ASS. REC. BY: CASUL	4 ALG 210006872 Riga2 . 017F
	ASSIGNMENT
From: Date:	Veh No: SLK9452U Yr Regn: 7017 FEB
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: SLK 9452M	Make: Voucsuration JEMM 1-4751 c.c 1390
at Workshop m/s For ZA Auto Haws P	Colour BLACK A/C: Insured / Std / NI / NA
of 39, morrans close #101-34	
Insured: ALL	Eng/No:
Policy No.	C/No: WYW 222162 M 007918
Claims No.	Gen. Cond: Good / Fair Poor / Burnt
Sum Insured: Excess:	Steering: Inforder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Koorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / STD A/Rim or
7 (1977)	Tyre Size: F: 225/45R17
(Policy Condition)	R:
Remark: The veh had commenced its	N/S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO OF CONTINEMEN
/ 11/2	Front Rear
Bal. or Market Value:	R/Ral 6 mm
IDAC Accident Rport: Consistent? : Yes o	I/Ral 5 mm
GIA / PR Seen: Consistent? : Yes o	or No
Est. Repairs: days Res.: Yes	OF NO
Lum Sum: % 3 Val.: Yes	
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Vehicle: IN / OUT
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction	
Repar limit - 19K	
ste/Time, File Pass to? : Preli. Report	Days Of Repair:
Final Banart	
: Final Report	Resurvey No. of Trip: Survey Fee:
	Resurvey No. of Trip: Survey Fee: Transportation:
: Final Report	Resurvey No. of Trip: Survey Fee: Transportation: Add Fee: Site Insp (\$)S+RS,SI
: Final Report	Resurvey No. of Trip: Survey Fee: Transportation: Stree: Transportation: Stree: Transportation: Transportation: Transportation: Photos
: Final Report	Resurvey No. of Trip: Survey Fee: Transportation: Add Fee: Site Insp (\$)S+RS,SI



FORZA AUTOHAUS PTE LTD

39 WOODLANDS CLOSE, #01-34/35, WOODLANDS CLOSE SINGAPORE 737856
TEL: 62781889 EMAIL: ENQUIRY@FORZAAUTO.SG CO./GST REG: 201833292C

ESTIMATE

EASWARAN S/O SELVAMANICKAM BLK 673A CHOA CHU KANG CRESCENT #05-413

Singapore 681673

Contact No.

: 91098171

Code Date In : E21060005 : 21/06/2021

Vehicle No. : SI Model : V

: SLK9452U : VOLKSWAGEN , JETTA GP 1.4 TSI 90 A

Chassis No. : WVWZZZ16ZGM007918

Parts and Labour Assessment

Description	Qty	Unit Price	Amount
Parts & Services		and the	250 45000
FRONT SPORT RIM LH SUN -	1.00	450.00	750 450.00
FRONT DOOR LOCK LH X NN	1.00	1,312.40	1,312.40
FRONT FENDER LH TYMY	1.00	672.50	672.50
-RONT FENDER LIT 14 ANN	1.00	12.40	12.40
RONT BUMPER RETAINER LH NN	1.00	1,218.50	1,218.50
RONT BUMPER THANK RONT DOOR SIDE MIRROR ASSY LH	1.00	895.70	895.70
FRONT DOOR SIDE MIRROR ASST LIT	Subtotal Bef	fore Discount S\$	4,561.50
		00% Discount S\$_	456.15
		Subtotal 5\$	4,105.3
	Parts & Serv	vices Total S\$	4,105.3
	Parts & Sen	vices Total S\$	4,105.3
O RE-SPRAY PAINTING ON THE CHANGE BODYPARTS, REPAIR PORTION, AND	Parts & Serv	1,200.00	4,105.3 200 1,200.0
<u>abour</u> O RE-SPRAY PAINTING ON THE CHANGE BODYPARTS,REPAIR PORTION,AND WHERE CONSISTENT TO THE ACCIDENT	1.00	1,200.00	4,105.3 200 1,200.0
O RE-SPRAY PAINTING ON THE CHANGE BODYPARTS,REPAIR PORTION,AND /HERE CONSISTENT TO THE ACCIDENT O PROVIDE LABOUR,WORKMANSHIP TO CHANGE THE ABOVE DAMAGED ODYPARTS.REPAIR.RE-ALIGN BODY STRUCTURE,BODY ALIGNMENTS AND			4,105.3 200 1,200.0 1,900.0
O RE-SPRAY PAINTING ON THE CHANGE BODYPARTS, REPAIR PORTION, AND	1.00	1,200.00	300 1,200.0 1,200.0 600 70

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:

Rasul
Hp 90010068

4 days

4/5

23/06/2101130

Resy after repair

PAGE 1 OF 1

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

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

- 5. Internation provided must be as truthful and accurate as possible. Any white must possess the possible of t 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

14/05/2021 17:28 (SGT) **Date of Submission** 13/05/2021 22:00 (SGT) **Date of Accident Exact Location of Accident** Choa Chu Kang Rd, Singapore Additional Location Information **BEFORE TURNING YEW TEE** Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Volkswagen

Vehicle Registration Number SLK9452U

INSURED/POLICYHOLDER

Is company? **EASWARAN S/O SELVAMANICKAM** Name Of Registered Owner SXXXX017F NRIC No easwaran07@hotmail.com **Email Address** (Phone) +65-91098171 Mobile Phone No +65-91098171 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Jetta Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle?

Private car Vehicle Category Transmission Auto CC 1390

INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company Type of Coverage Comprehensive Fleet Policy DMPCSNW00075562000 **Policy Number** Cover Note Number

DRIVER

Name of Driver NRIC No

EASWARAN S/O SELVAMANICKAM SXXXX017F



Date Of Birth	07/07/1986
· Occupation	Outdoor
Date Of Driving Pass	28/11/2013
Driving experience	7 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91098171
Alt. Phone Number	+65-91098171
Email Address	easwaran07@hotmail.com BLK 673A CHOA CHU KANG CRESCENT #05-413
Address Address complement	BLK 6/3A CHOA ONG TO THE
	-
Postcode Is the driver the policyholder?	681673
If No, Relationship of the Driver with the Insured	Yes
Does Driver Own Other Vehicles?	- No
Vehicle Registration Number of Other Vehicle Owned by Driver	NO
Vehicle Registration Number of Other Vehicle Owner by Driver	erre e - Pro e
Insurance Company of Other Vehicle Owned by Driver	rain ta ann an Aireann
	2 marsh 2 mars
GENERAL INFORMATION OF THE ACCIDENT	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Ctrophone and in the applicant?	No
Was any foreign vehicle involved in the accident?	2
Number of vehicles involved in the accident	=
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	- Van
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	. 1
Has the driver been approached by unknown person(s)	No
soliciting/offering accident claims assistance?	140
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
II yes, against whom:	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
PLEASE REPER TO ORETOTT DIV	
ATTACHMENT(S)	그 그는 그 그들을 교계적 선생님들은 아름이라고 느린이 되면 보고 그리고 살을 때 그리고 되었다.
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any video captured by Gdi Gdilleton Was there any audio recorded?	No
Was there any audio recorded?	
1 N. Cope	
DETAILS OF OTHE	R VEHICLE PROPERTY 1
	SMX3467L
Vehicle Registration Number	3WA3407L
Vehicle Manufacturer	* • · · · · · · · · · · · · · · · · · ·
Vehicle Model	
Vehicle Variant	A service of the serv
Vehicle Colour	1 · · · · · · · · · · · · · · · · ·
Verilicie Colodi	Private car
volucio d'acego.	-
Name of Driver	
Contact Number	
Address	
Address complement	•

egn: I / Pri Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Polloyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any will interopresentation or withholding of material facts may allow insurance companies to repudinto 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 Insurers of the GIA Records Management Centre established by the General Insurers of the GIA Records Management Centre established by the General Insurers of the GIA Records Management Centre established by the General Insurers of the GIA Records Management Centre established by the General Insurers of the GIA Records Management Centre established by the General Insurers of the GIA Records Management Centre established by the General Insurers of the GIA Records Management Centre established by the General Insurers of the GIA Records Management Centre established by the General Insurers of the GIA Records Management Centre established by the General Insurers of the GIA Records Management Centre established by the General Insurers of the GIA Records Management Centre established by the GIA Records of Singapore (GIA) for erchiving 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 afcresald.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, asknowledge, 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 "Persional 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' inwyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (i) processing, handing 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 multing 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/met 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' law yers/faw 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 law yers/law firms), which may be afted outside of Singapore, for one or more of the above Purposes.

Witnessod by Rep Driver's Signature (if driver is not the policyholder) / Date Policyholder's Signature / Date & Sketch Plan

B) Smx 34674

Describe Circumstances of the Accident On the stated date and time, I was diving on land one at Choa Chu Kang Read tillering to left on I are I . The lane to harfore I start to drive and store to lane 2 before merging to lance Vehiche B SMX 3467L Dem fast on speed and was next to my charge wheat to my lane and ade swap on each other. No injury

Declaration

We declare the fixegoing particulars are true in every respect.

nature (if driver is not the policyholder) / Date

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	017F
	OI/F
Vehicle No.:	SLK9452U
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Jun 2021
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	JETTA GP 1.4 TSI 90 A/T TL 1632G7
Primary Colour:	Black
Manufacturing Year:	2015
Engine No.:	CAXF82923
Chassis No.:	WWZZZ16ZGM007918
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$17,727.00
Original Registration Date:	07 Feb 2017
First Registration Date:	07 Feb 2017
Transfer Count:	
Actual ARF Paid:	\$17,727.00
	712,727.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 Feb 2027
PARF Rebate Amount:	\$13,295.00
COE Expiry Date:	06 Feb 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$50,889.00
COE Rebate Amount:	\$28,599.00
Total Rebate Amount:	\$41,894.00

The information contained herein is correct as at 24 Jun 2021

Volkswagen Jetta GP 1.4A TSI

<u>Overview</u> Fin	ancial Accessories S	imilar Research	Photos Map
Price	\$61,800		
Depreciation ②	\$9,410 /yr View models with similar depre	Reg Date	27-Feb-2017 (5yrs 8mths 2days COE left)
Mileage	46,000 km (10.6k /yr)	Manufactured ⑦	2016
Road Tax ⑦	\$620 /yr	Transmission	Auto
Dereg Value 🕜	\$40,569 as of today (change)	OMV ①	\$16,660
COE ⑦	\$49,430	ARF ①	\$16,660
Engine Cap	1,390 cc	Power	90.0 kW (120 bhp)
Curb Weight ⑦	1,417 kg	No. of Owners ⑦	1
Type of Vehicle	Mid-Sized Sedan		