

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 @ 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: 600
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 3 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: SKA 1515P Yr Regn: 28/2/20
 Type: M/Ca / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Volkswagen Beetle c.c. 1197
 Colour: Black A/C: Insured / Std / Nil / NA
 Sp. Reading: 29997 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: WVW 222 162 KM 505 720
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 245/40R18
 R: "
 SS / 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. 16/7/22 D.O.I. 5/8/22
 Survey held at Volkswagen
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Front LH
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>MV-1168</u>
13/09/22	confirmed with Shu Shi final fig \$3207.91, 3 days. (Red \$3322.41, 51%)

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

1) 13/09 Typist

Date/Time, File Return to?

2)

Report Format: MER-ODLump Sum / L.B.F. (\$) 3207.91Days Of Repair: 3Resurvey No. of Trip: 2

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

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

VOLKSWAGEN CENTRE SINGAPORE

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



Quotation
Non binding - Preview

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Company
NTUC INCOME INSURANCE COOP.LTD
73 BRAS BASAH RD
#05-01 NTUC TRADE UNION HOUSE
Singapore 189556

Customer Details:
Ms.
NG
SOO YEE
32 GREENLEAF VIEW
SINGAPORE 279271

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

04-08-2022
5211000660
30001
2022020743/ 1
18-07-2022
SHU SHI TANG

22606

License plate	Model code	First registration	VIN	Model	Mileage
SKA1515P	5C83EZB0	28-02-2020	VWVZZZ16ZKM505720	Beetle Cabriolet 1.2 TSI 77kW DSG	23,257

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	200.00	214.00
9801B005	B&P DIAGNOSIS AND PROGRAMMING				#1	360.00	385.20
9801B001	TO ALIGN LED HEADLIGHT				#1	100.00	107.00
5C5807217BHGRU	Cover For Bumper Primed	1	pcs.	1,523.08	28.00%	1,096.62	1,173.38
5C5807109D	Bumper Bracket REINFORCEMENT	1	pcs.	770.01	28.00%	554.41	593.22
5C5807651	Cross Member	1	pcs.	204.88	28.00%	147.51	157.84
5C5807248F	Foam Insert REINFORCEMENT FOAM (SIDE)	1	pcs.	160.02	28.00%	115.21	123.27
5C5807665B	Foam Insert REINFORCEMENT FOAM (UPPER)	1	pcs.	34.55	28.00%	24.88	26.62
5C5807773E	Holder For Cover Bumper BUMPER UPPER HOLDER LH	1	pcs.	53.98	28.00%	38.87	41.59
5C5807774E	Holder For Cover Bumper BUMPER UPPER HOLDER RH	1	pcs.	53.98	28.00%	38.87	41.59
5C5807183A	Guide Piece BUMPER SIDE BRACKET LH	1	pcs.	43.29	28.00%	31.17	33.35
5C5807184A	Guide Piece BUMPER SIDE BRACKET RH	1	pcs.	43.29	28.00%	31.17	33.35
N 90536901	Rivet	4	pcs.	0.85	28.00%	2.45	2.62
5C5853671T ZLL	Grille Satin Black/Bright BUMPER CTR LOWER GRILLE	1	pcs.	358.10	28.00%	257.83	275.88
5C5854661K ZLL	Grille Black/Satin Black/ LHS FOG LAMP GRILLE	1	pcs.	208.77	28.00%	150.31	160.83
3C0973737	Flat Contact Housing With H/LAMP WIRE HOUSING	2	pcs.	21.54	28.00%	31.02	33.19
	LABOUR	3	pcs.	560.00	#1	1,680.00	1,797.60
	SPRAY PAINT	3	pcs.	530.00	#1	1,590.00	1,701.30
	FRT NUMBER PLATE	1	pcs.	80.00	#1	80.00	85.60
	ALLIANZ OD/RECOVERY DOA: 16/07/2022 EXCESS: SURVEY BY:						

Quotation valid till 25-07-2022

Tax Code	Labour	Material	Material Discount	GST %	GST	Total Discount	Total amount excl. GST	Total amount incl. GST
#1	660.00	5,870.32	980.11	7%	457.12	980.11	6,530.32	6,987.44
Total	660.00	5,870.32	980.11		457.12	980.11	6,530.32	6,987.44

VOLKSWAGEN CENTRE SINGAPORE

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Customer

Service Advisor

—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.

- 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 modifications is allowed
 - Supplementary details 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	18/07/2022 16:49 (SGT)
Reported by	Both
Date of Accident	16/07/2022 11:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	POTONG PASIR CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKA1515P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG SOO YEE
NRIC No	SXXXX154B
Email Address	nsyphoebe@gmail.com
Mobile Phone No	(Phone) +65-82827773
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Beetle
Variant	Beetle Cabriolet 1.2 I TSI 77kW DSG
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1200

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2001026621-01

DRIVER

Name of Driver	NG SOO YEE
NRIC No	SXXXX154B
Date Of Birth	03/05/1976
Occupation	Indoor

Date Of Driving Pass
Driving experience
Gender
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

29/07/2002
20 YEARS
Female
(Phone) +65-82827773
-
nsyphoebe@gmail.com
4 PEARL ISLAND
-

098103
Yes
-
No
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Major/Minor Rd
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?
Translator's name
Translator's ID
Translator's phone number
Translator's email
Original language used in the statement

No
2
No
-
Yes
1
No
-
-
-
-
-

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

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

Yes
Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
NRIC No

SLB3098X
-
-
-
-
Private car
CATHERINE
SXXXX810J

(Phone) +65-96253556

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

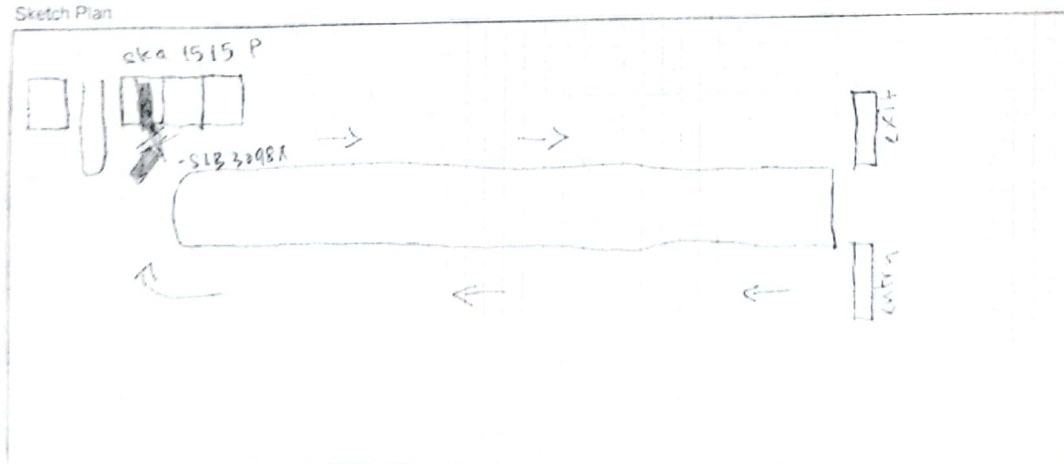
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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



Describe Circumstance of the Accident

date: 16/7/2022


Time: 11:10 hrs

location: Pottery Passer carpark

I inch out of the parking lot to exit.
 As there was cars park in front, thus I stopped my
 vehicle to wait. Suddenly SLB 3018X make a
 U-turn and hit my car.

Declaration

(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
 (Name as on NRIC/ID card)