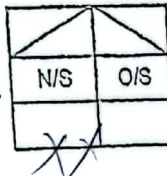


ASSIGNMENT

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.



Bal. or Market Value: _____
 IDAC Accident Rpt: _____ 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: SKL 315 Yr Regn: 30/1/19
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Skoda Octavia c.c. 1984
 Colour: Grey A/C: Insured / Std / Nil / NA
 Sp. Reading: 35972 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: TMBBU INEX K0170377
 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: 105/50R15
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front
 R/Bal. 4 mm
 L/Bal. 4 mm
 D.O.A. 20/8/22
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 Rear
 R/Bal. 4 mm
 L/Bal. 4 mm
 D.O.I. 29/9/22
 The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time Action/Instruction

MV-123X

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / U.C. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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



Quotation

Non binding - Preview

Page 1/1

Company
EQ INSURANCE COMPANY LIMITED
5 Maxwell Road, #17-00
Tower Block, MND Complex
Singapore 069110

Customer Details:
Mr
KONG
WEI KIAT, SAMUEL
BLK 817B KEAT HONG LINK
#20-107
SINGAPORE 682817

Document no.
Document date
Customer no.
Customer GST-ID
Dealer
Job order number
Job order date
Service Advisor
21-09-2022
5211043754
197800490N
30001
2022027805/ 1
21-09-2022
Dass Anthonidas
Christopher

License plate	Model code	First registration	VIN	Model	Mileage
SKL311J	5E36UDR1	30-07-2019	TMBBU7NEXK0170377	Octavia RS 2.0 TSI 180kW DSG	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	pcs.	47.92	#1	480.00	513.60
5E0945106B	Reflector				#1	47.92	51.27
	RHR	2	pcs.	800.00	#1	1,600.00	1,712.00
	Spray Painting	2	pcs.	840.00	#1	1,680.00	1,797.60
	LABOUR						
	EQ DIRECT						
	DOA:20/8/2022						
	TP VEH NO:SDB7377J						
	SURVEY BY:						

Quotation valid till 28-09-2022

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	760.00	3,327.92	7%	286.15	4,087.92	4,374.07
Total	760.00	3,327.92		286.15	4,087.92	4,374.07

Customer

Chris Anthonidas
Insurance Service Advisor
Tel: 6305 7299 Ext: 218
Mobile: 8511 2203

-----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.

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	22/08/2022 15:45 (SGT)
Reported by	Both
Date of Accident	20/08/2022 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AT GLENEAGLES HOSPITAL CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKL311J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KONG WEI KIAT, SAMUEL
NRIC No	SXXXX517J
Email Address	IRIDIUM.X@GMAIL.COM
Mobile Phone No	(Phone) +65-91282854
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Skoda
Model	Octavia
Variant	Octavia RS 2.0 I TSI 180kW 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	2000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070109565-02

DRIVER

Name of Driver	KONG WEI KIAT, SAMUEL
NRIC No	SXXXX517J
Date Of Birth	10/05/1986
Occupation	Indoor

3 Of Driving Pass	28/07/2004
iving experience	18 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91282854
Alt. Phone Number	-
Email Address	IRIDIUM.X@GMAIL.COM
Address	BLK 817B KEAT HONG LINK
Address complement	#20-107
Postcode	682817
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	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)	2
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	-

PASSENGER 1

Name	YEONG MAY THENG
Gender	Female

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 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	SDB7377J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	*
Vehicle Category	Private car
Name of Driver	*
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 Authorised 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 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:

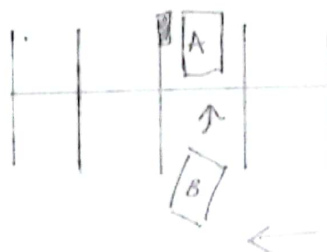
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Glennayles Carpark

A - SKL311J

B - SDBB77J

Describe Circumstances of the Accident

On 20 Aug 2022, about 12:00hrs my vehicle parked at Glengus hospital carpark. A vehicle SDB73715 subsequently arrived and parked at the lot behind my vehicle. While parking, SDB73715 reversed and hit my stationary parked car.

Declaration

We declare the foregoing particulars are true in every respect.

 22/8/22
Policyholder's Signature / Date & Time
15:20

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


Witnessed by Reporting Centre Personnel