ASS. REQ. BY: Steve ... CS/CTF 20004 971/ETY3

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP REB / OD REB / 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.

N/S | O/S

Rel. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Vol.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLC234J Yr Regn: 28/4/16

Type: M.Car / M.cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Audi A7 c.c 999

Colour: Black A/C: Insured / Std / NI / N

Sp.Reading 60858 T/Radio; Insured / Std / NI / N

Eng/No:

C/No: WAU222FX9GR083376

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/45R16

R: ''

BS / DUN / EXNOVA / GY / FS / LIZA. / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Continental

	Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	4 mm	L/Bal.	4 mm
D.O.A.	17/3/20	D.O.I.	14/10/21

Survey held at VAG

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

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

Date / Time	Action / Instruction
	MV - S2K

Date/Time, File, Pass to : Prell. Report

: Final Report

Date/Time, File Return to

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp ($)

: Interview ($)

: Tech. Inve ($)

: Weekend ($)

Survey Fee:

Transportation:

__S + RS.__S

Photos

Others

TOTAL

Special Format :

Lump Sum / I.D.I. :

Scanned with CamScanner

Repair Estimate

VAG Singapore Pte Ltd
48 Toh Guan Road East
#05-123, Enterprise Hub
Singapore 608586

Tel: 6267 9916
Fax: 6267 9313
www.avantage.sg

Steve (LKK) 83778813

WM RL
2 days
PIP
My Bd My

Date : 9-Oct-2021
Vehicle Num : SLC234J
Make/Model : AUDI A1
Chassis No : WAUZZZ8X9GB083376

S/N	PARTS	QTY	PRICE	TOTAL
1	Rear bumper cover X R	1	$ 780.00	$ 780.00
2	Sticky pad for bumper X	2	$ 4.50	$ 9.00
3	Rear reinforcement ?	1	$ 330.00	$ 330.00
4	Rear bumper spoiler X	1	$ 250.00	$ 250.00
	TOTAL PARTS			$ 1,369.00
	Less 5%			$ 68.45
	TOTAL AMOUNT			$ 1,300.55
	MISCELLANEOUS ITEM			
1	*Sundries*		$ 50.00	$ 30 50.00
	LABOUR			
1	Removal and refitting of rear bumper and spoiler		$ 450.00	$ 200 450.00
2	Surface preparation, spray paint and polishing of rear bumper		$ 300.00	$ 200 300.00
3	To perform parking sensor test and diagnostics after repair		$ 100.00	$ 50 100.00
	TOTAL			$ 2,200.55
	GST 7%			$ 154.04
	GRAND TOTAL			$ 2,354.59

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 [illegible]
- Third party [illegible] basis
- No illegal modification(s) is allowed
- Supplementary [illegible] and is subject to final approval [illegible] company

Acknowledged by Repairer
Signature:
Date:

MVAG20040099 / VAG Singapore Pte Ltd - HQ
ENTRY DATE & TIME: 06/04/2020 09:35
SUBMITTED BY: Wong Yang Jun Isaac

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 06/04/2020 09:52

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 Report	06/04/2020 09:35
Date Of Accident	17/03/2020 22:30
Exact Location Of Accident	SECOND LINK FROM JB TO TUAS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLC234J
Insured/Policyholder	
Name Of Registered Owner	SONG ZHIWEI
NRIC No	SXXXX237C
Email Address	SONGZW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93890921
Alternative Phone No	OFFICE-93890921
Vehicle Particulars	
Manufacturer	AUDI
Model	A1 SB 1.0 TFSI (PI)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MT/00613211
Cover Note Number	
Driver	
Name of Driver	SONG ZHIWEI
NRIC No	SXXXX237C
Date Of Birth	08/03/1978
Occupation	INDOOR
Date Of Driving Pass	12/05/2015
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93890921
Fax Number	
Contact Number	OFFICE-93890921
EMail Address	SONGZW@GMAIL.COM

Address	BLK 627 SENJA ROAD #07-174 SINGAPORE
Postcode	670627
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : ZHENG LU GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED

Attachment(s)

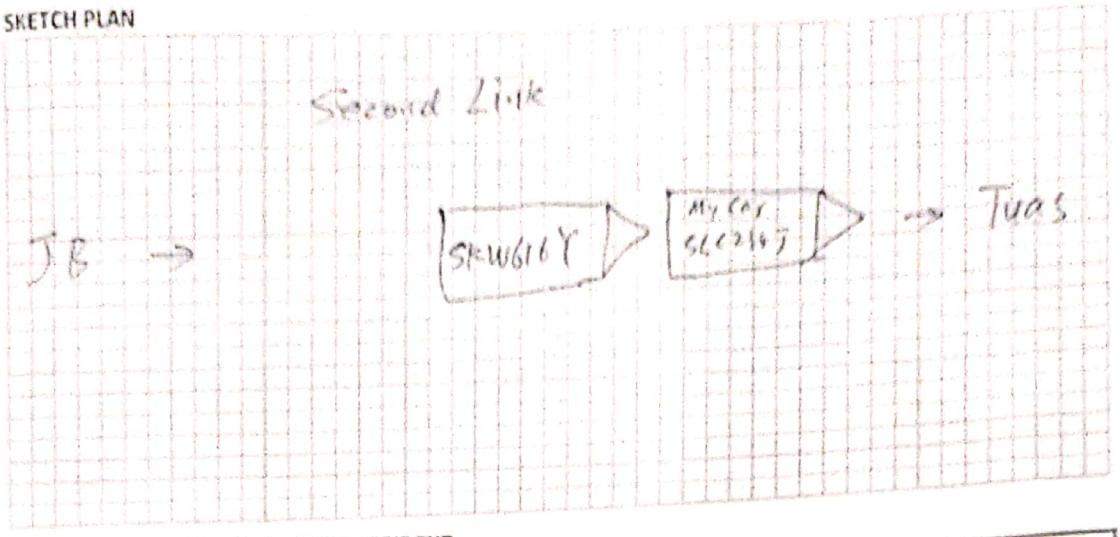
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW616Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

Sketch Plan #3

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The other car SKW616Y hit my car SLC234J from behind at 22:28 on 17 Mon 2020 at Second Link from JB to Tuas.

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 6/4/2020 17:30	(if driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.: