

ASS. REC. BY: Steve T. [unclear] CC 3/A16 21006588/1893

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To inspect Vehicle No: _____

ul Workshop m/s

61

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.

Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

Consistent? : Yes or No

Est. Repairs:	days	Res.:	Yes or No
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Item Sum:	%	3 Val.: Yes or No
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CA 1 REV 1 REP. 1 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT _____

Date / Time	Action / Instruction
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MP-SSR

•Date/Time, File, Pos in?

Prell. Report

Final Report

ale/Tuno, FDe Return lo?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Fructose

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Yr. 7AL

Add Fee: ☐ : Site Insp (\$

1: Interview (S)

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11/17/2017 11:51:17

VOLKSWAGEN CENTRE SINGAPORE

47 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:
Ms.
HE
YANPING
2 LEEDON ROAD
#09-06
Singapore 267829

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

10-06-2021
5211043795
201009404M
30001
2021021592/ 1
10-06-2021
SHU SHI TANG

License plate	Model code	First registration	VIN	Model	Mileage
SLE4128X	1632G7	30-06-2016	WVWZZZ16ZGM035022	JETTA TSI TREND 90 D7F	66,581

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
5C6807217AGGRU	Cover For Bumper Primed X R	1	pcs.	1,358.83	#1	1,358.83	1,453.95
5C6805903J 9B9	Front Spoiler Satin Black	1	pcs.	516.29	#1	516.29	552.43
5C6853677Q 9B9	Cooling Air Grill Satin B	1	pcs.	214.25	#1	214.25	229.25
	LABOUR	3	pcs.	840.00	#1	2,520.00	2,696.40
	Spray Painting	3	pcs.	800.00	#1	2,400.00	2,568.00
	FRT NUMBER PLATE	1	pcs.	80.00	#1	80.00	85.60
	AIG DIRECT SETTLEMENT						
	DOA: 08/06/2021						
	TP VEH: SKL8109A						
	SURVEY BY:						

Quotation valid till 17-06-2021

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	760.00	7,089.37	7%	549.46	7,849.37	8,398.83

Store CLKK) Mr PL
11/6/21, 10.00am 3 dys
PIP

Customer

Service Advisor

LKK Auto Consultants hence notify the Repairer of the following:

— 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)

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:

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	09/06/2021 16:31 (SGT)
Date of Accident	08/06/2021 12:15 (SGT)
Exact Location of Accident	26 Playfair Rd, Singapore
Additional Location Information	LHK2 AT PLAYFAIR RAOD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE4128X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HE YANPING
NRIC No	SXXXX576H
Email Address	FELIXHE2015@GMAIL.COM
Mobile Phone No	(Phone) +65-98284277
Alternative Phone No	(Office) +65-98284277

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	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117800080
Cover Note Number	-

DRIVER

Name of Driver	HE BAOFENG
NRIC No	SXXXX577F

Date of Birth	19/01/1978
Location	Indoor
Date of Driving Pass	22/12/2015
Driving experience	5 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98284277
Alt. Phone Number	-
Email Address	FELIXHE2015@GMAIL.COM
Address	99 PRINCE CHARLES CRES
Address complement	#04-29
Postcode	159029
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	Yes
Police Station Name	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003779999
Alt. Police Station Phone No	(Fax) +65-63773923
Police Station Address	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETCH PLAN & POLICE REPORT NO. T/20210608/2067

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	SKL8109A
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car



Name of Driver	-
Policy Number	-
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

1. Please report correctly the details of the accident to speed up the claims process.
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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/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.

[Signature]
Policyholder's Signature / Date &
Time 9/6/2021 @ 11:50

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

[Stamp]
Witnessed by Reporting Centre
Personnel

Sketch Plan

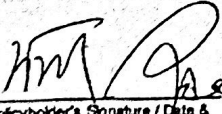
<div style="text-align: center;"> </div>	<p>A-SLE4128X B-SLE4128X</p>
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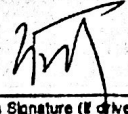
Describe Circumstances of the Accident

Please refer to the police report NO T/262169008/2007

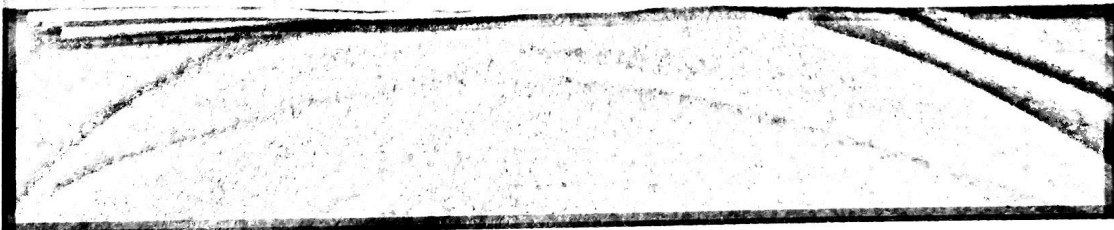
Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time 9/4/2007 @ 11:50


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


Witnessed by Reporting Centre
Personnel





SINGAPORE POLICE FORCE



T/20210608/2067

1 of 3

Report No. T/20210608/2067

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/06/2021 18:17		Vide Report No.:		Station Diary No.: 47	
Name of Informant: HE BAOFENG		Address: 99 PRINCE CHARLES CRESCENT #04-29 SINGAPORE 159029			
ID Type / ID No.: NRIC NO / S7886577F		Contact No.: Home/Office:		Mobile: 98284277	
Nationality: CHINESE		Email:			
Sex: Male	Age: 43	Date of Birth: 19/01/1978	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: IT		Driving Licence Information: Class: 3		Date of Expiry:	

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 08/06/2021 12:15	Type of Location: BUILDING ENTRANCE
Location: PLAYFAIR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

SKL8109A	Car					0
SLE4128X	Car				Slightly Damaged	0

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			



SINGAPORE POLICE FORCE

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999



T/20210608/2067

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Report No. T/20210608/2067

CONTINUATION OF REPORT

Name	TAY KOK POH			ID No.	S2552565E
Related Vehicle	SKL8109A (Car)			Contact No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	
Name	HE BAOFENG			ID No.	S7886577F
Related Vehicle	SLE4128X (Car)			Contact No.	98284277
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	

Brief Details.

On 08/06/2021 at about 1215hrs, I was driving my car and was about to enter the building of LHK2 Building and I had stop my car behind another car which was infront of the barrier waiting to enter. However, as the barrier did not open for the car infront of me, the driver then started reversing his car. As I did not managed to alert him with my horn on time, he had then collided against the front of my vehicle.

Both of us then alighted from the car to make a check, and as I wanted to exchange particulars with the other driver, the other driver was not cooperative and was very rude towards me and refused to give me his particulars. But after awhile, he then provided me with his driving license which I then provided him with mine and both of us left the location after that.

I have an in-car camera installed inside my vehicle and the entire accident was captured. The damages on my car is some scratch marks on the front of the vehicle.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999



T/20210608/2067

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Report No. T/20210608/2067

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sgt 3 LIM PEI HAO

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Signature Of Informant:

Date/Time:

08/06/2021 18:17

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SN 45