

ASS. REC. BY:

REF:

C12 / 22 007489/KC

## 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.

|     |     |
|-----|-----|
| N/S | O/S |
|     |     |

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 3983Y 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:

WVV 28813 ZFV 018632

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / RIM or

Tyre Size:

F:

R:

235/40ZR18

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

TOYO / YOKO or

Lanigota

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 / UIC / Rooftop or

Rear o/s

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Time, File Pass to?

☐

Prell. Report

☐

Final Report

Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS \$

Fees

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Print Format :

Sum / I.B.I: (\$

# 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

To: China Taiping Insurance (S) Pte Ltd

Accident Date : 30.07.2022

Not Withain  
11 Day @  
Recovery After Painting  
2 day,

Policy No: \_\_\_\_\_  
Third Party

Date: 05.08.2022

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<br>Quantity  | 货 名<br>DESCRIPTION                | 单 价<br>Unit Price | 银 Amount 额<br>\$ cts.         |
|---|-----------------------------------|-------------------|-------------------------------|
| Estimate Cost of Repair to "Volkswagen Sciricco" Reg. No. SKV3983Y<br>Claiming Against Your Insured Veh. No. SMD3996G |                                   |                   |                               |
| 1pc   | Rear Bumper                       | 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>R</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 |                   | 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                          | 4.50              | <i>re</i> 550.00 <i>✓</i>     |
| 1pc   | Taillamp Gasket RH                |                   | <i>Pr</i> 45.00 <i>X</i>      |
| Less 10%  |                                   |                   | 3,358.00                      |
|   |                                   |                   | 335.80                        |
|   |                                   |                   | 3,022.20                      |
| To Conduct Rear Electrical Check, Locking System, Adjust,<br>Tail Lamp etc  |                                   |                   | 50.00 <i>2</i>                |
| Labour Charge - Panel Beating, Repairing Of Taillamp Panel, End<br>Panel and Parts Replacement                        |                                   |                   | 550.00 <i>2</i>               |
| To Respray Affected Areas   |                                   |                   | 680.00 <i>2</i>               |
| 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:



## 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              |

## 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



A: SKV 3983Y

B: SMD3996G

C: SNG 2480G