V .	22009215/7995
ASS	SIGNMENT
From: Date:	Ven No: Sky 49364 Yr Regn. 214, March
Estimated list:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD I TO I NO I TO RES I OD RES I EVA I INV I MV	Truck / Trailer or
To Inspectivehicle No:	Make: Williameger Gold c.c 1395-
at Workstopm/s	Colour St. A/C: Insured / Std / NI / NA
of	Sp.Reading 87877 T/Radio: Insured / Std / N1 / NA
insured:	Eng/No:
Policy No.	C/No: WWZZZAUZEWZ49056
Claims No.	Gen. Cond: Good) Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or ,
	Tyre Size: F: 725/40808
(Policy Condition)	1716 Size. F. (22) 1421CQ
Remark: The veh had commenced its N/S O/S	
repair at the time of inspection.	TOYO / YOKO DI
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal6 mm
Est Repairs: 7 days Res.: Yes or No	D.O.A. D.O.L 5/10/27
Lum Sum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Reat 1-0/S / N/S / U/C / Rooftop or
Vehicle: IN / O Date: Person Contacted:	
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
Taufikh finalised final fig \$6977.93	, 7 days. (Red \$3619.71, 34%)
	1
Date/Time, File Pass 40? : Preli. Report	Days Of Repair: 7
1) 12/04 Typist : Final Report	
Date/Time, File Return to?	·
Add F	Transportation:
Report Former: TP	: Interview (\$ Photos
Lunap Sum / List. k. ffs	:Tech. Invs (\$) Othurs

Repair Estimate



VAG Singapore Pte Ltd 48 Toh Guan Road East #05-136, Enterprise Hub Singapore 608586

Tel: 6267 9916

claims@vag.sg

www.avantage.sg

Date: 28-Sep-2022 Vehicle Num: SKM4936A Make/Model: VW GOLF 1.4

S/N		PARTS		Chassis	No: WVWZZZAUZ	ZEV	/249056	gather and
1	Residence	PARIS	QTY		PRICE	100	тот	AL
2	Control of the contro		11_	\$	536.25	\$	3	536.25
19	E CALENDA CONTROL (CONTROL)		1	\$	57.75	\$	7	57.75
3	Rear bumper bracket Lh		1	\$	32.00	\$	7,	32.00
4			1	\$	39.65	\$	X	39.65
5	13% - 17		1	\$	32.00	\$	de/	32.00
6	Rear bumper retainer Rh		1	\$	32.00	\$	×	32.00
7	Rear bumper reinforcement		1	\$	429.25	\$?	429.25
8	Rear bumper		1	\$	891.25	\$	de-	891.25
9	Rear bumper diffuser		1	\$	288.75	\$	dl-	288.75
10	Rear bumper light reflector Lh	1 Parks	1	\$	49.50	\$	٠ ر	49.50
11	Rear tail light (outer) Lh	100,00	1	\$	227.70	\$. مسر)	227.70
12	Rear tail light (inner) Lh	200	1	\$	206.25	\$	w	206.25
13	Rear number plate lamp		2	\$	25.00	s	7	50.00
14	Rear bumper parking sensor		2 2	\$	150.00	\$	NWV	450.00
	Rear tailgate		1	\$	1,485.55	\$	h1/	1,485.55
16	Rear tailgate vw open micro s	witch	1	\$	495.25	\$	×	495.25
17	Rear tailgate lock		1	\$	189.75	\$?	189.75
	Rear tailgate seal		1	\$	264.25	\$	ì	264.25
	and the second		1	\$	231.55	\$	7	231.55
	177		1				ne-	
	Rear tailgate emblem (golf)	No. 4 - b - d - d		\$	68.40	_	we/	68.40
21	Rear tailgate emblem (bluemo	tion technology)	1	\$	74.25	\$	u	74.25
22	Rear tailgate emblem (tsi)		1	\$	74.25 415.80	\$	X	74.25 415.80
23	Rear exhaust pipe (center)	100 C	1	\$	49.50	\$	X	49.50
	Rear exhaust dual clip	THE RESIDENCE THE RESIDENCE OF THE PROPERTY OF	1	\$	660.00	\$	×	660.00
T. T.	control of the contro			\$	45.00	\$	×	90.00
26	Rear exhaust silencer bracket	LKK Auto Consultants hence notify			43.00	Ψ		30.00
-	en i ne i n Chellen Storm n. n. i din	the Repairer of the following: AL PARTS				\$		7,420.90
-		 To resurvey before/after spray painting 	7			\$		742.09
\dashv		To display damaged part(s) during tessively				\$	Constitution of	6,678.81
\dashv		 Parts prices are subject to confilt matibilities Third party survey is on a "Without Prejudice" 	nasis			Ť		0,010101
\dashv	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	No illegal modification(s) is allowed	00313		-			
_	MISCELLANEOUS ITEM	Supplementary item(s) must be resurveyed <u>ar</u>	d	\$	80.00	\$	40	80.00
1	Tuff kote	is subject to final approval from insurance Cor	npany	\$	20.00	\$	\ \ \ \	20.00
2	Sundries		10	\$	5.00	\$	ner!	50.00
3 /	Rear bumper clips	Acknowledged by Repairer				\$	bh	35.00
4 /	Rear number plate with holder	Signature:	1	\$	35.00	2	177	33.00
	and panel he	Dalabour ting of rear bumper, rear tallgate; rear fender	\$30 (at 9)			-	aar	١.
		anale .		\$	1,500.00	\$		1,500.00
- 19	Surface preparation, spray pain and panel,rear fender Lh , Rh ar	t and detailing of rear bumper, rear tallgate, real		\$	1,500.00	\$	88 C	1,500.00
_				\$	80.00	\$	~	80.00
_	Diagnostics,check wiring,connector and clearing of faults after repair Remove and refit rear parking sensor to assist repair			\$	20.00	\$		20.00
_	Remove and refit rear parking sensor to assist repair Remove and refit rear windscreen glass to assist repair			\$	120.00	\$		120.00
\neg		The control of the second seco		\$	200.00	\$	×	200.00
6 R	temove and refit rear exhaust p	or 1. U a						
-	Taylun 1+4	Olohu TOTAL				\$		10,283.81
\perp	mp/1 5/10/17	Jew on hot GST 7%				\$		719.87
	Y/ 1.// 1/20 000 Pd	may (104 ~\/) 631 1%				_		

Fayim Chhants won 5-6days

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

The information contained herein is correct as at 27 Sep 2022

Singapore NRIC

602F

SKM4936A

No

27 Sep 2022

VOLKSWAGEN

GOLF A7 1.4 TSI AT BMT 5G14JZ SR HID

Silver 2014

CHP140332

WVWZZZAUZEW249056

103.0 kW (138 bhp)

\$28,874.00

07 Mar 2014

07 Mar 2014

1

\$17,424.00

Yes

06 Mar 2024

\$9,583.00

06 Mar 2024

A - Car (1600cc & below)

10

\$72,369.00

\$10,410.00

\$19,993.00

OK

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to repudiate
- 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

24/09/2022 17:06 (SGT) Both 23/09/2022 13:25 (SGT) Stevens Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKM4936A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No **Email Address** Mobile Phone No

Alternative Phone No

No

LUKE PETER S8538602F

LUKE_PETER@HOTMAIL.COM

(Phone) +65-90900999

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

Volkswagen

Golf

GOLF A7 1.4 TSI AT BMT 5G14JZ SR HID

Private use

No - Claiming third party

Private car

Auto

1400

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

5122611086-01

Income Insurance Limited

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

LUKE PETER S8538602F 17/12/1985 Indoor

Date Of Driving Pass Driving experience 22/09/2004 Gender 18 YEARS Mobile Number Male Alt. Phone Number (Phone) +65-90900999 Email Address LUKE_PETER@HOTMAIL.COM Address Address complement 39 FERNHILL ROAD #04-02 #04-02 Postcode 259099 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 Chain Collision
Weather Conditions Clear
Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 5 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) 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?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE BELOW SKETCH PLAN & ACCIDENT STATEMENT.

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

Contact Number

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

DETAILS OF OTHER VEHICLE PROPERTY 2

SJP2068P Vehicle Registration Number 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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKF5A 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)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SFN1870D 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. The Formmust be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation of withholding of material facts may alow insurance companies to repudiate policy liability
- 4. The issue and acceptance of the Formby insurance companies is not an admission of policy liability on the part of the insurance
- 5 Any talse reporting may be referred to the Police for investigation
- 6. The report will be flow arded 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
- 8. Consent under the Personal Data Protection Act (PDPA)

lunderstand, 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
- (i) investigating the accident and/or my claims;
- (ii) 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 wield as on the external cover of envelopes/mail
- (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' law yers/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 lay yers/law firms), which may be seed outside of Singapore, for one or more of the above Purposes.

24/4/21 13-20.

Policyholder's Signature / Date &

Sketch Plan

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

Personnel

220) 1300

SKM 4936A SH 12 96 P

11		O		1	
					40

escribe Circumstances of the Accident	
I was strationary at a red light I an impact from Lighting, Causing my and my head or hit the headrest. In front most car of a chain collision.	ALTI LIL
an impact from Lahind, Courses my	neck to sale
and my head or hit the headrest to	10ted Line the
front most car of a chain collision.	WAY THE
	and the state of t
den systematical in complete appeal proportion dender	
to a set for the man and the high set of the	
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The second secon	
	To the MEAT High relations to the contract of
	the Artificial Street of the Control
	20000
Declaration	
Mile de la constant d	
We declare the foregoing particulars are true in every respect.	
# 1	SH AUTOCKE
My 24/9/22 1320 hrs.	(3)
My 11 11 12 13 20 Mrs.	
Ollenbettaria Const.	
Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date 8 Time	Winessed by Reporting Control
W TELLY	Personnel
	24/1/22 G 13cc