

ASS. REV. BY: Steve CS/EG121011404/EF3

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OR: ☒ PWS / ☐ PER / ☐ LOD / ☐ RES / ☐ EVA / ☐ INV / ☐ MV
To inspect Vehicle No: _____
at Workshop m/s: _____
Insured: SGS 6921U
Policy No. DMPG21011562
Claims No. CDMPG21002132
Sum Insured: _____
(Client's Record)
Make of Veh: _____



(Policy Condition)
Remarks: The veh had commenced its
repair at the time of inspection.

Rel. or Market Value: _____
IDAC Accident Report: _____ Consistent? Yes or No
GIA / PR Seen: _____ Consistent? Yes or No
Est. Repairs: _____ days Res.: Yes or No
Cum Sum: _____ % 3 Vol.: Yes or No
QA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____
Vehicle IN/OUT

Veh No: SMY 3028L Yt Regn: 6/8/20
Type: ☒ Car / ☐ M. Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /
Truck / Tractor or
Make: Volkswagen Touran c. 1395
Colour: Beige A/O: Insured / Stb / NI / N
Sp. Reading: 18957 T/Ratio: Insured / Stb / NI / N
Eng/No: _____
On/No: WVUZZZ1TZLW 012635
Con. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Brupt
Steering: ☒ In order / ☐ Jammed / ☐ Locked / ☐ Burnt or
Brake: ☒ In order / ☐ Jammed / ☐ Locked / ☐ Burnt or
Mod: 1.8 TDI 150 A/R or
Tyre Sizes: P: 215/55R17
R: 11
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or \$: Pirelli
Front: _____ Rear: _____
R/Sel: 4 mm U/Sel: 4 mm
L/Sel: 4 mm U/Sel: 4 mm
D.O.A. 4/11/21 Volkswagen
Survey held at: _____
Des. of Damages: FR / Rear / O/S / N/S / VIC / Roof top or
Front RH
The V/O / Chassis frame / Body structure affected due to collision

Date / Time	Action / Instruction
	MV-125K
14/12/21	Final fig \$7005.56 confirmed by email (Red 3670.33 34%)

me/Time, File, Report: ☐ Prel. Report
☐ Final Report

Days of Repair: 4
Resurvey No. of Trips: 1
Add Fees: ☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech. Insp (\$)
☐ VV/eval (\$)
Survey Fee: _____
Transportation: _____
S & RS: _____
Fees: _____
Other: _____
Total: _____

15/12/21-typist
Merimen
\$7005.56

VOLKSWAGEN CENTRE SINGAPORE

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

Star CLKK/
10/11/21, 10. Nov

ML AL
3 days
PIP
My Bel sy



Quotation

Non binding - Preview

Page 1/1

Company
ERGO INSURANCE PTE. LTD
5 TEMASEK BOULEVARD
#04-01 SUNTEC TOWER FIVE
Singapore 038985

Customer Details:
Mr
BASIL
HO PING YONG
504B MONTREAL DRIVE
#13-38
Singapore 752504

Document no.
Document date 05-11-2021
Customer no. 5211001034
Customer GST-ID 199305211H
Dealer 30001
Job order number 2021042039/ 1
Job order date 05-11-2021
Service Advisor PEARLYN CHEONG

License plate	Model code	First registration	VIN	Model	Mileage
SMU3028L	5T13NZC1	06-08-2020	WVGZZZ1TZLW012635	Touran 1.4 CL GT110 TSID7F	21

Position no.	Description	Quantity	Unit	Unit price excl. GST	Tax code	Total amount excl. GST	Total amount incl. GST
9801B005	B&P DIAGNOSIS AND PROGRAMMING				#1	480.00	513.60
9801B004	B&P CHECK SHORT CIRCUIT / HARNESS				#1	360.00	385.20
	REPAIR						
	Weekend Plate Break & Reseal	1	pcs.	840.00	#1	840.00	898.80
5TA807217AFGRU	Cover For Bumper Primed	1	pcs.	1,495.51	#1	1,495.51	1,600.20
5TA807049	Guide Piece	1	pcs.	44.24	#1	44.24	47.34
5TA807050	Guide Piece	1	pcs.	44.24	#1	44.24	47.34
5TA807248	Foam Insert	1	pcs.	60.52	#1	60.52	64.76
5TA807651D	Cross Member	1	pcs.	139.81	#1	139.81	149.60
5TC941114A	Led Headlight	1	pcs.	2,111.57	#1	2,111.57	2,259.38
	LABOUR	3	pcs.	840.00	#1	2,520.00	2,696.40
	SPRAY PAINTING	3	pcs.	800.00	#1	2,400.00	2,568.00
	FRONT NUMBER PLATE	1	pcs.	80.00	#1	80.00	85.60

Quotation valid till 12-11-2021

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	1,680.00	8,895.89	7%	740.31	10,575.89	11,316.20
Total	1,680.00	8,895.89		740.31	10,575.89	11,316.20

Customer

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 and Volkswagen.com.sg and www.skoda.com.sg (for additional services, products and promotions).

Acknowledged by Repairer

Signature:

Date:

All invoices are denominated in SGD, unless otherwise stated.

Service Advisor

SV0N21B50002 / Volkswagen Group Singapore Pte Ltd
ENTRY DATE & TIME: 05/11/2021 11:54 (SGT)
SUBMITTED BY: Pearlyn Cheong
VERSION: 1 (05/11/2021 11:54 (SGT))



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	05/11/2021 11:54 (SGT)
Date of Accident	04/11/2021 13:45 (SGT)
Exact Location of Accident	Sembawang, Singapore
Additional Location Information	SEMBAWANG WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU3028L

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BASIL HO PING YONG
NRIC No	SXXXX150G
Email Address	seadragon6674@gmail.com
Mobile Phone No	(Phone) +65-81126879
Alternative Phone No	+65-81126879

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	1400

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VPA/P2446518
Cover Note Number	-

DRIVER

Name of Driver	BASIL HO PING YONG
NRIC No	SXXXX150G



Accident report SV0N21B50002

Date Of Birth	31/12/1966
Occupation	Indoor
Date Of Driving Pass	14/04/2007
Driving experience	14 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81126879
Alt. Phone Number	+65-81126879
Email Address	seadragon6674@gmail.com
Address	BLK 504B MONTREAL DRIVE #13-38
Address complement	-
Postcode	752504
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 - Change/cross lane
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

PLEASE REFER TO ATTACHMENT

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

Vehicle Registration Number	SGS6921U
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	MITSURU MORII
NRIC No	SXXXX368B
Contact Number	(Phone) +65-97883922
Address	-

ess complement -
stcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. 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 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. 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' 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.

Policyholder's Signature / Date & Time

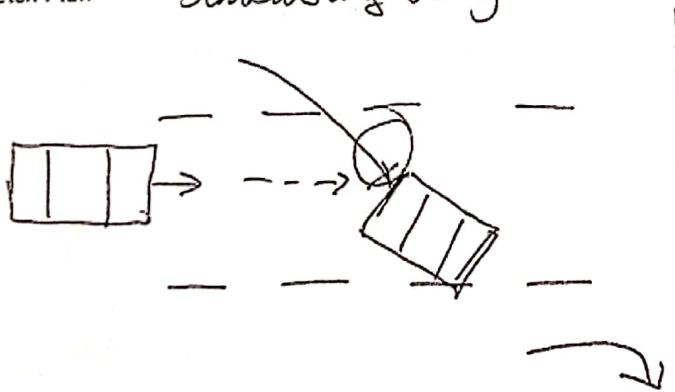
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

07 NOV 2021

Sketch Plan

Sembawang Way



Sembawang Drive

Describe Circumstances of the Accident

right lane
~~middle lane~~

I was going straight along Sembawang way towards Yishun ~~at junction~~ when the other vehicle with car plate no. S6S 6921 U pulled out from the left lane in front of me to the right turn lane. I could not stop in time and I could not change lane as another car was in the left lane. ~~by the~~ My vehicle collided with the rear of the other vehicle.

There was no injury. The other driver was is an 86 year old man.

Declaration

We declare the foregoing particulars are true in every respect.

 5/11/21
Policyholder's Signature / Date & Time 11.11am.

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

Pearlyn Cheong

Witnessed by Reporting Centre Personnel

07 NOV 2021