

PLEASE ARRANGE TO SURVEY
VEHICLE AT 30 BUKIT BATOK
CRESCENT (S 658075)

Selamatshahh
CLAIM DEPARTMENT
DID : 66547519
FAX :

Date : 15/11/2021

To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : KOH CHIN HENG
: AXA INSURANCE PTE LTD

Certificate No : GA540408/1 Accident Date : 03/11/2021

Vehicle No : SCW-8777-H Make & Model : VOLKSWAGEN SHARAN 2.0 TSI AT 7N14H3

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

| QTY | DESCRIPTION | REPAIRER AMT (\$) | SURVEYOR APP. |
|------------------------------|--------------------------------------|-------------------|---------------|
| List Item | | | |
| 1 | FRONT DOOR LH <i>lt</i> | 1,890.00 | |
| 1 | FRONT DOOR WEATHERSTRIP LH <i>re</i> | 392.00 | |
| 20 | FRONT DOOR RIVET PIN <i>re</i> | 150.00 | |
| 1 | WING MIRROR ASSY LH <i>cm</i> | 784.00 | |
| 1 | WING MIRROR COVER LH <i>cm</i> | 144.00 | |
| 1 | WING MIRROR SIGNAL LENS LH <i>re</i> | 203.00 | |
| Sub Total | | 3563.00 | |
| Discount 10% On Parts | | (356.30) | |
| Labour & Misc | | | |
| LABOUR TO FACILITATE REPAIR | | 600.00 | <i>300</i> |

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Excess : 0.00 Add Excess : 0.00

| QTY | DESCRIPTION | REPAIRER AMT (\$) | SURVEYOR APP. |
|-----|--|-------------------|---------------|
| | TO RESPRAY AFFECTED AREAS | 600.00 | 350 |
| | TO REMOVE AND TRANSFER DOOR COMPONENTS | 150.00 | 60 |
| | TO CHECK AND RECONNECT ALL NECESSARY WIRINGS | 30.00 | |
| | Sub Total | 1380.00 | |

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:

4,586.70

Remarks:

3 days - Lumpsum
Resy after repair

SUB TOTAL

GST 7.0 % 321.07

TOTAL 4,907.77

Surveyor's name: RASUL - 47 90010068

Principal's name: KOH CHIN HENG

Survey Date & Time: 19/11/21 @ 1150

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 18:53 (SGT) |
| Date of Accident | 03/11/2021 13:00 (SGT) |
| Exact Location of Accident | 3 McCallum St, Singapore 069044 |
| Additional Location Information | MCCALLUM STREET (BEHIND GB BUILDING) |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SCW8777H |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | KOH CHIN HENG |
| NRIC No | SXXXX321A |
| Email Address | kenkoh22@yahoo.com.sg |
| Mobile Phone No | (Phone) +65-97372292 |
| Alternative Phone No | (Office) +65-97372292 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Volkswagen |
| Model | Sharan |
| Variant | - |
| 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 - Claiming third party |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1984 |

INSURANCE COMPANY

| | |
|---------------------------|-----------------------|
| Name of Insurance Company | AXA Insurance Pte Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | GA540408/1 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | KOH CHIN HENG |
| NRIC No | SXXXX321A |

Date Of Birth
 Occupation
 Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode

14/11/1971
 Indoor
 01/06/1994
 27 YEARS AND 5 MONTHS
 Male
 (Phone) +65-97372292
 (Office) +65-97372292
 kenkoh22@yahoo.com.sg
 3 JALAN ANAK BUKIT #02-08
 -
 S(588998)
 Yes
 -
 No
 -
 -

Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 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 | Side Swipe |
| 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

KINDLY REFER TO SKETCH PLAN.

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 | GBJ476J |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | AH LIEW |
| Contact Number | (Phone) +65-98261271 |
| Address | - |
| Address complement | - |

Insurance Company Name

Amount of Damage

Amount of property damaged in accident

Cost 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 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:

5/11/2021

3.45pm

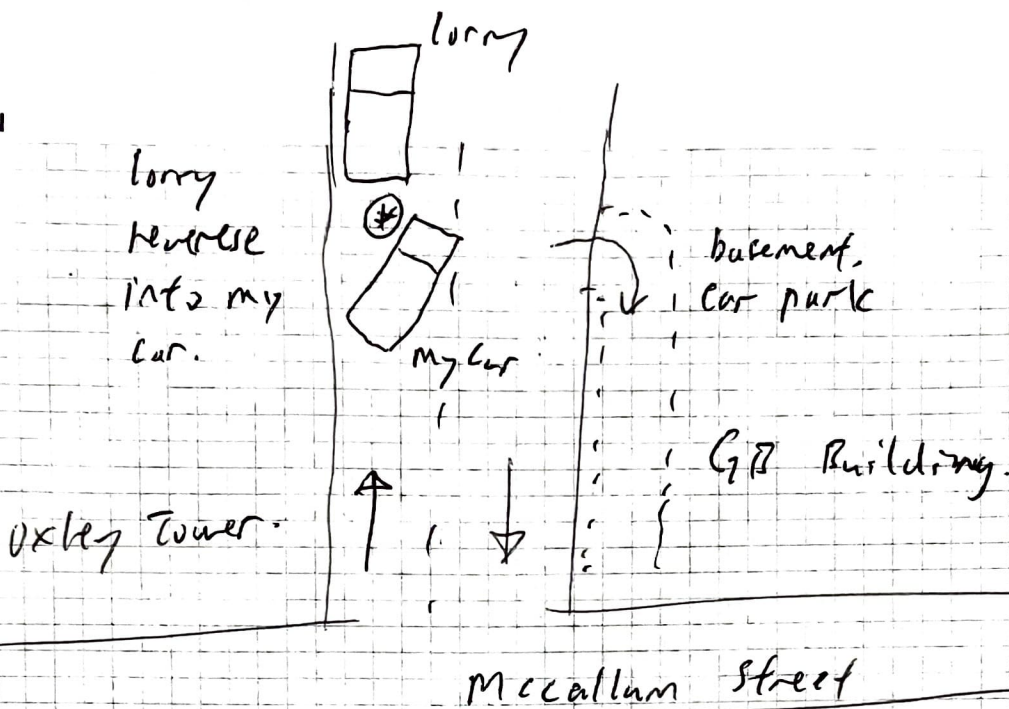
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(GRS 4763)

3/11/2021 1pm, I was driving behind a lorry at Macallum Street (back lane behind GB Building), the lorry stop on the left side of the road (no parking area). As I was trying to make a sharp right turn into the ^{basement} car park of GB Building, I need a large turning radius, so I need to keep left then to turn right. At the moment when I was making the right turn, the lorry ~~reverse~~ reverse into my car, damaging my left passenger door and left side mirror.

Chs

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

| | |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> | Reporting Only |
| <input type="checkbox"/> | Claim OD |
| <input checked="" type="checkbox"/> | Claim TP |
| <input type="checkbox"/> | Claim OD/ TP at other workshop |

DECLARATION

I/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:

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------|---------------------------------------|
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 321A |
| Vehicle No.: | SCW8777H |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 21 Nov 2021 |
| Vehicle Make: | VOLKSWAGEN |
| Vehicle Model: | SHARAN 2.0 TSI AT 7N14H3 |
| Primary Colour: | Blue |
| Manufacturing Year: | 2015 |
| Engine No.: | CCZ481827 |
| Chassis No.: | WVWZZZ7NZFV034556 |
| Maximum Power Output: | 147.0 kW (197 bhp) |
| Open Market Value: | \$41,038.00 |
| Original Registration Date: | 30 Apr 2015 |
| First Registration Date: | 30 Apr 2015 |
| Transfer Count: | 2 |
| Actual ARF Paid: | \$49,454.00 |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 29 Apr 2025 |
| PARF Rebate Amount: | \$32,145.00 |
| COE Expiry Date: | 29 Apr 2025 |
| COE Category: | B - Car above 1600cc or 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$76,612.00 |
| COE Rebate Amount: | \$26,346.00 |
| Total Rebate Amount: | \$58,491.00 |

The information contained herein is correct as at 21 Nov 2021

OK

Volkswagen Sharan 2.0A TSI

Overview Financial Accessories Similar Research Photos Map

| | | | |
|-----------------|--|----------------|---|
| Price | \$67,800 | | |
| Depreciation ⓘ | \$13,410 /yr View models with similar depre | | Reg Date 06-Feb-2015 (3yrs 2mths 15days COE left) |
| Mileage | 99,000 km (14.6k /yr) | Manufactured ⓘ | 2014 |
| Road Tax ⓘ | \$1,194 /yr | Transmission | Auto |
| Dereg Value ⓘ | \$56,855 as of today (change) | OMV ⓘ | \$41,062 |
| COE ⓘ | \$76,889 | ARF | \$49,487 |
| Engine Cap | 1,984 cc | Power | 147.0 kW (197 bhp) |
| Curb Weight ⓘ | 1,790 kg | No. of Owners | 1 |
| Type of Vehicle | MPV | | |