ASS. REC. BY: Steve CS/EG172 0084278/EG43

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TPL / 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 Rport: _____ 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: SMN 6002C Yr Regn: 2018/19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Volkswagen Golf c.c 1395

Colour Silver A/C: Insured / Std / NI / NA

Sp.Reading 64319 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WVWZZZAUZKW018561

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: 225/45R18

R: 〃

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	29/8/22	D.O.I.	1/9/22

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
	MR-99R

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:

Transportation: $ + RS. SI

Photos

Others

TOTAL

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

Quotation
Non binding - Preview

Page 1/2

Company
ERGO INSURANCE PTE. LTD
5 TEMASEK BOULEVARD
#04-01 SUNTEC TOWER FIVE
Singapore 038985

Customer Details:
Ms.
ONG
POH LIM MYLENE
105 TAMARIND ROAD
SINGAPORE 806054

Document no.	
Document date	29-08-2022
Customer no.	5211001034
Customer GST-ID	199305211H
Dealer	30001
Job order number	2022025180/ 1
Job order date	29-08-2022
Service Advisor	SHU SHI TANG

License plate	Model code	First registration	VIN	Model	Mileage
SMN6002C	BQ14HZH0	20-08-2019	WVWZZZAUZKW048567	Golf Highline 1.4 I TSI 92kW DSG	45,467

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
9801B003	B&P WHEEL ALIGNMENT				#1	360.00	385.20
9801B001	R&R RIM & BALANCE				#1	50.00	53.50
5G0807050B	Guide Piece BUMPER SIDE BRACKET RH	1	pcs.	26.71	#1	26.71	28.58
5G0807049B	Guide Piece BUMPER SIDE BRACKET LH	1	pcs.	26.71	#1	26.71	28.58
5G0821105B	Fender	1	pcs.	655.47	#1	655.47	701.35
5G0821135C	Cross Support LHS FENDER BRACKET	1	pcs.	36.54	#1	36.54	39.10
N 90817302	Rivetted Cap Nut	1	pcs.	2.64	#1	2.64	2.82
5G0805969P	Wheelhouse Liner LHS FEBDER LINER (UPPER)	1	pcs.	199.41	#1	199.41	213.37
5G2857507DN9B9	Rear View Mirror Housing	1	pcs.	687.67	#1	687.67	735.81
5G0857521N	Mirror Glass	1	pcs.	192.07	#1	192.07	205.51
5G0857537E GRU	Mirror Cap Primed	1	pcs.	181.81	#1	181.81	194.54
5G0601025CPFZZ	Alloy Wheel Black Turned	1	pcs.	2,849.09	#1	2,849.09	3,048.53
311601361	Rubber Valve	1	pcs.	3.85	#1	3.85	4.12
	LABOUR	1	pcs.	840.00	#1	2,520.00	2,696.40
	SPRAY PAINT	4	pcs.	800.00	#1	3,200.00	3,424.00
	ERGO DIRECT SETTLEMENT DOA: 29/08/2022 TP VEH: GBG2389E SURVEY BY:						

Quotation valid till 05-09-2022

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	1,170.00	10,581.97	7%	822.64	11,751.97	12,574.61
Total	1,170.00	10,581.97		822.64	11,751.97	12,574.61

Steve (LKK)
1/9/22, 10.30am

Customer

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

Service Advisor

Acknowledged by Repairer
Signature:
Date:

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

Quotation

Non binding - Preview

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SMN6002C	BQ14HZH0	20-08-2019	WVWZZZAUZKW048567	Golf Highline 1.4 I TSI 92kW DSG	45,467

-----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).-----

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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	29/08/2022 15:59 (SGT)
Reported by	Driver
Date of Accident	29/08/2022 13:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GUILLEMARD ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN6002C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG POH LIM MYLENE
NRIC No	SXXXX245D
Email Address	LEEIV2@PROTONMAIL.COM
Mobile Phone No	(Phone) +65-83337771
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
Variant	Golf Highline 1.4 I TSI 92kW 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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1400

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300346061 QMY

DRIVER

Name of Driver	JAMES LEE ETHEREDGE IV
NRIC No	SXXXX294F
Date Of Birth	05/07/1968
Occupation	Indoor

...g Pass	17/10/2019
...perience	2 YEARS AND 10 MONTHS
	Male
...ile Number	(Phone) +65-83337771
...t. Phone Number	-
Email Address	LEEIV2@PROTONMAIL.COM
Address	75 JOO CHIAT TERRACE
Address complement	-
Postcode	427238
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collision - Change/cross lane
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)	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

REFER TO SKETCH PLAN

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	GBG2389E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHEW JUN YONG MIKE
NRIC No	SXXXX210A

...act Number	(Phone) +65 91005410
...ddress	
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**")

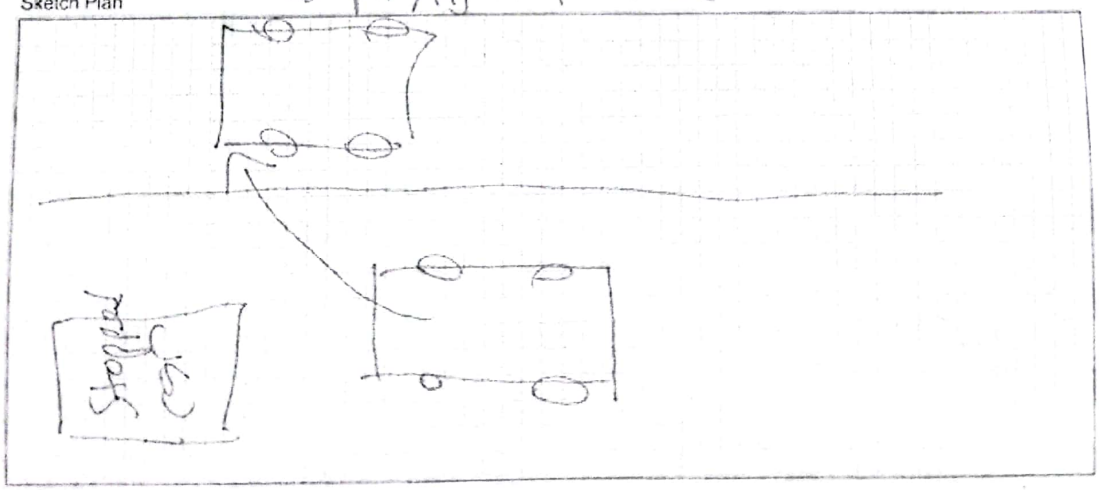
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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	Actual Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
		24/8/2022

Sketch Plan

3:30 pm August 29 2022



v.Jun2022

SKETCH PLAN #2

Describe Circumstance of the Accident

Guillemard Road
August 29 2022
1:50 pm
I was driving in the 2nd lane from the left. The car on my left had a stopped car ~~[illegible]~~ in his lane he pulled into my lane and hit the front left of my car. I honked at him to warn him but he didn't stop ~~[illegible]~~ and continued to hit my car.

Declaration

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

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

August 29 2022 3:30 pm

Jan 2022