

ASS. REC. BY:

REF:

CS/SMR99001884/EVF3

## 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. \_\_\_\_\_

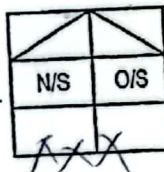
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No:

SFY 8368J

Yr Regn:

23/12/14

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

Truck / Trailer or

Make: Volkswagen Jetta c.c. 1390

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

Sp. Reading: 136891 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WYW22216ZEM058938

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/55R16

R: 11

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

TOYO / YOKO or .

Front

R/Bal. 4 mm

L/Bal. 4 mm

D.O.A. 27/2/22

Survey held at

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

Rear

R/Bal. 4 mm

L/Bal. 4 mm

D.O.I. 2/3/22

Volkswagen

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

Date/Time Action / Instruction

MIV-36K

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.B. (%)

☐ : Prel. Report☐ : Final Report

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

# VOLKSWAGEN CENTRE SINGAPORE

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



## Quotation Non binding - Preview

Page 1/2

Company  
MS  
FIRST CAPITAL INSURANCE LTD  
6 RAFFLES QUAY  
#21-00  
Singapore 048580

Customer Details:  
Mr  
TAN  
SIAN YEOW TERENCE  
17 JALAN NOVENA SELATAN  
Singapore 308572

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

28-02-2022  
5211041856  
195000106C  
30001  
2022006184/ 1  
28-02-2022  
SHU SHI TANG

License plate	Model code	First registration	VIN	Model	Mileage
SFY8368J	1624G5	23-12-2014	WVWZZZ16ZEM058938	JETTA TSI High 90 D7F	134,769

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
5C6807421 GRU	Cover For Bumper Primed	1	pcs.	1,300.06	#1	1,300.06	1,391.06
5C6807433	Spoiler	1	pcs.	506.97	#1	506.97	542.46
5C6807393B	Guide Piece	1	pcs.	92.16	#1	92.16	98.61
5C6807394B	LHR BUMPER SIDE BRACKET				#1	92.16	98.61
	Guide Piece	1	pcs.	92.16	#1	92.16	98.61
	RHR BUMPER SIDE BRACKET				#1	840	2,520.00
	LABOUR	2	pcs.	840.00	#1	800	2,400.00
	Spray Painting	2	pcs.	800.00	#1	800	2,400.00
	MS FIRST CAPITAL DIRECT SETTLEMENT DOA: 27/02/2022 TP VEH: SHD6077Z SURVEY BY:						

Quotation valid till 07-03-2022

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	760.00	6,911.35	7%	536.99	7,671.35	8,208.34
Total	760.00	6,911.35		536.99	7,671.35	8,208.34

Customer

- 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

Signature:

Date:

Service Advisor

VISIT OUR WEBSITE: [altersales.vw.com.sg](http://altersales.vw.com.sg) (for online service appointments) and [volkswagen.com.sg](http://volkswagen.com.sg) and [www.skoda.com.sg](http://www.skoda.com.sg) (for additional services, products and promotions).

# VOLKSWAGEN CENTRE SINGAPORE

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



## Quotation

Non binding - Preview

Page 2/2

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FIRST CAPITAL INSURANCE LTD  
6 RAFFLES QUAY  
#21-00  
Singapore 048580

Customer Details:  
Mr  
TAN  
SIAN YEOW TERENCE  
17 JALAN NOVENA SELATAN  
Singapore 308572

Document no. 28-02-2022  
Document date 5211041856  
Customer no. 195000106C  
Customer GST-ID 30001  
Dealer 2022006184/ 1  
Job order number 28-02-2022  
Job order date SHU SHI TANG  
Service Advisor

License plate	Model code	First registration	VIN	Model	Mileage
SFY8368J	1624G5	23-12-2014	WVWZZZ16ZEM058938	JETTA TSI High 90 D7F	134,769

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	28/02/2022 10:33 (SGT)
Date of Accident	27/02/2022 21:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER SERANGOON ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFY8368J
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### INSURED POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN SIAN YEOW TERENCE
NRIC No	SXXXX469F
Email Address	terencesytan@gmail.com
Mobile Phone No	(Phone) +65-97820680
Alternative Phone No	+65-97820680

### VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Jetta
Variant	JETTA TSI High 90 D7F
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	1400

### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VPAP1573178/07
Cover Note Number	-

### DRIVER

Name of Driver	TAN SIAN YEOW TERENCE
NRIC No	SXXXX469F

Driving Pass  
experience

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

19/02/1975

Indoor

18/02/2000

22 YEARS

Male

(Phone) +65-97820680

+65-97820680

terencesytan@gmail.com

53 upper serangoon view

#14-08

534019

Yes

-

No

-

-

-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

Chain Collision

Clear

Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No

Number of vehicles involved in the accident

3

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)

4

Has the driver been approached by unknown person(s)  
soliciting/offering accident claims assistance?

No

#### PASSENGER 1

Name

Gender

STELLA CHAN TSUI SHAN

Female

#### PASSENGER 2

Name

Gender

THERESE TAN YI HUI

Female

#### PASSENGER 3

Name

Gender

GERMAINE TAN YI MIN

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?

No

Was there any audio recorded?

No





# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6077Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	TEO HOCK SENG
NRIC No	SXXXX992Z
Contact Number	(Phone) +65-97668949
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMR6504A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SURIYAMURTHY DHINAKARAN
NRIC No	SXXXX040J
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' law firms/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' law firms/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

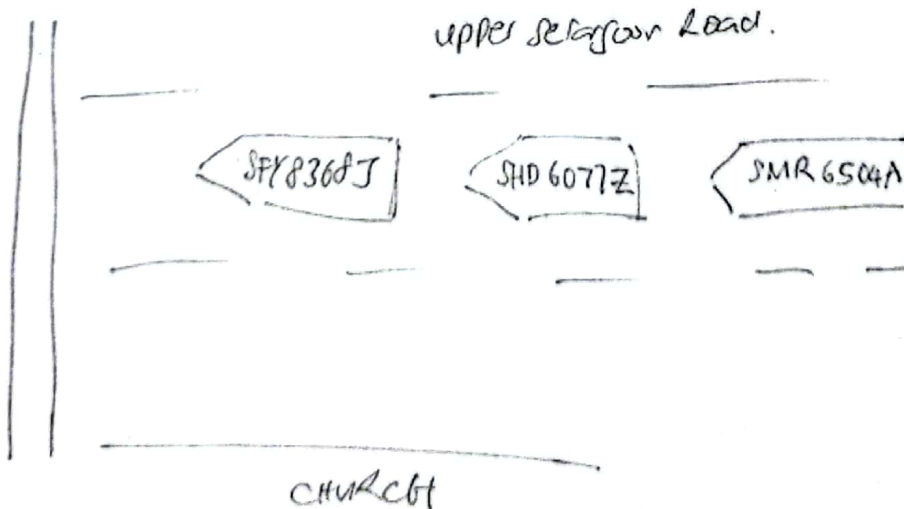
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*Pen* 28/2/22  
Policyholder's Signature / Date &  
Time 10.00m

Sketch Plan

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

*y* 28/02/2022  
Witnessed by Reporting Centre  
Personnel



Describe Circumstances of the Accident

Accident happened @ 4:45pm on 27/2/22. This was outside the Blessed Virgin Mary church along Whitefriars Road, in the 2nd lane.

My car stopped at traffic junction with one vehicle in front that also stopped. There was then a bang and I exited the vehicle to check that the rear of my car was damaged as a taxi, SHD 6077Z had hit my vehicle. There was also another car, SMR 6504A, that had hit the taxi.

We exchanged details and went our ways.

Declaration

We declare the foregoing particulars are true in every respect.

Poon  
28/2/22  
Policyholder's Signature / Date & Time  
10:00

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

g 28/2/2022  
Witnessed by Reporting Centre Personnel