

ASS. REC. BY: SKR

C8/1CS22007581/KAC

## 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.

<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: SMW 1586U Yr Regn: 4/11/20  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Skoda Octavia c.c. 1924  
 Colour: Black A/C: Insured / Std / Nil / NA  
 Sp. Reading: 23597 T/Radio: Insured / Std / Nil / NA  
 Eng/No: \_\_\_\_\_  
 C/No: TM BBC T NEX L 0043438  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Modl: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 205/50R16  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_  
 Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R/Bal. 4 mm R/Bal. 4 mm  
 L/Bal. 4 mm L/Bal. 4 mm  
 D.O.A. 29/7/22 D.O.I. 12/8/22  
 Survey held at Volks Wagen  
 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

MR-1465  
 Steve finalised final fig \$2792.78, 3 days. (Red \$4325.45, 61%)

Date/Time, File Pass to?

☐ : Prel. Report

1) 23/09 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: MER-TPComp. Cost / L.E.J. (\$) 2792.78Days Of Repair: 3Resurvey No. of Trip: 1

Add Fee:

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

Survey Fee:

Transportation:

\$ + RS. \$ \_\_\_\_\_

Photos

Others

TOTAL

# ŠKODA Centre Singapore

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



SKODA

Commercial Vehicles

## Quotation

Non binding - Preview

Page

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Company  
ECICS LIMITED  
7 TEMASEK BOULEVARD  
#10-01 SUNTEC TOWER ONE  
Singapore 038987

Customer Details:  
Mr  
AZHAR  
BIN AHMED  
BLK 851 TAMPINES STREET 83  
#02-190  
SINGAPORE 520851

Document no.  
Document date 06-08-2022  
Customer no. 5211030289  
Customer GST-ID 198901301C  
Dealer 30001  
Job order number 2022022742/ 1  
Job order date 06-08-2022  
Service Advisor Dass Anthonidas Christopher

License plate	Model code	First registration	VIN	Model	Mileage
SMW1586U	5E33MDA1	04-11-2020	TMBBC7NEXL0043438	Octavia Amb 1.4 I TSI 110kW MY20	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
5E0807221N	Cover For FRONT BUMPER	1	pcs.	1,352.70	#1	1,352.70	1,447.39
5E0919485G	Sensor bracket	2	pcs.	13.00	#1	26.00	27.82
5E0919485F	Sensor bracket	2	pcs.	13.00	#1	26.00	27.82
5Q0919133 9B9	Seal Ring Satin Black	4	pcs.	1.46	#1	5.84	6.25
D 180KU2A1	2k-Plastic Adhesive	1	pcs.	85.94	#1	85.94	91.96
D 822150A1	Bonding Agent For Plastic	1	pcs.	68.85	#1	68.85	73.67
5E0807681F 9B9	Cover For LHF FOG LAMP COVER	1	pcs.	41.04	#1	41.04	43.91
5E0853677J 9B9	Cooling Ai BUMPER GRILL	1	pcs.	119.29	#1	119.29	127.64
5E0807611D 9B9	End Plate BUMPER LOWER CENTER GRILL	1	pcs.	160.83	#1	160.83	172.09
5E0941699F	Halogen Fo LHF FOG LAMP	1	pcs.	351.74	#1	351.74	376.36
	LABOUR	31	pcs.	840.00	#1	2,520.00	2,696.40
	Spray Painting	21	pcs.	800.00	#1	1,600.00	1,712.00
	ECICS DIRECT						
	DOA:29/7/2022						
	TP VEH NO:SF2375M						
	SURVEY BY:						

Quotation valid till 13-08-2022

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	760.00	6,358.23	7%	498.28	7,118.23	7,616.51
Total	760.00	6,358.23		498.28	7,118.23	7,616.51

Customer



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26 Leng Kee Rd  
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AZHAR  
BIN AHMED  
BLK 851 TAMPINES STREET 83  
#02-190  
SINGAPORE 520851

Document no.  
Document date  
Customer no.  
Customer GST-ID  
Dealer  
Job order number  
Job order date  
Service Advisor  
06-08-2022  
5211030289  
198901301C  
30001  
2022022742/ 1  
06-08-2022  
Dass Anthonidas  
Christopher

License plate	Model code	First registration	VIN	Model	Mileage
SMW1586U	5E33MDA1	04-11-2020	TMBBC7NEXL0043438	Octavia Amb 1.4 I TSI 110kW MY20	20

-----VISIT OUR WEBSITE: [aftersales.vw.com.sg](https://aftersales.vw.com.sg) (for online service appointments) and [volkswagen.com.sg](https://volkswagen.com.sg) and [www.skoda.com.sg](https://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 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	30/07/2022 16.01 (SGT)
Reported by	Both
Date of Accident	29/07/2022 13:00 (SGT)
Exact Location of Accident	Bendemeer Rd, Singapore
Additional Location Information	1500 BENDEMEER ROAD SINGAPORE 338946
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW1586U
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AZHAR BIN AHMED
NRIC No	S8026624C
Email Address	ALISME01@YAHOO.COM
Mobile Phone No	(Phone) +65-87227262
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Skoda
Model	Octavia
Variant	SKODA / OCTAVIA 1.4 AMBITION TSI (A)
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	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10637125R00

#### DRIVER

Name of Driver	AZHAR BIN AHMED
NRIC No	S8026624C
Date Of Birth	01/09/1980
Occupation	Indoor

Date Of Driving Pass	24/03/2003
Driving experience	19 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87227262
Alt. Phone Number	-
Email Address	ALISME01@YAHOO.COM
Address	APT BLK 27 PASIR RIS LINK #01-18
Address complement	-
Postcode	518151
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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

REFER TO ATTACHED  
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD  
TEL 67415336

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFW2375M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	NG SWEE ENG
Contact Number	(Phone) +65-97682713
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 willful 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:

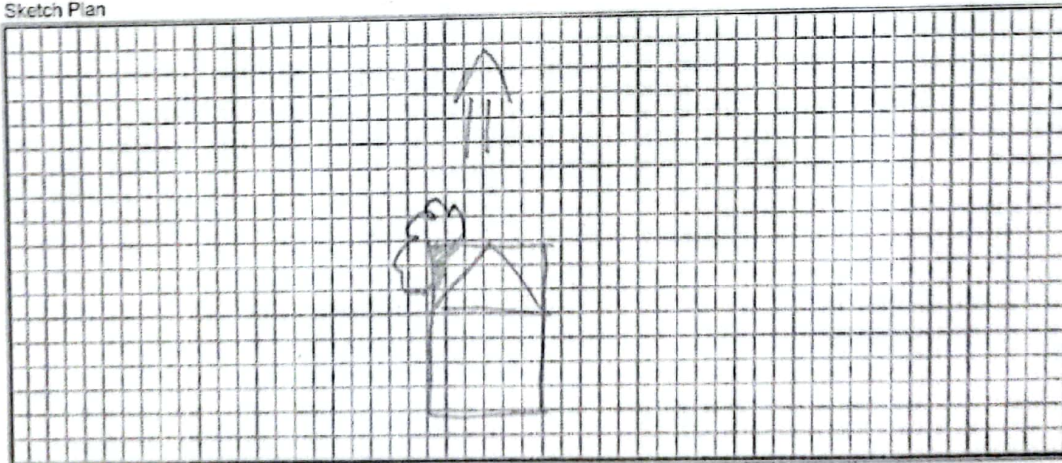
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



carport and  
stapleway

1

Describe Circumstance of the Accident

On 29 July 2022 at around 1.10pm, I went to the carpark and saw a note on my windscreen. I look at the note and saw the contents asking me to call the writer. I then did a visual check on my car and saw scratches on my front left bumper and fog light. As I was running and I needed to go for my appt I quickly left the area. I called the writer who claimed that he did knock my car.

I told him that I be reporting this matter and going back to Skoda. He said OK

Declaration

I/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 in NRIC/ID card)