

ASS. REQ. BY:

Steve

CS: CTI 21019067/Etc

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.

Sum Insured:

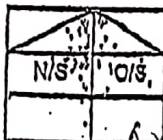
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Rpl. 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

QA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLS 5772E

Yr Regn:

16/11/18

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

Truck / Trailer or

Make:

Skoda Rapid

cc

1395

Colour:

Blue

AJO:

Insured / Std / NI / N

Sp. Reading

53197

T/Radio:

Insured / Std / NI / N

Eng/No:

C/No:

TMBMD 91.58.7848783

Gen. Condi: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Locked / Burnt or

Brake: Inorder / Jammed / Locked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size:

F:

245/45 R19

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal:

5

mm

R/Bal:

5

mm

U/Bal:

5

mm

U/Bal:

5

mm

D.O.A.

25/9/21

D.O.I.

30/9/21

Survey held at

Volkswagen

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roof top or

Rear RH

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

Date / Time

Action / Instruction

NAK-108K

confirm the finalize \$14,418.64 (P/P, before GST). 6 repair days.

RED: 10711.54:42%

Date/Time, File, Pass to:



: Prelim. Report



: Final Report

Date/Time, File Return to:

Days Of Repair:

6

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Inva (\$



: Wheel and (\$

\$ + R/S, \$1

Private

Public

TOTAL

ŠKODA Centre Singapore

26 Leng Kee Rd
Singapore 159104
Reg. No.: 199101494Z
GST No.: M200985052

Store (LKK)
30/9/21, 10.30am

W/L PL
P/P
By Bol Sy
6 days



SKODA

Commercial Vehicles

Quotation
Non binding - Preview

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Company
CHINA TAIPING INSURANCE (S) PL
3 ANSON ROAD
#18-00 SPRINGLEAF TOWER
Singapore 079909

Customer Details:
Mr
TEO
CHIANG CHAI
15 NAMLY PLACE
Singapore 267162

Document no.
Document date 27-09-2021
Customer no. 5211001170
Customer GST-ID 200208384E
Dealer 30001
Job order number 2021036622/ 1
Job order date 27-09-2021
Service Advisor SHU SHI TANG

License plate	Model code	First registration	VIN	Model	Mileage
SLS5772E	NS74RZ	16-10-2018	TMBMD9NSXJ8098283	Kodiaq Style 2.0 TSI 132kW DSG	52,281

Position no.	Description	Quantity	Unit	Unit price excl. GST	Tax code	Total amount excl. GST	Total amount incl. GST
9801B004	B&P CHECK SHORT CIRCUIT/HARNES REPAIR				#1	280.00	299.60
9801B005	B&P DIAGNOSIS AND PROGRAMMING				#1	480.00	513.60
9801B001	CHANGE LANE ASSIST SYSTEM CALIBRATION				#1	840.00	898.80
565827023D	Rear Lid	1	pcs.	3,903.90	#1	3,903.90	4,177.17
D 169300M2	1k Window Adhesive	2	pcs.	51.16	#1	102.32	109.48
D 00940104	All Purpose Cleaner	1	pcs.	97.37	#1	97.37	104.19
D 00920002	Primer	1	pcs.	28.44	#1	28.44	30.43
D 181802M1	Activator For Precoated W	1	pcs.	26.15	#1	26.15	27.98
D 00950025	Applicator	2	pcs.	10.44	#1	20.88	22.34
4M0827506D	Hood Latch	1	pcs.	249.05	#1	249.05	266.48
	BOOT LID LOCK						
000979950	Webbing Adhesive Tape	1	pcs.	27.09	#1	27.09	28.99
565853621B FOD	Unbekannt	1	pcs.	77.55	#1	77.55	82.98
	SKODA EMBLEM						
5JA853687 2ZZ	Inscriptio	1	pcs.	73.51	#1	73.51	78.66
	NAME PLATE - SKODA						
565853687A 2ZZ	Lettering	1	pcs.	99.42	#1	99.42	106.38
	NAME PLATE - KODIAQ						
3V0853687C 2ZZ	Inscriptio	1	pcs.	100.37	#1	100.37	107.40
	NAME PLATE - 4X4						
5JJ945097	High-Mount	1	pcs.	181.71	#1	181.71	194.43
	3RD BRAKELIGHT						
565945208A	Taillight	1	pcs.	759.42	#1	759.42	812.58
	RHS TAILLIGHT OUTER						
565945308C	Led Tail L	1	pcs.	552.60	#1	552.60	591.28
	RHS TAILLIGHT INNER						
3T0945229	Ball Screw	2	pcs.	3.24	#1	6.48	6.93
	BOLT						
565945106	Reflector	1	pcs.	39.00	#1	39.00	41.73
	RH						
565807421	Cover For	1	pcs.	1,776.63	#1	1,776.63	1,900.99
	REAR BUMPER						
565807521 9B9	Cover For	1	pcs.	520.87	#1	520.87	557.33
	REAR BUMPER (LOWER BLACK)						
565807441 9B9	Cover For Towing	1	pcs.	28.57	#1	28.57	30.57
565919493A 9B9	Sensor Bracket	1	pcs.	13.22	#1	13.22	14.15
565919494A 9B9	Sensor Bracket	1	pcs.	13.22	#1	13.22	14.15
565919491C	Sensor Bracket	1	pcs.	13.22	#1	13.22	14.15
565919491B	Sensor Bracket	1	pcs.	13.22	#1	13.22	14.15
565919492B	Sensor Bracket	1	pcs.	13.22	#1	13.22	14.15
565919492C	Sensor Bracket	1	pcs.	13.22	#1	13.22	14.15
3Q0919275 GRU	Sensor Primed	1	pcs.	178.20	#1	178.20	190.67
3Q0919133 9B9	Seal Ring Satin Black	1	pcs.	4.33	#1	4.33	4.63

KODIA Centre Singapore

6 Leng Kee Rd
Singapore 159104
Biz. Reg. No.: 199101494Z
GST No.: M200985052



Quotation Non binding - Preview

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Document no. 27-09-2021
Document date 5211001170
Customer no. 200208384E
Customer GST-ID 30001
Dealer 2021036622/ 1
Job order number 27-09-2021
Job order date SHU SHI TANG
Service Advisor

Company
CHINA TAIPING INSURANCE (S) PL
3 ANSON ROAD
#18-00 SPRINGLEAF TOWER
Singapore 079909

Customer Details:
Mr
TEO
CHIANG CHAI
15 NAMLY PLACE
Singapore 267162

License plate	Model code	First registration	VIN	Model	Mileage
SLS5772E	NS74RZ	16-10-2018	TMBMD9NSXJ8098283	Kodlak Style 2.0 TSI 132kW DSG	52,281

Position no.	Description	Quantity	Unit	Unit price excl. GST	Tax code	Total amount excl. GST	Total amount incl. GST
D 822150A1	Bonding Agent For Plastic	1	pcs.	65.18	#1	65.18	69.74
D 180KU2A1	2k-Plastic Adhesive	1	pcs.	81.16	#1	81.16	86.84
565807423	Bump Strip	1	pcs.	228.23	#1	228.23	244.21
WHT000813	Double Collared Stud	2	pcs.	8.85	#1	17.70	18.94
565807251B	Foam Reinf	1	pcs.	132.06	#1	132.06	141.30
565807863	Retaining	1	pcs.	78.84	#1	78.84	84.36
565807393B	BUMPER CTR BRACKET	1	pcs.	46.98	#1	46.98	50.27
565807394B	Guide Piec	1	pcs.	46.98	#1	46.98	50.27
565807393	LHS BUMPER BRACKET (UPPER)	1	pcs.	46.98	#1	46.98	50.27
565807394	RHS BUMPER BRACKET (UPPER)	1	pcs.	46.98	#1	46.98	50.27
565807394	Guide Piec	1	pcs.	46.98	#1	46.98	50.27
565807394	LHS BUMPER BRACKER (SIDE)	1	pcs.	46.98	#1	46.98	50.27
565807394	RHS BUMPER BRACKER (SIDE)	1	pcs.	46.98	#1	46.98	50.27
WHT005263	Rivet	4	pcs.	1.18	#1	4.72	5.05
565854820A 9B9	Abdeckung	1	pcs.	183.60	#1	183.60	196.45
3C0853586	RHR FENDER WHEEL ARCH	8	pcs.	1.70	#1	13.60	14.55
565810970B	Grommet	1	pcs.	179.01	#1	179.01	191.54
5Q0907686C	Wheelhouse	1	pcs.	886.64	#1	886.64	948.70
565907456A	RHR FENDER LINER	1	pcs.	28.34	#1	28.34	30.32
	Control Unit For Blind Sp	1	pcs.	840.00	#1	840.00	898.80
	RHS BLIND SPOT CONTROL UNIT	1	pcs.	840.00	#1	840.00	898.80
	Bracket	1	pcs.	150.00	#1	150.00	160.50
	RHS BLIND SPOT BRACKET	1	pcs.	840.00	#1	840.00	898.80
	LABOUR	8	pcs.	800.00	#1	800.00	898.80
	SPRAY PAINT	6	pcs.	840.00	#1	840.00	898.80
	R&R REAR W/SCREEN	1	pcs.	840.00	#1	840.00	898.80
	TRANSFER BOOT LID MACHANISM	1	pcs.	840.00	#1	840.00	898.80
	R&R REAR LUGGAGE TRIM TO REPAIR	1	pcs.	840.00	#1	840.00	898.80
	REAR PANEL	1	pcs.	150.00	#1	150.00	160.50
	REAR WATER LEAK TEST	1	pcs.	150.00	#1	150.00	160.50
	CHINA TAIPING DIRECT SETTLEMENT						
	DOA: 25/09/2021						
	TP VEH: GBH3366J						
	SURVEY BY:						

Quotation valid till 04-10-2021

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	1,600.00	23,530.18	7%	1,759.11	25,130.18	26,889.29
Total	1,600.00	23,530.18		1,759.11	25,130.18	26,889.29

is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

SKODA Centre Singapore

16 Leng Kee Rd
Singapore 159104
Biz. Reg. No.: 199101494Z
GST No.: M200985052



Quotation

Non binding - Preview

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Company
CHINA TAIPING INSURANCE (S) PL
3 ANSON ROAD
#18-00 SPRINGLEAF TOWER
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Customer Details:
Mr
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15 NAMLY PLACE
Singapore 267162

Document no.
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Job order number
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27-09-2021
5211001170
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SHU SHI TANG

License plate	Model code	First registration	VIN	Model	Mileage
SLS5772E	NS74RZ	16-10-2018	TMBMD9NSXJ8098283	Kodlak Style 2.0 I TSI 132kW DSG	52,281

Customer

Service Advisor

—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).—

All invoices are denominated in SGD, unless otherwise stated.

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 25/09/2021 17:14 (SGT)
Date of Accident 25/09/2021 09:18 (SGT)
Exact Location of Accident Near 13A Jalan Senang, Singapore 418301
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLS5772E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TEO CHIANG CHAI
NRIC No SXXXX897I
Email Address ccteo@wellstock.com.sg
Mobile Phone No (Phone) +65-98259133
Alternative Phone No +65-98259133

VEHICLE PARTICULARS

Manufacturer Skoda
Model Kodiah
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 1984

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPPHQ20006664
Cover Note Number -

DRIVER

Name of Driver TEO CHIANG CHAI
NRIC No SXXXX897I

Birth	05/07/1972
Location	Indoor
Of Driving Pass	26/11/1992
Driving experience	28 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98259133
Alt. Phone Number	+65-98259133
Email Address	ccteo@wellstock.com.sg
Address	15 NAMLY PLACE
Address complement	-
Postcode	267162
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 - 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 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	Mak Wei Munn
Gender	Female

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

I was on Jalan Senang turning into Jalan Lapang and realised that there was an oncoming vehicle I had to stop to allow the oncoming car through. A few seconds later I felt an impact on my rear vehicle. I later realised that a lorry had hit the rear of my vehicle upon me turning.

We stop and exchange age particulars.

No injury involved.

I have in car video footage of the accident.

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 1

Registration Number	GBH3366J
Manufacturer	Toyota
Model	Dyna
Variant	-
Colour	White
Category	Commercial vehicle
Name of Driver	LIU YANG
Work Permit No	GXXX547W
Contact Number	(Phone) +65-87776456
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	Faith
Phone	(Phone) +65-97975778
Email	-

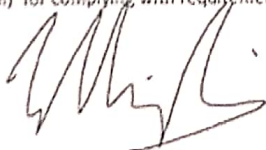
SKETCH PLAN

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



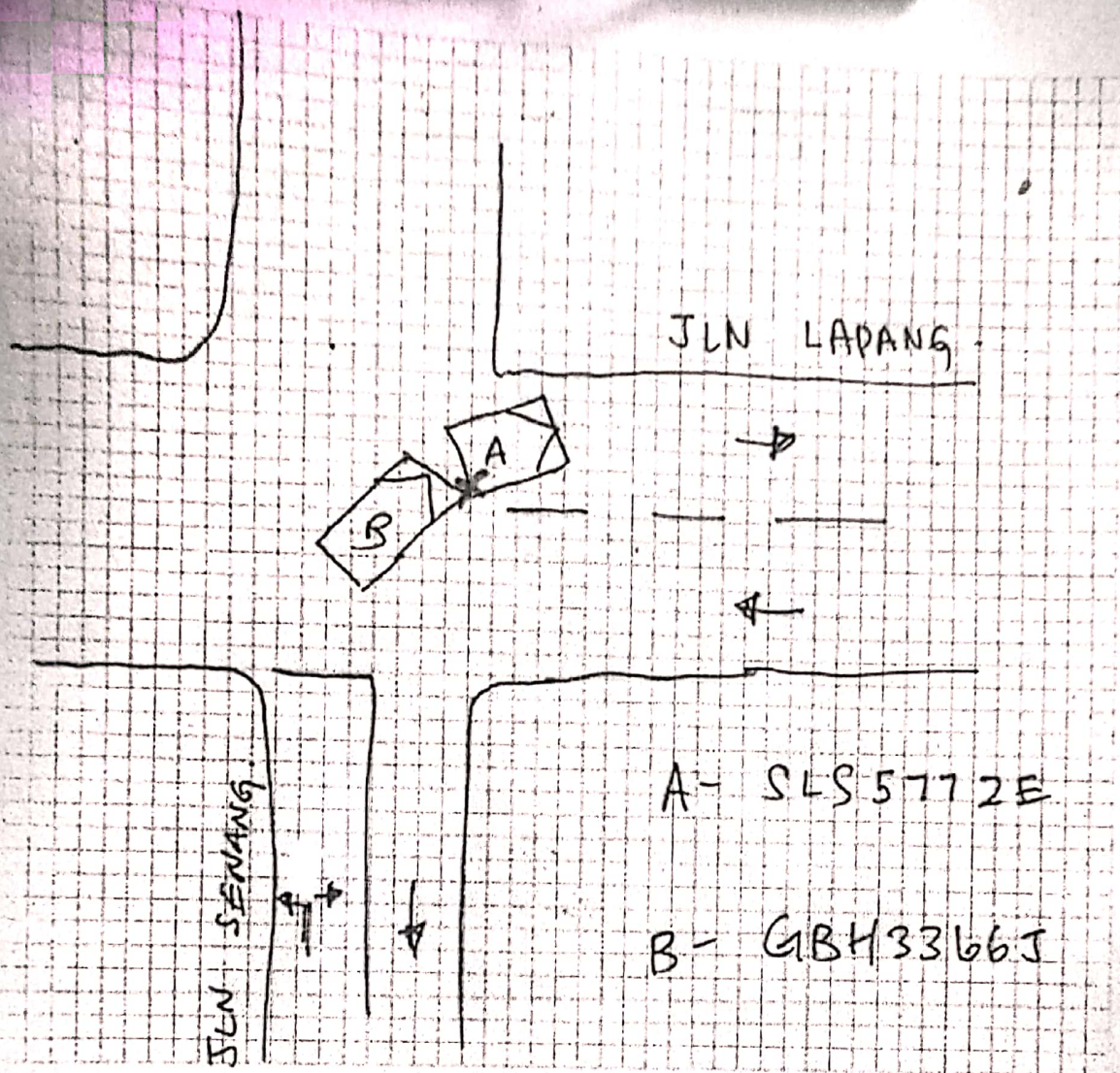
Policyholder's Signature
Date & Time:

25092021

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

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH**

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



[Signature]

Policyholder's Signature

Date & Time:

25/9/21

Driver's Signature

(If driver is not the policyholder)

Date & Time:

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was on Jalan Senang turning into Jalan Lapang and realised that there was an oncoming vehicle. I had to stop to allow the oncoming car through. A few seconds later I felt an impact on my rear vehicle. I later realised that a lorry had hit the rear of my vehicle upon me turning .

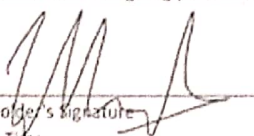
We stop and exchanged particulars.

No injury involved.

I have in car a video footage of the accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature
Date & Time:
25092021

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: