

ASS. REQ. BY:

Steve T

CS/091 21097379/EVF3

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / V/S / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

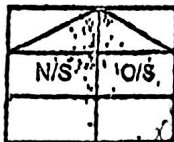
Excess:

(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

SIA / PR Sent:

Consistent? : Yes or No

Est. Repair:

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SRP179J

Yr Regn:

20/3/20

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Volkswagen T4

c.c

1395

Colour:

Grey

A/C: Insured / Std / NI / N

Sp. Reading

21846

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

WV622Z: 172KW 072718

Gen. Cond: Good / Fair / Poor / Burt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: M1 / S/Rm / STD A/Rm or

Tyre Size:

P:

215/55R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

3/7/21

D.O.A.

8/6/21

Survey held at

Volkswagen

8/7/21

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or

Re R4

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

Date / Time

Action / Instruction

NW-149K

Time/Time, File, Post 107



: Prel. Report



: Final Report

Time/Time, File Return 107

Days Of Repair:

Resurvey No. of Trips:

Survey Fee:

Transportation:

Add Fee:

: Site Insp (\$

: Interview (\$

: Tech. Insp (\$

: Weekend (\$

S + RS, SI

Fruition

Others

TOTAL

Approved:

Signature / Date:

# VOLKSWAGEN CENTRE SINGAPORE

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

Steve (LKK)  
8/7/21, 10.00am

Wm R  
PIP  
Bel M  
4 djs



Quotation  
Non binding - Preview

Page 1/2  
Document no.  
Document date 08-07-2021  
Customer no. 5211000867  
Customer GST-ID 197100152R  
Dealer 30001  
Job order number 2021025135/ 1  
Job order date 05-07-2021  
Service Advisor CHARMAINE KONG

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

Customer Details:  
Mr  
SELVA  
RAJAH S/O NADARAJA  
47A PUAY HEE AVENUE  
SINGAPORE 348154

License plate	Model code	First registration	VIN	Model	Mileage
SBP170J	5T13NZC0	20-03-2020	WVGZZZ1TZKW072718	Touran Comfortline 1.4 TSI 110kW DSG	21,224

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
5TA807417 GRU	Cover For Bumper Primed	1	pcs.	1,438.75	#1	1,438.75	1,539.46
5TA807454	Guide Piece (BUMPER BRACKET RH)	1	pcs.	42.45	#1	42.45	45.42
5TA807394	Guide Piece (BUMPER GUIDE RH)	1	pcs.	34.70	#1	34.70	37.13
5TA807305	Bumper (REINFORCEMENT)	1	pcs.	549.77	#1	549.77	588.25
5TA807863	Attachment Strip	1	pcs.	65.34	#1	65.34	69.91
5TA807393	Guide Piece (BUMPER LH BRACKET)	1	pcs.	34.70	#1	34.70	37.13
5TA807453	Guide Piece (BUMPER LH GUIDE)	1	pcs.	42.45	#1	42.45	45.42
5TA945096A	Taillight	1	pcs.	307.50	#1	307.50	329.03
	RHR OUTER						
	LABOUR	1-5	pcs.	840.00	#1	3,360.00	3,595.20
	Spray Painting	2	pcs.	800.00	#1	3,200.00	3,424.00

Quotation valid till 12-07-2021

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	760.00	9,075.66	7%	688.50	9,835.66	10,524.16

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

Customer

Service Advisor

Acknowledged by Repairer

Signature:

Date:

---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).---

# VOLKSWAGEN CENTRE SINGAPORE

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



SKODA

Commercial  
Vehicles

## Quotation

Non binding - Preview

Page

2/2

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

Customer Details:  
Mr  
SELVA  
RAJAH S/O NADARAJA  
47A PUAY HEE AVENUE  
SINGAPORE 348154

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

08-07-2021  
5211000867  
197100152R  
30001  
2021025135/ 1  
05-07-2021  
CHARMAINE KONG

License plate	Model code	First registration	VIN	Model	Mileage
SBP170J	5T13NZC0	20-03-2020	WVGZZZ1TZKW072718	Touran Comfortline 1.4 I TSI 110kW DSG	21,224

# 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 ..... 05/07/2021 09:31 (SGT)  
Date of Accident ..... 03/07/2021 11:10 (SGT)  
Exact Location of Accident ..... Siglap Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SBP170J

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SELVA RAJAN S/O NADARAJA  
NRIC No ..... SXXXX884E  
Email Address ..... SELVA.RAJAH@YMAIL.COM  
Mobile Phone No ..... (Phone) +65-97550217  
Alternative Phone No ..... +65-97550217

### VEHICLE PARTICULARS

Manufacturer ..... Volkswagen  
Model ..... Touran  
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 ..... 1395

### INSURANCE COMPANY

Name of Insurance Company ..... Great Eastern General Insurance Limited  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2021-V0116095-VDP  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ARYA MELISSA SELVA RAJAH  
NRIC No ..... SXXXX002G

Date Of Birth	01/12/1997
Occupation	Indoor
Date Of Driving Pass	19/08/2016
Driving experience	4 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96339099
Alt. Phone Number	-
Email Address	aryamelissa.selvarajah@gmail.com
Address	47A PUAY HEE AVENUE
Address complement	-
Postcode	348154
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Hit and run / Vandalism / Damaged whilst parked
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	JUSTIN THONG
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### PLEASE REFER TO THE SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	UNABLE TO UPLOAD.

Was there any audio recorded?

PLEASE REFER TO THE LINK BELOW :

[https://drive.google.com/file/d/1\\_W6PjkrYwEsv4U1T4QBKFlyKtqN3AHQ0/](https://drive.google.com/file/d/1_W6PjkrYwEsv4U1T4QBKFlyKtqN3AHQ0/)  
No

#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SDY9282P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

## 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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

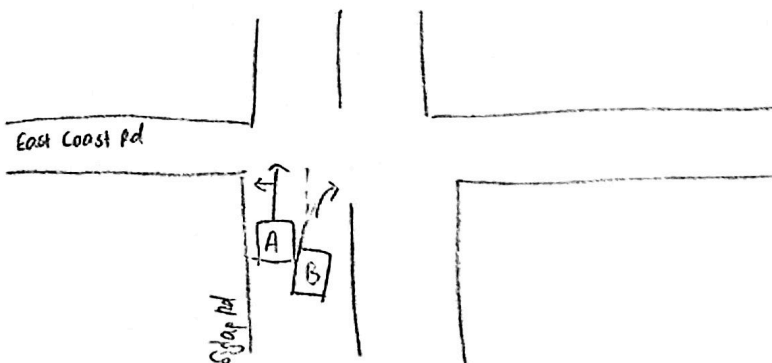
Selwyn  
Policyholder's Signature / Date & Time

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

[Signature]  
Witnessed by Reporting Centre Personnel

Sketch Plan

A: 58P1703  
B: 50Y 9282P



### Declaration

Page 5 of 19