

Steve

CS/SMR22-006952/69.43

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. BUS/07/22/5005

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>

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Date / Time Action / Instruction

MR-136K

02/08/22 @ 5.04pm revised to SMRT by email.

Order/Time, File Pass to?

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.B.R. (\$)

☐ : Prel. Report☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Veh No: SJY5216LYr Regn: 31/10/19

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

Truck / Trailer or

Make: Skoda KodiaqColour: GreySp. Reading 5646N

Eng/No: _____

C/No: TMBRC TN SSK 503108

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 935/55R18R: 71

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

TOYO / YOKO or _____

Front

R/Bal. 5 mmL/Bal. 5 mmD.O.A. 9/7/22Survey held at Volksvagen

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

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

Rear

R/Bal. 5 mmL/Bal. 5 mmD.O.I. 1/8/22VolksvagenRear RH

ŠKODA Centre Singapore

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



Quotation

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Company
STRIDES AUTOMOTIVE
SERVICES P.L.
60 WOODLANDS INDUSTRIAL PARK E
Singapore 757705

Customer Details:
Ms.
LIM
LI CHERN, DAWN
(LIN LIZHWN, DAWN)
51 GREENFIELD DRIVE
SINGAPORE 457948

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

20-07-2022
5211034199
30001
2022021021/ 1
20-07-2022
Dass Anthonidas
Christopher

License plate	Model code	First registration	VIN	Model	Mileage
SJY5216L	NS73KCP2	31-10-2019	TMBKC7NS3K8503108	KODIAQ AMB TS110/1.4A6F	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/HARNESS REPAIR				#1	280.00	299.60
9801B005	B&P DIAGNOSIS AND PROGRAMMING				#1	480.00	513.60
9801B001	CHANGE LANE ASSIST SYSTEM CALIBRATION				#1	840.00	898.80
565853621A FOD	Skoda Embl	1	pcs.	79.54	#1	79.54	85.11
5JA853687 2ZZ	REAR BOOT LID EMBLEM	1	pcs.	73.74	#1	73.74	78.90
565853687A 2ZZ	Inscriptio	1	pcs.	107.74	#1	107.74	115.28
565807421	NAME PLATE - SKODA	1	pcs.	1,960.37	#1	1,960.37	2,097.60
565807521 9B9	Lettering	1	pcs.	462.69	#1	462.69	495.08
565919493A 9B9	NAME PLATE - KODIAQ	1	pcs.	18.11	#1	18.11	19.38
565919494A 9B9	Cover For	1	pcs.	18.11	#1	18.11	19.38
565919491C	REAR BUMPER (UPPER)	1	pcs.	13.29	#1	13.29	14.22
565919491B	Cover For	1	pcs.	13.29	#1	13.29	14.22
565919492B	REAR BUMPER (LOWER)	1	pcs.	13.29	#1	13.29	14.22
565919492C	Sensor Bracket	1	pcs.	13.29	#1	13.29	14.22
D 180KU2A1	Sensor Bracket	1	pcs.	13.29	#1	13.29	14.22
D 822150A1	Sensor Bracket	1	pcs.	13.29	#1	13.29	14.22
565807251A	Sensor Bracket	1	pcs.	13.29	#1	13.29	14.22
565807393B	Sensor Bracket	1	pcs.	13.29	#1	13.29	14.22
565807394B	2k-Plastic Adhesive	1	pcs.	85.94	#1	85.94	91.96
565807393	Bonding Agent For Plastic	1	pcs.	68.85	#1	68.85	73.67
565807394	Foam Reinf	1	pcs.	130.72	#1	130.72	139.87
565945106A	Guide Piec	1	pcs.	56.64	#1	56.64	60.60
565945106A	LHR BUMPER BRACKET (UPPER)	1	pcs.	56.64	#1	56.64	60.60
565945106A	Guide Piec	1	pcs.	56.64	#1	56.64	60.60
565945106A	RHR BUMPER BRACKET (UPPER)	1	pcs.	56.64	#1	56.64	60.60
565945106A	Guide Piec	1	pcs.	56.64	#1	56.64	60.60
565945106A	LHR BUMPER BRACKET (SIDE)	1	pcs.	56.64	#1	56.64	60.60
565945106A	Guide Piec	1	pcs.	56.64	#1	56.64	60.60
565945106A	RHR BUMPER BRACKET (SIDE)	1	pcs.	56.64	#1	56.64	60.60
565945106A	Reflector	1	pcs.	47.47	#1	47.47	50.79
565945106A	RHS REFLECTOR	1	pcs.	979.49	#1	979.49	1,048.05
565945106A	Control Unit For Blind Sp	1	pcs.	28.49	#1	28.49	30.48
565945106A	RHS BLIND SPOT CONTROL UNIT	1	pcs.	28.49	#1	28.49	30.48
565945106A	Bracket	1	pcs.	28.49	#1	28.49	30.48
565945106A	RHS BLIND SPOT CONTROL UNIT	1	pcs.	28.49	#1	28.49	30.48
565945106A	BRACKET	1	pcs.	28.49	#1	28.49	30.48
565945106A	Taillight	1	pcs.	921.33	#1	921.33	985.82
565945106A	RHS TAILLIGHT OUTER	1	pcs.	670.03	#1	670.03	716.93
565945106A	Led Tail L	1	pcs.	670.03	#1	670.03	716.93
565945106A	RHS TAILLIGHT INNER	1	pcs.	670.03	#1	670.03	716.93
N 90781502	Rivitted Cap Nut	2	pcs.	2.64	#1	5.28	5.65
3T0945229	Ball Screw	2	pcs.	3.25	#1	6.50	6.96

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(LIN LIZHWN, DAWN)
51 GREENFIELD DRIVE
SINGAPORE 457948

Document no. 20-07-2022
Document date 5211034199
Customer no.
Customer GST-ID
Dealer 30001
Job order number 2022021021/ 1
Job order date 20-07-2022
Service Advisor Dass Anthonidas
Christopher

License plate	Model code	First registration	VIN	Model	Mileage
SJY5216L	NS73KCP2	31-10-2019	TMBKC7NS3K8503108	KODIAQ AMB TS110/1.4A6F	20

Position no.	Description	Quantity	Unit	Unit price excl. GST	Tax code	Total amount excl. GST	Total amount incl. GST
565809602C	Sectional RHR FENDER	1	pcs.	1,897.81	#1	1,897.81	2,030.66
D 506KD1A4	2k-Insert Foam	1	pcs.	163.23	#1	163.23	174.66
D 476KD1M2	Sealant Can Be Sprayed	1	pcs.	66.78	#1	66.78	71.45
D 007500A2	Zinc Spray	1	pcs.	72.86	#1	72.86	77.96
D 180003M2	2k-Body Adhesive	1	pcs.	469.52	#1	469.52	502.39
565845298D JV1	Side Windo	1	pcs.	630.11	#1	630.11	674.22
	RHR FENDER GLASS						
D 169300M2	1k Window Adhesive	1	pcs.	51.44	#1	51.44	55.04
D 00940104	All Purpose Cleaner	1	pcs.	102.88	#1	102.88	110.08
D 181802M1	Activator	1	pcs.	26.27	#1	26.27	28.11
D 00920002	Primer	1	pcs.	30.27	#1	30.27	32.39
D 00950025	Applicator	2	pcs.	11.16	#1	22.32	23.88
565810970B	Wheelhouse	1	pcs.	217.22	#1	217.22	232.43
	RHR FENDER LINER						
N 10621301	Expanding Nut	6	pcs.	2.06	#1	12.36	13.23
	LABOUR	3	pcs.	840.00	#1	6,720.00	7,190.40
	SPRAY PAINT	3	pcs.	800.00	#1	4,000.00	4,280.00
	R&R REAR LUGGAGE TRIM	1	pcs.	840.00	#1	840.00	898.80
	R&R REAR SEAT	1	pcs.	840.00	#1	840.00	898.80
	R&R REAR FENDER GLASS	1	pcs.	840.00	#1	840.00	898.80
	REAR FENDER GLASS SOLAR FILM	1	pcs.	180.00	#1	180.00	192.60
	SMRT DIRECT						
	DOA: 9/7/2022						
	TP VEH NO: SMB5050H						
	SURVEY BY:						

Quotation valid till 27-07-2022

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	1,600.00	23,127.19	7%	1,730.90	24,727.19	26,458.09
Total	1,600.00	23,127.19		1,730.90	24,727.19	26,458.09

Steve (LKK)
1/8/22, 1.91p

W L
P/P

Chris

Customer 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

Service Advisor
M B L
7 Lp

ŠKODA Centre Singapore

26 Leng Kee Rd
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-----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	13/07/2022 11:38 (SGT)
Reported by	Driver
Date of Accident	09/07/2022 19:00 (SGT)
Exact Location of Accident	Bedok North Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY5216L
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM LI CHERN DAWN (LIN LIZHEN DAWN)
NRIC No	S7346481A
Email Address	chengtaikin@gmail.com
Mobile Phone No	(Phone) +65-98582436
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Skoda
Model	Kodiatq
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	1395

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	P2347857

DRIVER

Name of Driver	CLARE CHENG LIN-YI
NRIC No	T0314354B
Date Of Birth	26/05/2003
Occupation	Indoor

Date Of Driving Pass	09/07/2022
Driving experience	0 MONTH
Gender	Female
Mobile Number	(Phone) +65-90382464
Alt. Phone Number	-
Email Address	CLARECHENG123@GMAIL.COM
Address	51 GREENFIELD DRIVE
Address complement	-
Postcode	457948
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	PAX 1
Gender	Male

PASSENGER 2

Name	PAX 2
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 AND STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB5050H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	TAN KIM ENG
Passport No/FIN	F7255004T
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

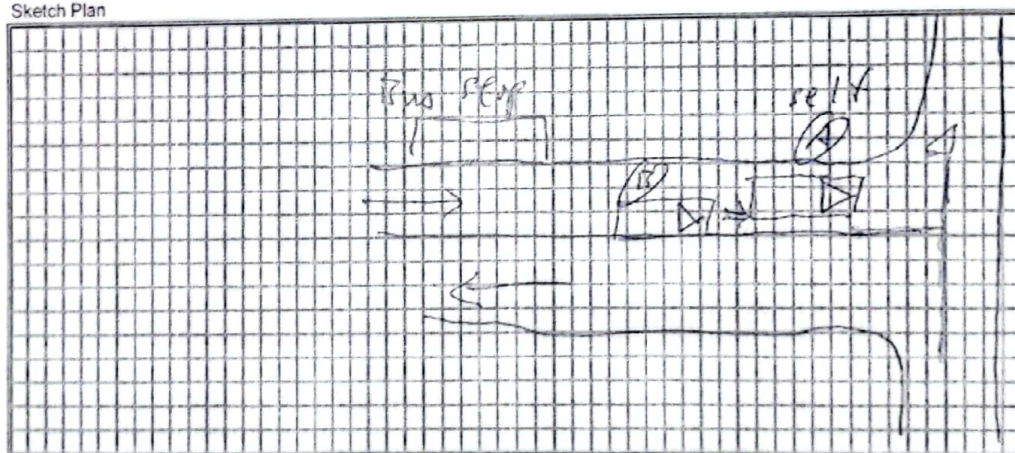
1. Please report correctly the details of the accident to speed up the claims process
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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
(Name as in NRIC/ID card)

Sketch Plan



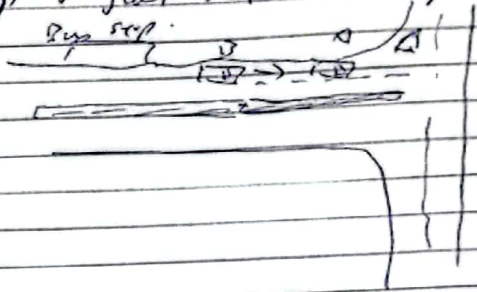
1

Describe Circumstance of the Accident

A double decker SBS bus SMBS0504H
(SVC 67)
driver Tan Kim Eng
IC72550047.

drove into my rear bumper on
Saturday 9 July 2011 around 7pm

This was along Bedok North Ave 3
heading towards new upper Changi Road
after the bus stop & just before the clip road.



Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Police Personnel
(Name as in NRIC/ID card)