

ASS. REC. BY: Steve REF: CS/CTI22001801/43

ASSIGNMENT

CS/CTI22001801/Ety3

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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Bal. or Market Value: _____
 IDAC Accident Report: _____ 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: SLG2712L Yr Regn: 31/10/19
 Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Skoda Karoq c.c. 1498
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 68241 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: TMBKR7N42X5035499
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modl: NII / S/Rim / STD A/Rim or _____
 Tyre Size: F: 175/80R18
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front: _____ Rear: _____
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 22/2/22 D.O.I. 3/3/22
 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

MV-115K
 advising our Principal a cost of repair of \$1974.05
 (P/P before GST) - with 2 days of repair, subject to
 their approval.

red: 4942.36 / 71%

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / L.B.F. (\$) _____

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

Survey Fee: _____

Transportation: _____

\$ + RS. \$ _____

Photos _____

Others _____

TOTAL

SKODA Centre Singapore

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



Commercial Vehicles

Steve (LKK)
3/3/22, 3:00pm
mm AL
2 1/2 Lys
P/P
Lys RL Lys

Quotation

Non binding - Preview

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

Customer Details:
Mr
RAJENDRAN
S/O RAJOO
BLK 156 RIVERVALE CRESCENT
#11-154
SINGAPORE 540156

Page 1/2
Document no.
Document date 23-02-2022
Customer no. 5211001170
Customer GST-ID 200208384E
Dealer 30001
Job order number 2022005802/ 1
Job order date 23-02-2022
Service Advisor Dass Anthonidas Christopher

License plate	Model code	First registration	VIN	Model	Mileage
SLG2712L	NU74NDS0	31-10-2019	TMBKR7NU2K5035499	KAROQ STY TS110/1.5A7F	20

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/HARNES				#1	280.00	299.60
	REPAIR				#1	480.00	513.60
9801B005	B&P DIAGNOSIS AND PROGRAMMING				#1	1,485.17	1,589.13
57A807521 9B9	Cover For	1	pcs.	1,485.17			
	REAR BUMPER UPPER (BLACK) X						
57A919485C	Sensor Bracket X	1	pcs.	56.59	#1	56.59	60.55
57A919485B	Sensor Bracket X	1	pcs.	56.59	#1	56.59	60.55
57A919486B	Sensor Bracket X	1	pcs.	40.43	#1	40.43	43.26
57A919486C	Sensor Bracket X	1	pcs.	40.43	#1	40.43	43.26
5Q0919275B GRU	Sensor Primed X	1	pcs.	189.82	#1	189.82	203.11
5Q0919133 9B9	Seal Ring Satin Black X	1	pcs.	1.46	#1	1.46	1.56
D 822150A1	Bonding Agent For Plastic X	1	pcs.	68.71	#1	68.71	73.52
D 180KU2A1	2k-Plastic Adhesive X	1	pcs.	85.80	#1	85.80	91.81
57A807835 2ZN	Cover For	1	pcs.	654.05	#1	654.05	699.83
	REAR BUMPER LOWER (SILVER) / MT						
575807305B	REINFORCEMENT	1	pcs.	529.95	#1	529.95	567.05
57A807863	Attachment	1	pcs.	69.03	#1	69.03	73.86
	BUMPER CTR BRACKET ?						
57A807377	Guide Piec	1	pcs.	96.02	#1	96.02	102.74
	LHR BUMPER BRACKET (UPPER) X						
57A807378	Guide Piec	1	pcs.	96.02	#1	96.02	102.74
	RHR BUMPER BRACKET (UPPER) X						
57A807393	Guide Piec	1	pcs.	83.17	#1	83.17	88.99
	LHR BUMPER BRACKET (SIDE) X						
57A807394	Guide Piec	1	pcs.	83.17	#1	83.17	88.99
	RHR BUMPER BRACKET (SIDE) X						
	LABOUR	31	pcs.	840.00	#1	2,520.00	2,696.40
	CHINA TAIPING DIRECT						
	DOA:22/02/2022						
	TP VEH NO:SMD3391D						
	SURVEY BY:						

Quotation valid till 02-03-2022

K Auto Consultants hence notify

Repaire of the following:

resurvey before spray painting

display damaged part(s) during resurvey

parts prices are subject to confirmation

third party sur

o illegal modification(s) is allowed

supplementary item(s) must be resurveyed and

subject to final approval from Insurance Company

knownedged by Repairer

signature:

te:

Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
760.00	6,156.41	7%	484.15	6,916.41	7,400.56
Total	760.00		484.15	6,916.41	7,400.56

Centre Singapore
Kee Rd
Singapore 159104
Reg. No.: 199101494Z
ST No.: M200985052



SKODA

Commercial
Vehicles

Quotation

Non binding - Preview

Page 2/2

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

Customer Details:
Mr
RAJENDRAN
S/O RAJOO
BLK 156 RIVERVALE CRESCENT
#11-154
SINGAPORE 540156

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Dealer 30001
Job order number 2022005802/ 1
Job order date 23-02-2022
Service Advisor Dass Anthonidas
Christopher

License plate SLG2712L	Model code NU74NDS0	First registration 31-10-2019	VIN TMBKR7NU2K5035499	Model KAROQ STY TS110/1.5A7F	Mileage 20
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Customer



—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 23/02/2022 13:33 (SGT)
Date of Accident 22/02/2022 16:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information YISHUN RING ROAD TWDS YISHUN AVE 11
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG2712L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner RAJENDRAN S/O RAJOO
NRIC No SXXXX816E
Email Address larendran@gmail.com
Mobile Phone No (Phone) +65-97526809
Alternative Phone No +65-97526809

VEHICLE PARTICULARS

Manufacturer Skoda
Model Karoq
Variant KAROQ STY TS110/1.5A7F
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 1500

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P2347839
Cover Note Number -

DRIVER

Name of Driver RAJENDRAN S/O RAJOO
NRIC No SXXXX816E

Date Of Birth	09/07/1969
Occupation	Indoor
Date Of Driving Pass	06/06/1990
Driving experience	31 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97526809
Alt. Phone Number	+65-97526809
Email Address	larendran@gmail.com
Address	BLK 156 RIVERVALE CRESCENT
Address complement	#11-154
Postcode	540156
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	RAJESWARI
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

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	SMD3391B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	YEO HOCK MENG
NRIC No	SXXXX221J
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.
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5. Any false reporting may be referred to the Police for investigation.
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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

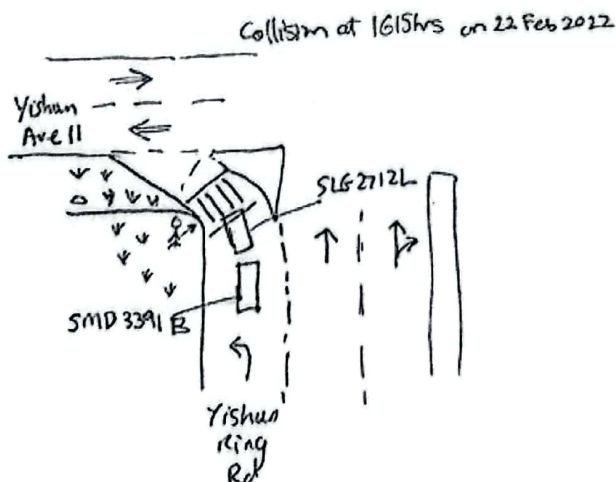
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

7.7
23/2/22
Policyholder's Signature / Date &
Time 12:50pm

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

Chris
Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

On 22 Feb 2022. at about 1615hrs, I Rajadham Rajoo was driving Vehicle SL62712L, was at the zebra crossing along Yishun Ring Rd and stopped to allow pedestrian to complete crossing when vehicle SMD3391B collided into the rear of SL62712L.

The weather was dry and visibility was clear.

Declaration

We declare the foregoing particulars are true in every respect.

97 22/2/22
Policyholder's Signature / Date & Time

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

Chris
Witnessed by Reporting Centre Personnel

