

ASS. REC. BY: Steve

REF:

CS/CT121012778/E943

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. SNM21D207349/C02

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

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 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: SNIC 1306E Yr Regn: 29/9/21Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Skoda Scala c.c. 1498Colour Black A/C: Insured / Std / NI / NASp. Reading 7319 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: TMBFK6NW4M3107619Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rim / STD A/Rim orTyre Size: F: 205/50R17R: 11

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

TOYO / YOKO or

Front 5 mm Rear 5 mmR/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 11/12/21 D.O.I. 22/12/21Survey held at VolkswagenDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orRear LH

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

Date / Time Action / Instruction

MV-178K

25/01/22 @ 9.09am revised to Billy Tan via Merimen.

We will be advising our Principal a cost of repair of \$ 2400 (P/P before GST) -
with 3 days of repair, subject to their approval.

(Red \$1640, 41%)

Date/Time, File Pass to?

☐

: Prell. Report

1) 25/01 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

\$ + RS. \$ _____

Photos

Others

TOTAL

Report Format : MER-TPLump Sum / I.B.I. (\$ 2400)

ŠKODA Centre Singapore

26 Leng Kee Rd
Singapore 159104
Biz. Reg. No.: 199101494Z
GST No.: M200985052



Commercial Vehicles

Quotation

Non binding - Preview

Page 1/1

Company
CHINA TAIPING INSURANCE (S) PL
3 ANSON ROAD
#18-00 SPRINGLEAF TOWER
Singapore 079909

Customer Details:
Mr
MUHAMMAD
SHAFIQ BIN SAHUL HAMID
BLK 230G TAMPINES STREET 21
#07-691
SINGAPORE 521230

Document no.
Document date 16-12-2021
Customer no. 5211001170
Customer GST-ID 200208384E
Dealer 30001
Job order number 2021047973/ 1
Job order date 16-12-2021
Service Advisor YEN MEI WONG

License plate	Model code	First registration	VIN	Model	Mileage
SNC1306E	NW13KDA0	29-09-2021	TMBFK6NW4M3102619	Scala Ambition 1.5 I TSI 110kW DSG	4,033

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/HARNES				#1	280.00	299.60
	REPAIR						
	LABOUR	2	pcs.	840.00	#1	1,680.00	1,797.60
	Spray Painting	2	pcs.	800.00	#1	1,600.00	1,712.00
	LHS REAR BUMPER						
	AXA ARF VS CHINA TAIPING						
	3RD PARTY VEHICLE SML6036R						
	D.O.A: 11-12-2021						
	SURVEY BY:						

Quotation valid till 23-12-2021

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	760.00	3,280.00	7%	282.80	4,040.00	4,322.80
Total	760.00	3,280.00		282.80	4,040.00	4,322.80

Steve (LKK)
22/12/21, 12:00pm

WHL NL
PIP
LH AR by
3 days



Customer

(* Take Sunday photo & all repair photo)

—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.

- 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:

SINGAPORE ACCIDENT STATEMENT

Handwritten notes:
ATTACHED
vs
change 2nd p 4
Yes - 16/12/2021

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	16/12/2021 15:25 (SGT)
Date of Accident	11/12/2021 16:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AT 195 PEARL'S HILL TERRACE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNC1306E

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD SHAFIQ BIN SAHUL HAMID
NRIC No	SXXXX542I
Email Address	md.shafiq@hotmail.sg
Mobile Phone No	(Phone) +65-94510157
Alternative Phone No	(Home) +65-94510157

VEHICLE PARTICULARS

Manufacturer	Skoda
Model	Scala Ambition 1.5 I TSI 110kW DSG
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	1498

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VPA/P2453442
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD SHAFIQ BIN SAHUL HAMID
NRIC No	SXXXX542I

Of Birth	29/11/1988
Occupation	Indoor
Date Of Driving Pass	26/07/2010
Driving experience	11 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94510157
Alt. Phone Number	(Home) +65-94510157
Email Address	md.shafiq@hotmail.sg
Address	BLK 230G TAMPINES STREET 21
Address complement	#07-691
Postcode	521230
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN & VIDEO

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	SML6036R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
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 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 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

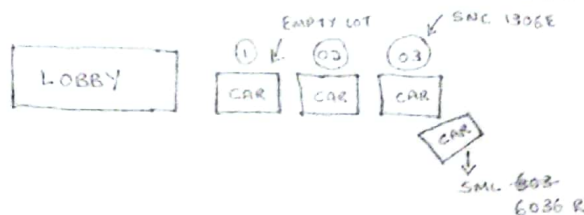
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



LOCATION: 195 PEARL'S HILL TERRACE

DATE: 11/12/2021


TIME: APPROXIMATELY 1600 - 1630 HRS

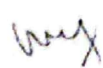
Describe Circumstances of the Accident

ON 11/12/2021 AT APPROXIMATELY 11.00PM - 11.30PM, I PARKED MY CAR SIDEWALK
AT 195 PEARL'S HILL TERRACE FOR WORK ALONG LEFT SIDE OF MAIN LOBBY. AT THE
END OF MY SHIFT AT 11.00PM, I WENT TO MY CAR AND PERCEIVED THAT THE LEFT
REAR SIDE OF MY CAR HAD BEEN HIT I IMMEDIATELY CALLED THE BUILDING
TO CHECK FOR CCTV FOOTAGE AS I CHECKED MY CAR DASH CAMS SOMEHOW DID NOT
RECORD ANYTHING FOR THE WHOLE AFTERNOON. THE BUILDING LANDLORD INFORMED ME
THAT HE IS AWAY AND WILL ONLY BE BACK ON WEDNESDAY, 15/12/2021.
ON 15/12/2021 I WENT TO VIEW THE CCTV RECORDING AND SAW A
MINI COOPER WENT A BIT TOO CLOSE TO MY LEFT SIDE OF MY CAR WHICH
PROBABLY CAUSED THE SCRATCH WHILE TRYING TO MAKE WAY FOR AN
ONCOMING CAR.

Declaration

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

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20211216/7022

1 of 3

Report No. T/20211216/7022

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2021 15:57		Video Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD SHAFIQ BIN SAHUL HAMID			Address: 230G TAMPINES STREET 21 #07-691 SINGAPORE 521230		
ID Type / ID No.: NRIC NO / S88475421			Contact No.: Home/Office:		Mobile: 94510157
Nationality: SINGAPORE CITIZEN			Email: MD.SHAFIQ@HOTMAIL.SG		
Sex: Male	Age: 33	Date of Birth: 29/11/1988	Type of Informant: Vehicle Owner		
Race: Indian			Language: English		Institution / School Name:
Occupation: IT service manager			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/12/2021 16:00	Type of Location: Car Park
Location: PEARLS HILL TERRACE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 15 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SML6036R	Car	MINI		Blue		0
SNC1306E	Car	SKODA	Scala	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT



T/20211216/7022

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Report No. T/20211216/7022

Details of Vehicle Insurance		Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company			
SNC1306E	AXA INSURANCE SINGAPORE PTE LTD			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	MUHAMMAD SHAFIQ BIN SAHUL HAMID	ID No.	S8847542I
Related Vehicle	NIL	Contact No.	94510157
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I parked my car in a parking lot at 195 Pearl's hill terrace for work at about 4pm. As i was leaving the premise, i realised there was a damage on the left rear bumper of my car. I immediately checked my car cam and found no recording. I called the building landlord to inform him of the incident and he advised me that he is away and to come look for him on Wednesday, 15/12/2021. On Wednesday, we went through the CCTV footage and saw a mini cooper, SML6036R went very close to my car and probably caused the damage as the driver of that car was trying to give way to an oncoming vehicle.



**SINGAPORE
POLICE FORCE**



T/20211216/7022

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20211216/7022

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
NEO ZHI YUAN

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
16/12/2021 15:57

Classification Of Case: