<b>ASSIG</b>	NM	ENT

From: Date:	Veh No: SJT 88/1 A Yr Regn: 2017 / 000
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD ITP WS I TP RES I OD RES I EVA I INV I MV	Truck / Trailer or
To Inspect Vehicle No: S77 88(1A	Make: Volks mayor half TSITL c.c 999
at Workshop m/s MeVA	Colour WHITE A/C: Insured / Std / NI / NA
of BUKIT MERSYN	Sp.Reading 76624 T/Radio: Insured / Std / NI / NA
Insured: III	Eng/No:
Policy No.	C/No: WY WZZZAUZJW 080548
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Norder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: norder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 305/55R1
(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 or
Bal. or Market Value:	Front , Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. R/Bal. mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. L mm L/Bal. mm
	D.O.A. 17/09/21 D.O.I. 28/09/21
2011.100	
Lum Sum: % 3 Val.: Yes or No	
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT Date: Person Contacted:	
Sale. Totom contactor	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
Date / Time Action / Instruction  Requir (in: f - 37 K	
Repair (dit - 37K	
Repair (dit - 37K	Days Of Repair:
Repair (dit - 37K	Days Of Repair: Resurvey No. of Trip: Survey Fee:
Ate/Time, File Pass to?  : Preli. Report : Final Report	
ste/Time, File Pass to? : Preli. Report	Resurvey No. of Trip: Survey Fee:  Transportation:
ate/Time, File Pass to?  : Preli. Report : Final Report ate/Time, File Return to?	Resurvey No. of Trip:  Transportation:  Site Insp (\$ )S+RS,SI
Add Fe	Resurvey No. of Trip:  Survey Fee:  Transportation:  See: : Site Insp (\$ )S+RS,SI  Interview (\$ ) Photos
te/Time, File Pass to?  : Preli. Report  : Final Report	Resurvey No. of Trip:  Survey Fee:  Transportation:  See: Site Insp (\$ )S+RS,SI



Ref. No:

Date of Loss:

Vehicle Reg. Date:

Driveable?

Chassis No:



Main Office: No. 22, Jalan Kllang, Singapore 159419 Tel: 6476 3333 Fax: 6271 5891

Service Centre: Block 1008, Bukit Merah Lane 3, #01-04/06/08/115, Singapore 159722 Tel: (65) 6476 3333 (8 Lines) Fax: (65) 6270 8314 www,mova.com.sg GST Reg. No: M2-0088864-2

**Mova Spray Centre** 2K Oven Spray Painting System



Power-M Automotive Pte Ltd Specialise in Car Air-con Services, Car Audio & Hi-Fi System.

Hilton Car Rental Centre Hilton Auto Trading Dealing In New/Used Cars, Hire Purchase & Insurance.

17/09/2021

29/12/2017

WVWZZZAUZJW080548

TP INSURER: UNKNOWN

India International Insurance Pte Ltd (HQ)

VOLKSWAGEN GOLF, 1.2 TSI (A)

**Singapore** 

**PARTICULARS OF CLAIM** 

Claim Type:

Policy No:

Vehicle Reg. No.:

Party At Fault:

Make/Model:

Vehicle Colour:

Odometer:

**Engine No:** 

CHZ567842 0 KM

WHITE

THIRD PARTY

**SJT8811A** 

**UNKNOWN** 

Paint Type:

List Item Discount:

10.00 % NO

Total Loss? Est. Duration of Repair (day)

3

Present Location:

MOVA AUTOMOTIVE PTE LTD (BUKIT MERAH)

COST OF CLAIMS		Amount
Parts		856.80
Miscellaneous Items		11.00
Labour		680.00
Paintwork Labour		0.00
Towing		0.00
	Gross Total (S\$)	1,547.80
	+ GST 7.00% (S\$)	108.35
and the state of t	Nett Amount (S\$)	1,656.15

This claim is handled by: JACELYN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

**ETAILS** 

ce

Version: 1.0 (Last Synchronised: 27 Sep 2021) : MRM-SG

VOLKSWAGEN GOLF 1.2 TSI (A) (Catalogue:Merimen Singapore 1.0) 144

(Price-denominated Standard List) Repairer's

ode: (Unsubmitted, no print-code for SJT8811A)

These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES

**Estimate Report** 

marker on the last estimate page

rther Info: Items/values not in reference catalogue are prefixed with an asterisk \*.

Estimates on Pa		%Disc	%Depr	Amount
No. Qty Part No.	Particulars	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	TOTAL MEDICAL CONTRACT MAN	10.00	0.00	*174.00 FL
1 1	*SIDE MIRROR COVER LH M 5	10.00	0.00	*91.00 FL
2 1	*SIDE MIRROR INDICATOR LIGHT LH	10.00	0.00	*575.00 FL
3 1	*SIDE MIRROR HOUSING WITH MOTOR LH	10.00	0.00	*112.00 FL
4 1	*SIDE MIRROR UNDER LAMP LH CM			1,12,001,=
5 1	*FRONT DOOR LH - REPAIR	10.00	0.00	
5 1	*A-PILLAR LH - REPAIR	10.00	0.00	-
=Franchise part. L=ListItemDis	Acceptable ACCEPT ACCEPT TO THE PROPERTY OF TH	The state of the s		952.00
		Sub Total (S\$)		• • • • • • • • • • • • • • • • • • • •
	- List I	em Discount on L Items (S\$)		95.20
		Total Parts (S\$)		856.80

Report was unsubmitted during this print-out. Generated using Merimen e-Claims IEAS

#### **Estimate Report** s on Miscellaneous Items articulars Amount eous Items 11.00 **OD/TP Case (Insurer)** Sub Total (S\$) 11.00 Estimates on Labour Lab.Type Amount **Particulars Labour Items** rov New TO REMOVE & REPLACE DAMAGED ITEMS, REALIGN CONNECTION TO SPRAY PAINT ON REPAIRED AREAS New

Report was unsubmitted during this print-out. Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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:

pa

lei

S

R

Ap 900 100 68 3 days 28/09/21/P1415 Rasy Se force paid

Gross Labour Cost (S\$)

680.00

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
  2. 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

- 3. Information provided must be as truthrul and accurate as possible. Any miles insorpression of 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	17/09/2021 11:57 (SGT)
Date of Accident	17/09/2021 09:40 (SGT)
Exact Location of Accident	Simei Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

#### **DETAILS OF OWN VEHICLE**

O ITO044A

	5J18811A
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	NG LEE CHENG SXXXX084C HANNIE_NG@YAHOO.COM.SG (Phone) +65-96868811

## VEHICLE PARTICULARS

Manufacturer

Vehicle Registration Number

Manufacturer	Volkswagen
Model	GOLF TSI TL
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	999

#### **INSURANCE COMPANY**

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120295888
Cover Note Number	

#### DRIVER

Name of Driver NRIC No	 NG LEE CHENG
NRIC NO	 SXXXX084C

Birth	29/09/1951	
ation	Indoor	
Of Driving Pass	11/08/1976	
ing experience	45 YEARS AND 1 MONTH	
nder	Female	
obile Number	(Phone) +65-96868811	
Alt. Phone Number	+65-96868811	
Email Address	HANNIE_NG@YAHOO.COM.SG	
Address	168C SIMEI LANE	
Address complement	#08-58	
Postcode	523168	
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		
insurance Company of Other Vehicle Owned by Driver	-	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident	Collision - Change/cross lane	
Weather Conditions	Clear	
Road Surface	Dry	
	2.,	
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)	1	
Has the driver been approached by unknown person(s)		
soliciting/offering accident claims assistance?	No	
g		
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		
ATTACHMENT(S)		
Are assident photos eveilable for ettechment?	V	
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera?	Yes	
Reasons for not uploading a video of the accident	SUBMIT TO INSURANCE DIRECTLY	
Was there any audio recorded?	No	
	And the state of t	, , , , , , , , , , , , , , , , , , ,
DETAILS OF OTHER	R VEHICLE PROPERTY 1	
DETAILS OF OTHER	AVEHIOLE PROPERTY I	
with the second		
Vehicle Registration Number	GRH480G	

Vehicle Registration Number	GBH480G
Vehicle Manufacturer	=
Vehicle Model	
Vehicle Variant	<del>-</del>
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MR HENRY
Contact Number	(Phone) +65-88588842
Address	(1 110110) 100-00008842

complement	-
<u> </u>	
ance Company Name	-
re Of Damage	_
tails of property damaged in accident	_
o. 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 Formmust 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 flability 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)

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

17/9/200

Policyholder's Signature / Date &

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

Witnessed by Personnel

Sketch Plan

ICENSE PLATE: 5378811A		ACCIDENT DATE & TIME: 179	4 4.40 aim
CONTACT NUMBER: 96868811		E-MAIL ADDRESS: hannie-ng	Cyahor.com.sg.
OCATION: SIME ROAC	۲.	· · ·	. 0
On 17/7/21 at abou	et 10.9.4	o a.m., when I was	driving along
	C.Williams	I aline edent	ht and
sing Road was	s on my	Lane gring straity	ic or o
anddeny vehicle	GBH 48	too cut in to m	1 Lane
and hot my	Jeff sic	ne .	
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Annual Control for the Control	V.		
		AY HAVE 14 DAYS TIME FRAME FOR YOU	
OWN DAMAGE CLAIM UNDER Y	OUR OWN POLIC	Y, PLEASE CHECK YOUR POLICY FOR MO	RE INFORMATION.
lease state:	1	Light come to the state of	( ) Reporting Only
( ) Claim Own Policy ( ) Cla	Im Third Party	( ) Claim OD/TP at other workshop	( ) Adjoining Only

### Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	084C
/ehicle No.:	SJT8811A
/ehicle to be Exported:	No
ntended Deregistration Date:	29 Sep 2021
Vehicle Make:	VOLKSWAGEN
Vehicle Model;	GOLFTSITL
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	CHZ567842
Chassis No.:	WWZZZAUZJW080548
Maximum Power Output:	81:0 kW (108 bhp)
Open Market Value:	\$18,516,00
Original Registration Date:	29 Dec 2017
First Registration Date:	29 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$8,516.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Dec 2027
PARF Rebate Amount:	\$6,387.00
COE Expiry Date:	28 Dec 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$38,200.00
COE Rebate Amount	\$23,854.00
Total Rebate Amount:	\$30,241.00

The information contained herein is correct as at 29 Sep 2021

# Volkswagen Golf 1.0A TSI

Overview Fina	ancial Accessories Sin	nilar Research	Photos Map
Price	\$69,800		
Depreciation ②	\$9,440 /yr View models with similar depre	Reg Date	28-Feb-2018 (6yrs 4mths 29days COE left)
Mileage	58,500 km (16.3k /yr)	Manufactured ⑦	2017
Road Tax ⑦	\$392 /ут	Transmission	Auto
Dereg Value ⑦	\$39,488 as of today (change)	OMV ⑦	\$18,520
COE ⑦	\$39,903	ARF ①	\$18,520
Engine Cap	999 cc	Power	81.0 kW (108 bhp)
Curb Weight ⑦	1,257 kg	No. of Owners ⑦	1
Type of Vehicle	Hatchback		