

(08/11/13) wef

ASS. REC. BY: P. PaulREF: CC4/1121011778/Riga3

#8838

**ASSIGNMENT**

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SLL 45344at Workshop m/s VOLKSWAGENof 247, ALEXANDRA RDInsured: 111

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.

Bal. or Market Value:

59K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLL 45344Yr Regn: 2017 / RBType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

VOLKSWAGEN SPORTSVAN / 4 c.c 1395

Colour:

WHITE

A/C: Insured / Std / NI / NA

Sp. Reading

68474

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WVWZZZANZ4W533482

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

225/45R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

13/11/21

D.O.I.

19/11/21

Survey held at

VOLKSWAGEN

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

FRT O/S

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

Date / Time

Action / Instruction

REPAIR LIMIT - 20K

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

) : S + RS SI☐

: Interview (\$

) : Photos

☐

: Tech. Invs (\$

) : Others

☐

: Weekend (\$

)

Report Format :

Lump Sum / I.B.I: (\$

)

## VOLKSWAGEN CENTRE SINGAPORE

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



## Quotation

Non binding - Preview

Page

1/2

Company  
INDIA INTERNATIONAL INSURANCE  
64 CECIL STREET  
#04-05 IOB BUILDING  
Singapore 049711

Customer Details:  
Mr  
LAU  
YEW LEE  
158D RIVERVALE CRESCENT  
#13-667  
Singapore 544158

Document no.  
Document date  
Customer no.  
Customer GST-ID  
Dealer  
Job order number  
Job order date  
Service Advisor

16-11-2021  
5211000972  
198703792K  
30001  
2021043406/ 1  
16-11-2021  
SHU SHI TANG

License plate	Model code	First registration	VIN	Model	Mileage
SLL4534U	AM13HZ	27-02-2017	WWWZZZAUZGW533482	Sportsvan 1.4CLBMT 92 TSI D7F	64,197

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 / HARNESS REPAIR				#1	280.00	299.60
9801B005	B&P DIAGNOSIS AND PROGRAMMING				#1	480.00	513.60
510807217AMGRU	Cover For Bumper Primed	1	pcs.	1,359.58	#1	1,359.58	1,454.75
510807248A	Foam Insert	1	pcs.	44.24	#1	44.24	47.34
510807724D	Support Part	1	pcs.	35.92	#1	35.92	38.43
510807050C	RHS BUMPER INNER BRACKET	1	pcs.	22.85	#1	22.85	24.45
510807049C	Guide Piece	1	pcs.	22.85	#1	22.85	24.45
510805705E	RHS BUMPER SIDE BRACKET	1	pcs.	22.85	#1	22.85	24.45
510853651M ZLL	Guide	1	pcs.	85.30	#1	85.30	91.27
510853677E 9B9	LHS BUMPER SIDE BRACKET	1	pcs.	85.30	#1	85.30	91.27
510853651M ZLL	BUMPER CTR BRACKET	1	pcs.	459.44	#1	459.44	491.60
510853677E 9B9	Radiator Grille Black/Sat	1	pcs.	136.10	#1	136.10	145.63
518941006C	Cooling Air Grill Satin B	1	pcs.	759.12	#1	759.12	812.26
6R0973735	BUMPER CTR LOWER GRILLE	1	pcs.	21.17	#1	21.17	22.65
510941662D	Twin Halogen Headlamps	1	pcs.	279.62	#1	279.62	299.19
510853212C 9B9	Flat Contact Housing	1	pcs.	29.56	#1	29.56	31.63
	H/LAMP WIRE HOUSING	1	pcs.	279.62	#1	279.62	299.19
	Halogen Fog Lamp	1	pcs.	29.56	#1	29.56	31.63
	Cover Part For Bumper Sat	1	pcs.	29.56	#1	29.56	31.63
	RHS FOG LAMP GRILLE	1	pcs.	29.56	#1	29.56	31.63
	LABOUR	3	pcs.	840.00	#1	840.00	2,696.40
	SPRAY PAINT	3	pcs.	800.00	#1	800.00	2,568.00
	INDIA DIRECT SETTLEMENT						
	DOA: 13/11/2021						
	TP VEH: SMR9628G						
	SURVEY BY:						

Quotation valid till 23-11-2021

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	760.00	8,175.75	7%	625.50	8,935.75	9,561.25
Total	760.00	8,175.75		625.50	8,935.75	9,561.25

Customer

Service Advisor

# VOLKSWAGEN CENTRE SINGAPORE

Maxandra Road  
Singapore 159934  
Reg. No.: 199101494Z  
T No.: M200985052



## Quotation

Non binding - Preview

Page

2/2

Company  
INDIA INTERNATIONAL INSURANCE  
64 CECIL STREET  
#04-05 IOB BUILDING  
Singapore 049711

Customer Details:  
Mr  
LAU  
YEW LEE  
158D RIVERVALE CRESCENT  
#13-667  
Singapore 544158

Document no.  
Document date  
Customer no.  
Customer GST-ID  
Dealer  
Job order number  
Job order date  
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16-11-2021  
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—VISIT OUR WEBSITE: [aftersales.vw.com.sg](https://aftersales.vw.com.sg) (for online service appointments) and [volkswagen.com.sg](https://volkswagen.com.sg) and [www.skoda.com.sg](https://www.skoda.com.sg) (for additional services, products and promotions).—

All invoices are denominated in SGD, unless otherwise stated.

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:

*Paul*  
*Hp 90010068*  
*4 days*  
*19/11/21 @ 1120*  
*Resurvey before paint*

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.  
This Form must be completed by the Policyholder and/or the Authorised Driver  
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 ..... 15/11/2021 16:19 (SGT)  
Date of Accident ..... 13/11/2021 14:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... IMM SHOPPING MALL  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLL4534U

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LAU YEW LEE, DENNIS  
NRIC No ..... S7918883B  
Email Address ..... dennis1779@gmail.com  
Mobile Phone No ..... (Phone) +65-89106983  
Alternative Phone No ..... +65-89106983

### VEHICLE PARTICULARS

Manufacturer ..... Volkswagen  
Model ..... SPORTSVAN 1.4  
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 ..... 1395

### INSURANCE COMPANY

Name of Insurance Company ..... Direct Asia Insurance (Singapore) Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... MT/00762025/01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LAU YEW LEE, DENNIS  
NRIC No ..... S7918883B

Date Of Birth ..... 01/07/1979  
 Occupation ..... Indoor  
 Date Of Driving Pass ..... 26/02/1999  
 Driving experience ..... 22 YEARS AND 9 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-89106983  
 Alt. Phone Number ..... +65-89106983  
 Email Address ..... dennis1779@gmail.com  
 Address ..... BLK 158D RIVERVALE CRESCENT #13-667  
 Address complement ..... -  
 Postcode ..... 544158  
 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 ..... No Collision  
 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

#### REFER TO SKETCH PLAN

#### 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 ..... SMR9628G  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... PEARL  
 NRIC No ..... S7226385E  
 Contact Number ..... (Phone) +65-96905691  
 Address ..... -

Property Name  
Address  
Property damaged in accident  
Amount (Including Driver)

12.5. 1998

## SKETCH PLAN

VEHICLE NO  
DATE OF ACCIDENT:

### 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.

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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;

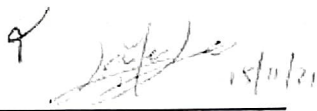
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or


(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

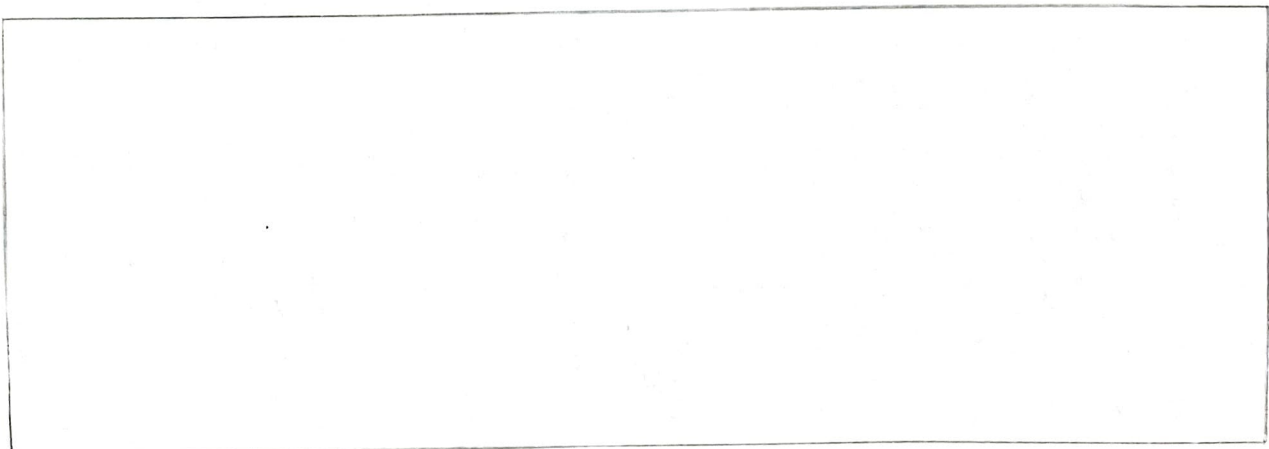
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date &  
Time

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

  
Witnessed by Reporting Centre  
Personnel

#### Sketch Plan



Describe Circumstances of the Accident VEHICLE NO:

DATE OF ACCIDENT:

Car was parked at IMM Shopping mall from 1230 - 1425 on 13 Nov 2021  
When returning to the car at about 1420, I found my right side  
front bumper had damages. A note was left on my windshield stating  
that Pearl reversed and bumped into my car.

REPORTING ONLY ( )


OWN DAMAGE ( )

THIRD PARTY ☒


OWN WORKSHOP ( )

**Declaration** NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN  
DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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

 15/11/21  
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:	883B
Vehicle No.:	SLL4534U
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Nov 2021
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	SPORTSVAN 1.4 AT AM13HZ CL
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	CZC069164
Chassis No.:	WVWZZZAUZGW533482
Maximum Power Output:	92.0 kW (123 bhp)
Open Market Value:	\$22,167.00
Original Registration Date:	27 Feb 2017
First Registration Date:	27 Feb 2017
Transfer Count:	1
Actual ARF Paid:	\$18,034.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Feb 2027
PARF Rebate Amount:	\$13,525.00
Intended COE Rebate Details	
COE Expiry Date:	26 Feb 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$48,401.00
COE Rebate Amount:	\$25,482.00
Total Rebate Amount:	\$39,007.00

The information contained herein is correct as at 21 Nov 2021

OK

# Volkswagen Sportsvan 1.4A TSI Comfortline

Overview

Financial

Accessories

Similar

Research

Photos

Map

通利

Thong Lee Trading Pte Ltd

Established since 1969

New & Used Cars | Consignment Car | Hire Purchase | Motor Insurance

Price	\$67,800		
Depreciation ⓘ	\$9,650 /yr <a href="#">View models with similar depre</a>	Reg Date	27-Dec-2017 (6yrs 1mth 5days COE left)
Mileage	45,158 km (11.6k /yr)	Manufactured ⓘ	2015
Road Tax ⓘ	\$624 /yr	Transmission	Auto
Dereg Value ⓘ	\$39,226 as of today ( <a href="#">change</a> )	OMV ⓘ	\$22,052
COE ⓘ	\$42,339	ARF ⓘ	\$17,873
Engine Cap	1,395 cc	Power	92.0 kW (123 bhp)
Curb Weight	1,383 kg	No. of Owners	2