

ASS. REC. BY: Steve

REF: CS/CTI21012390/Y3

CS/CTI21012390/Ety3 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.

N/S	O/S
X	X

Bal. or Market Value: _____

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJY 3444H Yr Regn: 28/3/18

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

Truck / Trailer or

Make: Volkswagen Tauran c.c. 1395

Colour White A/C: Insured / Std / NI / NA

Sp. Reading 45151 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WVG 2221 T2JW 071572

Gen. Cond: Good Fair / Poor / Burnt

Steering: In order Jammed / Leaked / Burnt or

Brake: In order Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/55R17

R: 11

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

TOYO / YOKO or

Front R/Bal. 5 mm

Rear R/Bal. 5 mm

L/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 21/2/21 D.O.I. 15/12/21

Survey held at Volkswagen

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
	<u>MR-905</u>
	<u>part by part \$10950.49, 5days</u>
	<u>red:9462 46%</u>

Date/Time, File Pass to?

☐ : Prell. Report

1) _____
Date/Time, File Return to?

☐ : Final Report

2) _____

Report Format : _____

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

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

VOLKSWAGEN CENTRE SINGAPORE

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



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
LOW
WEI LIN
296A BUKIT BATOK STREET 22
#19-64
Singapore 651296

Document no.
Document date 06-12-2021
Customer no. 5211001170
Customer GST-ID 200208384E
Dealer 30001
Job order number 2021046516/ 1
Job order date 06-12-2021
Service Advisor Dass Anthonidas Christopher

License plate	Model code	First registration	VIN	Model	Mileage
SJY3444H	5T13NZ	28-03-2018	WVGZZZ1TZW071572	Touran Comfortline 1.4 TSI 110kW DSG	17

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
5TA807417 GRU	Cover For Bumper Primed (REAR BUMPER)	1	pcs.	1,443.25	#1	1,443.25	1,544.28
5TA807568A 9B9	Spoiler Satin Black (REAR BUMPER SPOILER)	1	pcs.	332.69	#1	332.69	355.98
WHT005263	Rivet	4	pcs.	1.19	#1	4.76	5.09
5TA807305	Bumper (REAR REINFO)	1	pcs.	552.19	#1	552.19	590.84
5TA807863	Attachment Strip (REAR BUMPER TOP BRACKET)	1	pcs.	65.63	#1	65.63	70.22
5TA807453	Guide Piece LHR BUMPER BRACKET (UPPER)	1	pcs.	42.63	#1	42.63	45.61
5TA807393	Guide Piece LHS BUMPER BRACKET (SIDE)	1	pcs.	34.85	#1	34.85	37.29
5TA807454	Guide Piece RHS BUMPER BRACKET (UPPER)	1	pcs.	42.63	#1	42.63	45.61
5TA807394	Guide Piece RHS BUMPER BRACKET (SIDE)	1	pcs.	34.85	#1	34.85	37.29
WHT005560	Speed Nut	4	pcs.	1.63	#1	6.52	6.98
5TA827025P	Lid	1	pcs.	2,360.83	#1	2,360.83	2,526.09
D 169300M2	1k Window Adhesive	2	pcs.	51.30	#1	102.60	109.78
D 00940104	All Purpose Cleaner	1	pcs.	97.65	#1	97.65	104.49
D 00920002	Primer	1	pcs.	28.52	#1	28.52	30.52
D 00950025	Applicator	2	pcs.	10.47	#1	20.94	22.41
D 181802M1	Activator For Precoated W	1	pcs.	26.23	#1	26.23	28.07
8D0853419D	Packing Adhesive	1	pcs.	30.60	#1	30.60	32.74
WHT007341	REAR NUMBER PLATE PACKING Rivetted Cap Nut	2	pcs.	2.50	#1	5.00	5.35
5TA853687 ZZZ	Inscription Bright Chrome (TOURAN WORD)	1	pcs.	74.51	#1	74.51	79.73
5TA853630A DPJ	Vw Sign Black/Bright Chro (VW LOGO)	1	pcs.	108.68	#1	108.68	116.29
5TA827939 041	Spoiler Satin Black LHS RR W/SCREEN SIDE TRIM (BLACK)	1	pcs.	267.95	#1	267.95	286.71
5TA827940 041	Spoiler Satin Black RHS RR W/SCREEN SIDE TRIM (BLACK)	1	pcs.	280.34	#1	280.34	299.96
3CN945087	Additional Brake Light W/ 3RD BRAKELIGHT	1	pcs.	229.42	#1	229.42	245.48
5G0955711C	Wiper Motor	1	pcs.	423.81	#1	423.81	453.48
5TA827566B	Pushbutton For Electric L	1	pcs.	1,510.61	#1	1,510.61	1,616.35
5TA827505D	Hood Latch	1	pcs.	175.26	#1	175.26	187.53
	BOOT LID LOCK						
	LABOUR	8.2	pcs.	840.00	#1	5,040.00	5,392.80

VOLKSWAGEN CENTRE SINGAPORE

247 Alexandra Road
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Document no.
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Dealer
Job order number
Job order date
Service Advisor
06-12-2021
5211001170
200208384E
30001
2021046516/ 1
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Dass Anthonidas
Christopher

License plate	Model code	First registration	VIN	Model	Mileage
SJY3444H	5T13NZ	28-03-2018	WVGZZZ1TZJW071572	Touran Comfortline 1.4 I TSI 110kW DSG	17

Position no.	Description	Quantity	Unit	Unit price excl. GST	Tax code	Total amount excl. GST	Total amount incl. GST
	Spray Painting	52	pcs.	800.00	#1 1600	4,000.00	4,280.00
	R&R REAR WINDSCREEN	1	pcs.	840.00	#1	840.00	898.80
	REAR NUMBER PLATE	1	pcs.	80.00	#1	80.00	85.60
	Supply of Registration Plate						
	REVERSE SENSOR	1	pcs.	400.00	#1	400.00	428.00
	TRANSFER BOOT LID MECHANISM	1	pcs.	840.00	#1 470	840.00	898.80
	REAR WATER LEAK TEST	1	pcs.	150.00	#1	150.00	160.50
	CHINA TAIPING INSURANCE DIRECT DOA:02/12/2021 TP VEH NO:GW6854J SURVEY						

Quotation valid till 13-12-2021

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	760.00	19,652.95	7%	1,428.91	20,412.95	21,841.86
Total	760.00	19,652.95		1,428.91	20,412.95	21,841.86

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	03/12/2021 10:29 (SGT)
Date of Accident	02/12/2021 15:05 (SGT)
Exact Location of Accident	Near Blk 266, Singapore
Additional Location Information	Jurong East Central > Bukit Batok Ave 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJY3444H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Low Wei Lin
NRIC No	SXXXX226A
Email Address	weilin.low@gmail.com
Mobile Phone No	(Phone) +65-91546933
Alternative Phone No	+65-91546933

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Touareg
Variant	TOURAN 1.4 TSI CL 5T13NZ
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	1398

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01004239
Cover Note Number	28/03/2021-27/03/2022

DRIVER

Name of Driver	Low Wei Lin
NRIC No	SXXXX226A

Birth	25/12/1983
Location	Indoor
Of Driving Pass	13/09/2008
ing experience	13 YEARS AND 3 MONTHS
ender	Male
Mobile Number	(Phone) +65-91546933
Alt. Phone Number	+65-91546933
Email Address	wellin.low@gmail.com
Address	Blk 296A Bukit Batok St 22 # 19-64
Address complement	-
Postcode	651296
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	Olivia Low Yen Xiu
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

Kindly refer to the 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

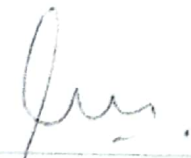
Vehicle Registration Number	GW6854J
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle


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:

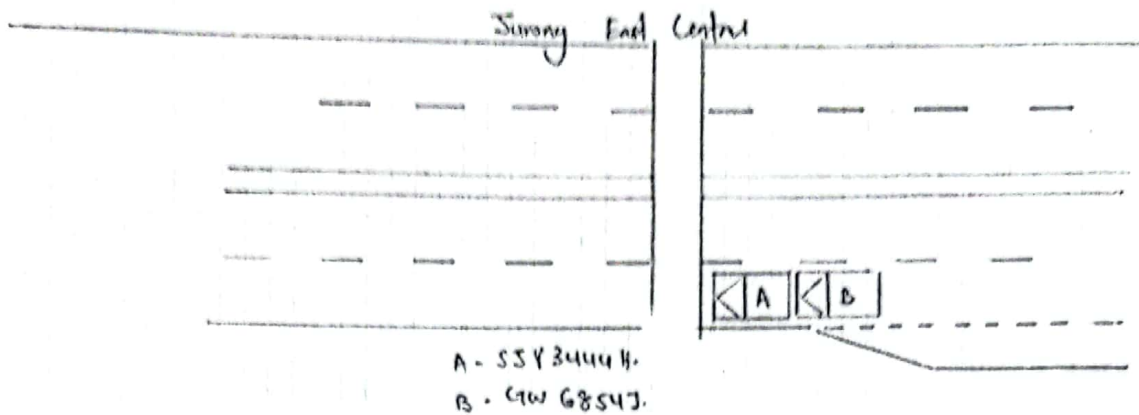
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on Jurong East Central toward Bukit Batok Ave 1 and stopped my car at traffic light junction during red light. The other car collided rear-end to my car while the traffic light is still red.

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.

Reporting Only
Claim OD
Claim TP
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: Poh...mm. Ann
NRIC/FIN No.: