

12/11/22 Wef
ASS. REC. BY: *Paul*

REF: CC4/LPC22008368/Rca3

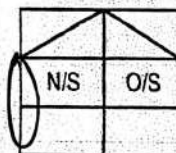
948K

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: ABE 1963P
at Workshop m/s ELITE Automotive
of 280, Woodmans Ind Pk BS401-17
Insured: LPC2
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: 32K
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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: ABE 1963P Yr Regn: 2015 / 56P
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Volkswagen Caddy Maxi P.V. 1.6 c.c. 1598
Colour: Brown A/C: Insured / Std / NI / NA
Sp. Reading: 162443 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: WV12222k ZFX056354
Gen. Cond: Good / Paid / 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: 205/55R16
R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front		Rear
R/Bal. <u>6</u> mm		R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm		L/Bal. <u>6</u> mm
D.O.A. <u>17/08/22</u>		D.O.I. <u>30/08/22</u>

Survey held at ELITE

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

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

Date / Time Action / Instruction

REPAIR LIMIT - 19K

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

2)

Transportation: _____

Report Format : _____

Lump Sum / I.B.I. (\$) _____)

Add Fee: ☐ : Site Insp (\$ _____) \$ + RS. \$ _____

☐ : Interview (\$ _____) Photos

☐ : Tech. Invs (\$ _____) Others

☐ : Weekend (\$ _____)

TOTAL

ELITE AUTOMOTIVE PTE LTD

EAM.

280 Woodlands Industrial Park E5, #01-17,

Harvest @ Woodlands Singapore 757322

Tel: 6339 7378 Fax: 6339 7475

Vehicle Number : GBE1963P

Vehicle Model : VOLKSWAGEN CADDY

Chassis Number : WV1ZZZ2KZFX056354

Estimated Repair Cost

S/N	Parts Description	Qty	List Price
1	LHS REAR DOOR <i>bum</i>	1	\$ 3167.10
2	LHS REAR DOOR CENTER PROTECTOR <i>de</i>	1	\$ 111.25
3	LHS REAR DOOR OUTER HANDLE <i>x</i>	1	\$ 151.15
4	LHS REAR DOOR INNER TRIM BOARD <i>?</i>	1	\$ 81.95
5	LHS REAR DOOR LOCK <i>x</i>	1	\$ 380.55
6	LHS REAR FENDER <i>repair</i>	1	\$ 2832.55
7	LHS DOOR ROLLER (TOP) <i>x</i>	1	\$ 277.65
8	LHS DOOR ROLLER (LOWER) <i>x</i>	1	\$ 125.15
			\$ 7127.35
Discount Less 10%			\$ 712.74
List Prices Total			<u><u>6,414.61</u></u>

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Vehicle Model : VOLKSWAGEN CADDY

Chassis Number : WV1ZZZ2KZFX056354

S/N	Labour Descriptions	Charges
1	LABOUR CHARGES TO REMOVE & INSTALL REAR END ATTACHMENTS & FITTINGS TO ENABLE REPAIRS; TO CUT & WELD WHERE NECESSARY; TO REPLACE DAMAGED PARTS AS LISTED ABOVE	\$ 1800.00 500
2	TO SPRAY PAINTING ON: LHS REAR DOOR, LHS REAR FENDER, REAR BUMPER X	\$ 1500.00 500
3	TO CHECK DIAGNOSE & REMOVE FAULT CODES AFTER ACCIDENT REPAIRS.	\$ 280.00 80
4	TO REMOVE & REFIT REAR LHS SEAT	\$ 150.00 X

Labour Total \$ 3730.00

Parts & Labour Total \$ 10144.61

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:

Resul
Ap 900/100 68
4 days
L/S
30/08/22 @ 1600
Resy after repair

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	18/08/2022 20:40 (SGT)
Reported by	Both
Date of Accident	17/08/2022 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	3 SOON LEE ST #02-03 PIONEER JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1963P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TEKTRONZ PTE LTD
Company Reg No	2XXXXX948K
Email Address	seenu@tektronz.com
Mobile Phone No	(Phone) +65-91052493
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Caddy
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1598

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	VCA/P1837304

DRIVER

Name of Driver	SADAIYANDI SEENIVASAGA PERUMAL
NRIC No	SXXXX923G
Date Of Birth	02/07/1981
Occupation	Indoor

Date Of Driving Pass	18/05/2011
Driving experience	11 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91052493
Alt. Phone Number	-
Email Address	seenu@tektronz.com
Address	BLK 217 PETIR ROAD
Address complement	#06-389
Postcode	670217
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collided into Parked Vehicle
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

PLEASE REFER TO ATTACHED.

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	YP9259G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
Passport No/FIN	SUN QINGYUN GXXXX024L

Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

(Phone) +65-81631108

-
-
-
-
-
-
-

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

[Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



Vehicle A: GBE1963P

B: YP9259G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While the van was parked for unloading at our office door SKD Dated 17/8/2022 at 04:55 PM to 05:00 PM Lorry YP9259G trying to reverse and crush the GBE1963P left side to bodywork.

DECLARATION

I/We declare the foregoing particulars are true in every respect



[Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Company

948K

Vehicle Details

Vehicle No.:

GBE1963P

Vehicle to be Exported:

No

Intended Deregistration Date:

20 Aug 2022

Vehicle Make:

VOLKSWAGEN

Vehicle Model:

CADDY MAXI PANEL VAN 1.6 TDI M/T 6DR

Primary Colour:

Brown

Manufacturing Year:

2014

Engine No.:

CAYAN5578

Chassis No.:

WV1ZZZ2KZFX056354

Maximum Power Output:

-

Open Market Value:

\$23,674.00

Original Registration Date:

28 Sep 2015

First Registration Date:

28 Sep 2015

Transfer Count:

0

Actual ARF Paid:

\$1,184.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

27 Sep 2025

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

PQP Paid:

\$40,252.00

COE Rebate Amount:

\$12,489.00

Total Rebate Amount:

\$12,489.00

The information contained herein is correct as at 20 Aug 2022

OK

Volkswagen Caddy Maxi 1.6A

Overview

[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

Price	\$31,500	Lifespan ⓘ	25-Aug-2035
Depreciation ⓘ	\$10,550 /yr View models with similar depre	Reg Date	26-Aug-2015 (2yrs 11mths 25days COE left)
Mileage	109,000 km (15.5k /yr)	Manufactured ⓘ	2014
Road Tax ⓘ	N.A.	Transmission	Auto
Dereg Value ⓘ	\$13,887 as of today (change)	Fuel Type	Diesel
COE ⓘ	\$46,501	OMV ⓘ	\$26,699
Engine Cap	1,598 cc	ARF ⓘ	\$1,335
Curb Weight ⓘ	1,520 kg	No. of Owners ⓘ	4
Type of Vehicle	Van		

Features

[View specs of the Volkswagen Caddy Diesel \(2014-2015\)](#)