 SPRINGLEAF TOWER
Singapore 079909

Customer Details:
Mr
WU
KANSHEG
588A ANG MO KIO STREET 52
#30-203
Singapore 561588

Document no.
Document date
Customer no.
Customer GST-ID
Dealer
Job order number
Job order date
Service Advisor

29-03-2021
5211000867
197100152R
30001
2021012448/ 1
29-03-2021
SHU SHI TANG

License plate	Model code	First registration	VIN	Model	Mileage
SLP3285Z	1634G7	31-05-2017	WVWZZZ16ZGM025332	JETTA TSI High 90 D7F	61,246

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
5C6807421H GRU	Cover For Bumper Primed X R (Oilmark check)	1	pcs.	1,324.61	#1	1,324.61	1,417.33
	REAR BUMPER						
5C6919491D	Sensor Bracket	1	pcs.	16.49	#1	16.49	17.64
5C6919491E	Sensor Bracket	2	pcs.	16.49	#1	32.98	35.29
5C6919492D	Sensor Bracket	1	pcs.	16.49	#1	16.49	17.64
D 180KU2A1	2k-Plastic Adhesive	1	pcs.	78.91	#1	78.91	84.43
D 822150A1	Bonding Agent For Plastic	1	pcs.	62.81	#1	62.81	67.21
5C6807376	Guide Piece	1	pcs.	88.53	#1	88.53	94.73
	RHR BUMPER BRACKET						
	LABOUR	1	pcs.	840.00	#1	840.00	3,360.00
	Spray Painting	2	pcs.	800.00	#1	1,600.00	2,400.00
	UOI DIRECT SETTLEMENT						
	DOA: 28/03/20221						
	TP VEH: SDM1255J						
	SURVEY BY:						

Quotation valid till 05-04-2021

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	760.00	7,380.82	7%	569.86	8,140.82	8,710.68

Steve (LKK) wu
1/4/21, 11:00am
P/P
My Bel SL
4 dys

Service Advisor

Customer

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

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

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



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#28-01 SPRINGLEAF TOWER
Singapore 079909

Customer Details:
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WU
KANSHENG
588A ANG MO KIO STREET 52
#30-203
Singapore 561588

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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 willful 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	29/03/2021 15:31 (SGT)
Date of Accident	28/03/2021 13:13 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 3, Singapore
Additional Location Information	AMK AVE 3 IN FRONT OF BLOCK 507
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP3285Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WU KANSHENG
NRIC No	SXXXX964G
Email Address	WUKANSHENG@GMAIL.COM
Mobile Phone No	(Phone) +65-98792529
Alternative Phone No	(Home) +65-98792529

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Jetta
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	1390

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10169389R01
Cover Note Number	31/05/2020 TO 30/05/2021

DRIVER

Name of Driver	WU KANSHENG
NRIC No	SXXXX964G



Date of Birth	22/09/1981
Occupation	Indoor
Date of Driving Pass	03/08/2002
Driving experience	18 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98792529
Alt. Phone Number	(Home) +65-98792529
Email Address	WUKANSHENG@GMAIL.COM
Address	588A ANG MO KIO ST 52 #30-203
Address complement	-
Postcode	561588
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 - Major/Minor Rd
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	YEOH SIMIN FELICIA
Gender	Female

PASSENGER 2

Name	WU YIYUE EVA
Gender	Female

PASSENGER 3

Name	WU YILIANG ELI
Gender	Male

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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY

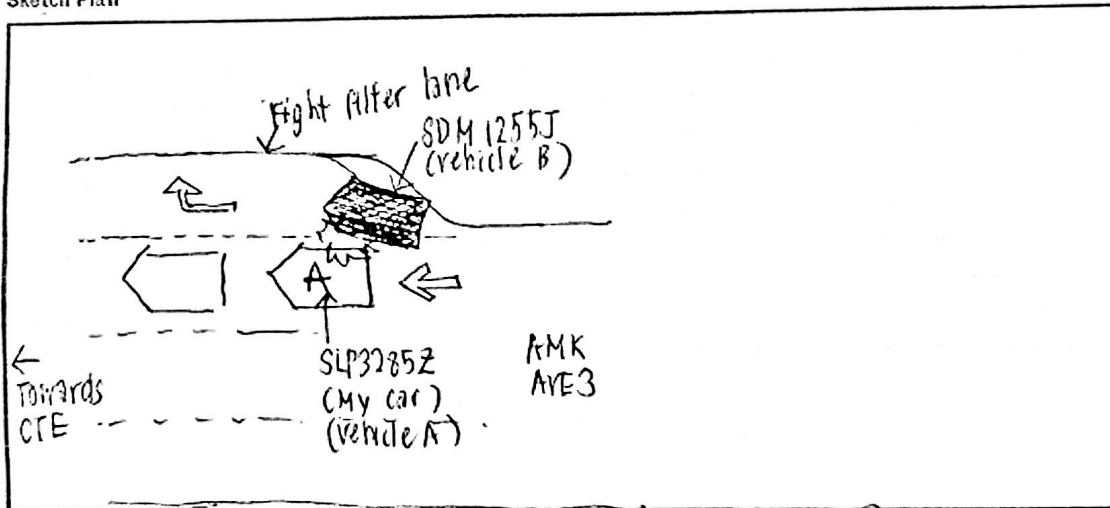
Vehicle Registration Number	SDM1255J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN YUAN LING REBECCA
NRIC No	SXXXX800I
Contact Number	(Phone) +65-96906532
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorized Driver.
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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.
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 be 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/rail 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 be 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.

Sketch Plan



BLOCK 504

Policyholder's Signature / Date & Time
29 Mar 1350

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

Witnessed by Reporting Centre Personnel



[AUTOMATICALLY GENERATED]

