

ASS. REC. BY: Steve

REF: CS/HLA22000405/Laf3

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. MPC03093
 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
<u>X</u>	<u>X</u>

Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 5 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: SLP 7755R Yr Regn: 30/12/20
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Volkswagen Sharon c.c. 1984
 Colour: Gray A/C: Insured / Std / NI / NA
 Sp. Reading: 13740 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WVWZZZ7N2LAY016070
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Mod: NII / S/Rim / STD A/Rim or
 Tyre Size: F: 225/45R18
 R: 11

BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

Front		Rear
R/Bal. <u>4</u> mm		R/Bal. <u>4</u> mm
L/Bal. <u>4</u> mm		L/Bal. <u>4</u> mm
D.O.A. <u>9/1/22</u>		D.O.I. <u>13/1/22</u>

Survey held at Volkswagen
 Des. of Damages: Frt / Rear O/S / NIS / U/C / Rooftop or

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

Date / Time	Action / Instruction
27/01/22 @ 12.24pm	revised to Joel Goh by email.
	We will be advising our Principal a cost of repair of \$11,066.94 (P/P before GST) - with 5 days of repair, subject to their approval (Red \$6371.65, 37%)

Date/Time, File Pass to? : Prell. Report
 : Final Report
 1) 27/01 Typist
 Date/Time, File Return to?
 2) _____

Days Of Repair: 5
 Resurvey No. of Trip: 1

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

Survey Fee:	_____
Transportation:	_____
\$ + RS. SI	_____
Photos	_____
Others	_____
TOTAL	_____

Report Format: MER-TP
Lump Sum / I.B.I: (\$ 11066.94)

VOLKSWAGEN CENTRE SINGAPORE

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



*Steve (LKK)
13/1/22, 10.30am*

*wr PL
PIP
by BL by
S djs*

Quotation Non binding - Preview

Ms.
KANITA
BINTE MOHAMED
671A JURONG WEST STREET 65
#07-92
SINGAPORE 641671

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Document no.
Document date 10-01-2022
Customer no. 5211025404
Customer GST-ID
Dealer 30001
Job order number 2022001174/ 1
Job order date 10-01-2022
Service Advisor PEARLYN CHEONG

License plate SLP2755R	Model code 7N24MYH2	First registration 30-12-2020	VIN WVWZZZ7NZLV016070	Model Sharan Highline 2.0 TSI 162kW DSG Toulon	Mileage 321
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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
7N0807417E GRU	Cover For Bumper Primed <i>DD</i>	1	pcs.	1,664.60	#1	1,664.60	1,781.12
7N0807521C 9B9	Spoiler Satin Black	1	pcs.	327.20	#1	327.20	350.10
7N0807863	Attachment Strip	1	pcs.	209.81	#1	209.81	224.50
7N0807305A	Bumper Bracket	1	pcs.	856.49	#1	856.49	916.44
7N0807375	Guide Piece	1	pcs.	85.78	#1	85.78	91.78
7N0807376	Guide Piece	1	pcs.	85.78	#1	85.78	91.78
7N0827025H	Rear Trunk Lid <i>DD</i>	1	pcs.	3,296.80	#1	3,296.80	3,527.58
7N0853687 739	Inscription Chrome SHARAN <i>ncc</i>	1	pcs.	96.05	#1	96.05	102.77
7P6853630D FOD	Vw Sign Black High Gloss/ <i>ncc</i>	1	pcs.	139.85	#1	139.85	149.64
7N0919491	Sensor Bracket <i>ncc</i>	2	pcs.	28.02	#1	56.04	59.96
7N0919491A	Sensor Bracket <i>ncc</i>	2	pcs.	28.02	#1	56.04	59.96
D 822150A1	Bonding Agent For Plastic <i>ncc</i>	1	pcs.	68.71	#1	68.71	73.52
D 180KU2A1	2k-Plastic Adhesive <i>ncc</i>	1	pcs.	85.80	#1	85.80	91.81
D 169300M2	1k Window Adhesive <i>ncc</i>	2	pcs.	51.35	#1	102.70	109.89
D 00920002	Primer <i>ncc</i>	1	pcs.	30.22	#1	30.22	32.34
D 181802M1	Activator For Precoated W <i>ncc</i>	1	pcs.	26.23	#1	26.23	28.07
D 002000A2	Adhesive Remover <i>ncc</i>	1	pcs.	120.06	#1	120.06	128.46
D 00950025	Applicator <i>ncc</i>	2	pcs.	11.16	#1	22.32	23.88
	REAR NUMBER PLATE <i>BT</i>	1	pcs.	80.00	#1	80.00	85.60
	LABOUR <i>A 2</i>		pcs.	840.00	#1	1680.00	3,595.20
	SPRAY PAINTING <i>A 2</i>		pcs.	800.00	#1	1600.00	3,424.00
	RE+REINSTALLED REAR WSCREEN	1	pcs.	840.00	#1	840.00	898.80
	RE+REINSTALLED REAR LAUGAGGE TRIM	1	pcs.	840.00	#1	840.00	898.80
	TRANSFER BOOT LID PARTS	1	pcs.	840.00	#1	840.00	898.80
	CHECK WATER LEAKAGE	1	pcs.	150.00	#1	150.00	160.50

Quotation valid till 17-01-2022

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	760.00	16,640.48	7%	1,218.03	17,400.48	18,618.51
Total	760.00	16,640.48		1,218.03	17,400.48	18,618.51

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:

VOLKSWAGEN CENTRE SINGAPORE

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



Quotation

Non binding - Preview

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Customer no. 5211025404
Customer GST-ID
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License plate SLP2755R	Model code 7N24MYH2	First registration 30-12-2020	VIN WWZZZ7NZLV016070	Model Sharan Highline 2.0 TSI 162kW DSG Toulon	Mileage 321
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	10/01/2022 12:58 (SGT)
Date of Accident	09/01/2022 18:27 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Jln boon lay twds Jln Ahmad Ibrahim
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP2755R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KANITA BINTE MOHAMED
NRIC No	SXXXX146C
Email Address	SUFIAN.MAWASI@GMAIL.COM
Mobile Phone No	(Phone) +65-96222183
Alternative Phone No	+65-96222183

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Sharan
Variant	Sharan Highline 2.0 TSI 162kW DSG Toulon
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	2000

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT/00991446
Cover Note Number	-

DRIVER

Name of Driver	SUFIAN BIN MOHAMED MAWASI
NRIC No	SXXXX762C

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

26/12/1979
 Indoor
 04/03/2005
 16 YEARS AND 10 MONTHS
 Male
 (Phone) +65-96222183
 -
 SUFIAN.MAWASI@GMAIL.COM
 APT BLK 671A
 JURONG WEST STREET 65
 #07-92
 No
 Spouse
 No
 -
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Collision - Head to Rear
 Clear
 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) 5
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name
 Gender

KANITA BINTE MOHAMED
 Female

PASSENGER 2

Name
 Gender

FATIMAH ALI
 Female

PASSENGER 3

Name
 Gender

ALYSSA SOFEA
 Female

PASSENGER 4

Name
 Gender

AMELIA KEISHA
 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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

accident photos available for attachment?
there any video captured by Car Camera?
there any audio recorded?

Yes
Yes
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBZ312P
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Lim Ee Hao Gabriel
NRIC No	SXXXX369H
Contact Number	(Phone) +65-96942881
Address	-
Address complement	543 Serangoon North Ave 3
Postcode	#12-180
Insurance Company Name	HL Assurance Pte Ltd
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

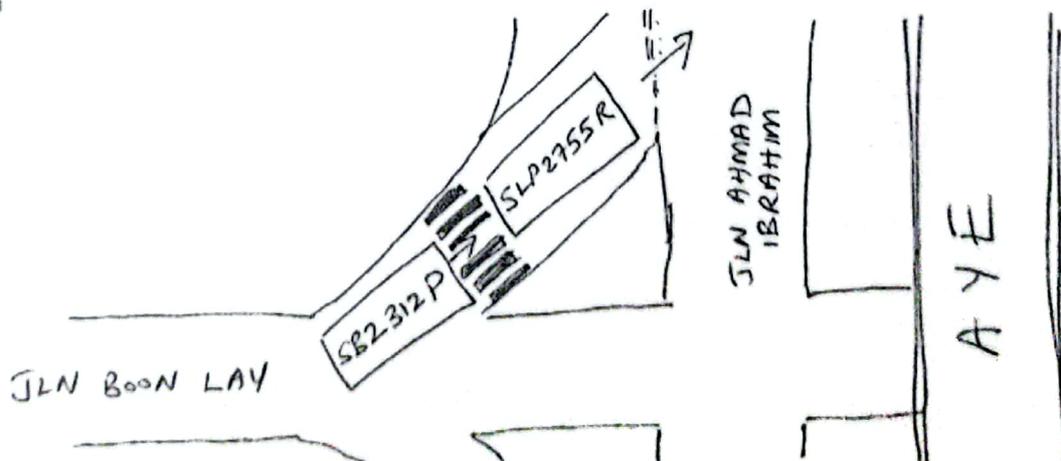
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time
10-JAN-22
12:30


Driver's Signature (if driver is not the policyholder) / Date & Time
10-JAN-2022/12:30


Witnessed by Reporting Centre Personnel
10/1/2022

Sketch Plan

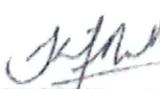


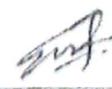
Describe Circumstances of the Accident

I was driving along Jalan Boon Lay on 9-Jan-2022 at about 6.27pm. As I filtered left to turn to Jalan Ahmad Ibrahim, I slowed down at the zebra crossing and about to stop for oncoming traffic. Suddenly, there was a loud bang and my vehicle jerked forward. After checking that there were no injuries, I moved my vehicle forward and to an unobstructive position to change information with the driver of SBZ 312 P (TOYOTA / C-HR HYBRID 1.8 CVT / WHITE).

Declaration

We declare the foregoing particulars are true in every respect.

 10-JAN-22
12:30
Policyholder's Signature / Date & Time

 10-JAN-2022 / 12:30
Driver's Signature (if driver is not the policyholder) / Date & Time

 10/1/2022
Witnessed by Reporting Centre Personnel