

ASS. REC. BY:

REF:

C12 / 22007489/KC

Kenneth

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. _____

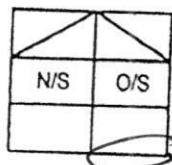
Sum Insured: _____

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: _____

02

days

Res.: Yes or No

Lum Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

SKV 39834 Yr Regn: 08, 15

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

Truck / Trailer or

Make: _____

Volkswagen Scirocco c.c 1390

Colour

A/C: Insured / Std / NI / NA

Sp. Reading

08865

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

WVW 78813 ZFV 018632

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: _____

F: _____

R: _____

235/40ZR18

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

TOYO / YOKO or

Front

Rear

R/Bal. _____

9

mm

R/Bal. _____

9

mm

L/Bal. _____

9

mm

L/Bal. _____

9

mm

D.O.A. _____

30/7/22

D.O.I. _____

8/8/2022

Survey held at

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

Rear o/s

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

Date / Time

Action / Instruction

11/8 11.15pm @ 2300h Submit 2 days (Red \$ 2,002.20 / 47%)

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐

: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

: Fuel

: Others

Report Format :

Lump Sum / I.B.I: (\$

TOTAL

趙 源 摩 哆 Chew Goon Motor

Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5
#01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047
Tel: 6484 1626 (24Hrs) Fax: 6484 0465
Business Reg. No: 221880/00C GST Reg. No: MX-0486007-A0

Not Notrain
11 By @ 2300h
Pruning After Rain
2day,

To: China Taiping Insurance (S) Pte Ltd

Policy No: Third Party

Date: 05.08.2022

Accident Date : 30.07.2022

Specialised in Car Painting, Welding,
Panel-Beating and Insurance Claim.

ESTIMATE

承接汽车烧焊喷漆及
代理各种车辆赔偿

| 数量 Quantity | 货 名 DESCRIPTION | 单 价 Unit Price | 银 Amount 额 \$ cts. |
|----------------|---|-------------------|-------------------------------|
| | Estimate Cost of Repair to "Volkswagen Sciricco" Reg. No. SKV3983Y Claiming Against Your Insured Veh. No. SMD3996G | | |
| 1pc | Rear Bumper <i>1045</i> | 5.00 | <i>Pr</i> 1,045.00 <i>✓</i> |
| 12pcs | Rear Bumper Clips | | <i>re</i> 60.00 <i>✓</i> |
| 1pc | Rear Bumper Brackets RH | | <i>DI</i> 72.00 <i>✓</i> |
| 1pc | Rear Bumper Reinforcement | | <i>re</i> 546.00 <i>X</i> |
| 1pc | Rear Bumper Corner Retainer | | <i>DI</i> 72.00 <i>✓</i> |
| 1pc | Rear Bumper Corner Garnish | | <i>Return</i> 165.00 <i>✓</i> |
| 1pc | Rear Bumper Reflector Rh | | <i>re</i> 72.00 <i>✓</i> |
| 1pc | Rear Bumper Center Diffuser Cover | | <i>my car</i> 450.00 <i>✓</i> |
| 1pc | Rear Fender Splash Shield RH | | <i>cm</i> 245.00 <i>✓</i> |
| 8pcs | Rear Fender Splash Shield Clips | | <i>re</i> 36.00 <i>✓</i> |
| 1pc | Taillamp <i>485-10</i> | 4.50 | <i>re</i> 550.00 <i>✓</i> |
| 1pc | Taillamp Gasket RH | | <i>re</i> 45.00 <i>X</i> |
| | | | 3,358.00 |
| | | | 335.80 |
| | | | 3,022.20 |
| | Less 10% | | |
| | To Conduct Rear Electrical Check, Locking System, Adjust, Tail Lamp etc | | 50.00 <i>201</i> |
| | Labour Charge - Panel Beating, Repairing Of Taillamp Panel, End Panel and Parts Replacement | | 550.00 <i>2001</i> |
| | To Respray Affected Areas | | 680.00 <i>2201</i> |
| | | | 4,302.20 |
| | | Total : | 4,302.20 |

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:

5

SC1J22810001 / Chew Goon Motor
ENTRY DATE & TIME: 01/08/2022 11:31 (SGT)
SUBMITTED BY: CG Pei Kee
VERSION: 1 (01/08/2022 11:31 (SGT))

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 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 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 | 01/08/2022 11:31 (SGT) |
| Reported by | Both |
| Date of Accident | 30/07/2022 15:35 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | CTE GOING TOWARDS ORCHARD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SKV3983Y |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | DEANG JEFFREY MAGAT |
| Passport No/FIN | GXXXX448T |
| Email Address | XJDEANGX@GMAIL.COM |
| Mobile Phone No | (Phone) +65-96902047 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|--|
| Manufacturer | Volkswagen |
| Model | Scirocco |
| Variant | VOLKSWAGEN / SCIROCCO GP 1.4 TSI AT 1382G5 |
| 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 | 1390 |

INSURANCE COMPANY

| | |
|-----------------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Policy Number / Cover Note Number | 5122650369 |

DRIVER

| | |
|-----------------|---------------------|
| Name of Driver | DEANG JEFFREY MAGAT |
| Passport No/FIN | GXXXX448T |
| Date Of Birth | 22/06/1975 |
| Occupation | Indoor |

| | |
|--|----------------------|
| Date Of Driving Pass | 17/10/2012 |
| Driving experience | 9 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96902047 |
| Alt. Phone Number | - |
| Email Address | XJDEANGX@GMAIL.COM |
| Address | 17 FERNVALE CLOSE |
| Address complement | #04-34 |
| Postcode | 797478 |
| 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 | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | 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) | 1 |
| 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 | - |

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

WAS DRIVING ALONG CTE TOWARDS ORCHARD, CAR IN FRONT MADE SUDDEN BRAKE AND I ALSO HAD TO BRAKE. I MANAGED TO AVOID HITTING CAR IN FRONT OF ME, BUT GOT HIT IN THE BACK BY THE CAR IN MY BACK.

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------|
| Vehicle Registration Number | SMD3996G |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | NA / Unknown |
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|--------------|
| Vehicle Registration Number | SNG2480G |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | NA / Unknown |
| 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

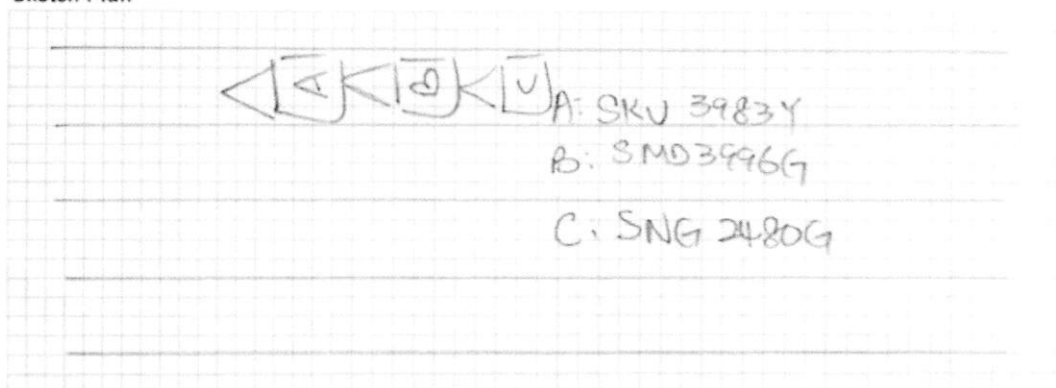


Diagram illustrating the sketch plan of the accident scene. The plan shows the positions of vehicles involved, labeled A, B, and C, along with their respective registration numbers.

A: SKV 3983Y

B: SMD3996G

C: SNG 2480G

Describe Circumstances of the Accident

was driving along RTE towards Orchard, car in front made sudden brake and I also had to ~~brake~~ - brake. I managed to avoid hitting car in front of me, but got hit in the back by the car in my back.

was driving along CTE towards Orchard, car in front made sudden brake and I also had to ~~brake~~ - brake. I managed to avoid hitting car in front of me, but got hit in the back by the car in my back.

[illegible]

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------------|--------------------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Foreign Identification Number |
| Owner ID: | 448T |
| Vehicle Details | |
| Vehicle No.: | SKV3983Y |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 01 Aug 2022 |
| Vehicle Make: | VOLKSWAGEN |
| Vehicle Model: | SCIROCCO GP 1.4 TSI AT 1382G5 |
| Primary Colour: | Blue |
| Manufacturing Year: | 2015 |
| Engine No.: | CMS041950 |
| Chassis No.: | WVWZZZ13ZFV018632 |
| Maximum Power Output: | 90.0 kW (120 bhp) |
| Open Market Value: | \$19,566.00 |
| Original Registration Date: | 13 Aug 2015 |
| First Registration Date: | 13 Aug 2015 |
| Transfer Count: | 2 |
| Actual ARF Paid: | \$19,566.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 12 Aug 2025 |
| PARF Rebate Amount: | \$12,717.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 12 Aug 2025 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$55,889.00 |
| COE Rebate Amount: | \$16,931.00 |
| Total Rebate Amount: | \$29,648.00 |

The information contained herein is correct as at 01 Aug 2022

OK