

ASS. REC. BY: Steve

(S/SMR 2200 9990/EA3)

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: \_\_\_\_\_

Veh No: SLC 3335G Yr Regn: 14/1/18  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Volkswagen Golf c.c. 1395  
 Colour: Blue A/C: Insured / Std / NI / NA  
 Sp. Reading: 93275 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: WKN 222 AU 7K W 015563  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jaimmed / Leaked / Burnt or \_\_\_\_\_  
 Brake: In order / Jaimmed / Leaked / Burnt or \_\_\_\_\_  
 Modi: Nil / S/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 205/50R16  
 R: 11

(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: 7 days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

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. 4/10/22 D.O.I. 10/10/22  
 Survey held at Volkswagen  
 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
	<u>MV-80X</u>
	<u>Steve finalised final fig \$12868.25, 7 days. (Red \$7113.68, 36%)</u>

Date/Time, File Pass to?  : Preli. Report  
 : Final Report

Days Of Repair: 7  
 Resurvey No. of Trip: 1

Date/Time, File Return to? \_\_\_\_\_  
 2) \_\_\_\_\_  
 Repair Format: TP  
 Lum Sum / I.C.H. (\$) 12868.25

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

Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 S + RS. \$ \_\_\_\_\_  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_  
 TOTAL \_\_\_\_\_

# VOLKSWAGEN CENTRE SINGAPORE

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



## Quotation

Non binding - Preview

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Company  
MS  
FIRST CAPITAL INSURANCE LTD  
6 RAFFLES QUAY  
#21-00  
Singapore 048580

Customer Details:  
Mr  
HARVINDER  
SINGH S/O BALJIT  
796 WOODLANDS DRIVE 72  
#13-39  
Singapore 730796

Document no.  
Document date 06-10-2022  
Customer no. 5211041856  
Customer GST-ID 195000106C  
Dealer 30001  
Job order number 2022029357/ 1  
Job order date 06-10-2022  
Service Advisor Dass Anthonidas  
Christopher

License plate SLC3335G	Model code BQ13HZ	First registration 14-11-2018	VIN WWWZZAUZKW015563	Model Golf Comfortline 1.4 I TSI 92kW DSG	Mileage 20
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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
5G6807417BQGRU	Cover For Bumper Primed <i>BR</i>	1	pcs.	1,382.73	#1	1,382.73	1,479.52
5G6807441A GRU	Cover For Towing Eye Prim <i>CRU</i>	1	pcs.	33.66	#1	33.66	36.02
5G6807393	Guide Piece	1	pcs.	41.89	#1	41.89	44.82
5G6807394	LHR BUMPER BRACKET (SIDE) ?	1	pcs.	41.89	#1	41.89	44.82
5G6807394	Guide Piece	1	pcs.	41.89	#1	41.89	44.82
5G6807393A	RHR BUMPER BRACKET (SIDE) ?	1	pcs.	41.89	#1	41.89	44.82
5G6807393A	Guide Piece	1	pcs.	41.89	#1	41.89	44.82
5G6807394A	LHR BUMPER BRACKET (OUTER) ?	1	pcs.	41.89	#1	41.89	44.82
5G6807394A	Guide Piece	1	pcs.	41.89	#1	41.89	44.82
5G6807863C	RHR BUMPER BRACKET (OUTER) ?	1	pcs.	70.74	#1	70.74	75.69
5G6807863C	Attachment Strip	1	pcs.	70.74	#1	70.74	75.69
5Q0919275B GRU	RR BUMPER BRACKET (CENTER) ?	1	pcs.	190.18	#1	190.18	203.49
5Q0919133 9B9	Sensor Primed	1	pcs.	190.18	#1	190.18	203.49
5Q0919133 9B9	Seal Ring Satin Black <i>MC</i>	4	pcs.	1.46	#1	5.84	6.25
5G0919491D	Sensor Bracket <i>re</i>	2	pcs.	13.60	#1	27.20	29.10
5G0919492D	Sensor Bracket <i>re</i>	1	pcs.	14.19	#1	14.19	15.18
5G0919491E	Sensor Bracket <i>re</i>	1	pcs.	13.60	#1	13.60	14.55
D 180KU2A1	2k-Plastic Adhesive <i>re</i>	1	pcs.	85.94	#1	85.94	91.96
D 822150A1	Bonding Agent For Plastic <i>re</i>	1	pcs.	68.85	#1	68.85	73.67
5G0807305D	Bumper <i>re</i>	1	pcs.	732.39	#1	732.39	783.66
N 0385494	Rivet <i>re</i>	4	pcs.	0.44	#1	1.76	1.88
5G6807568R 9B9	Rear Diffusor Satin Black ?	1	pcs.	349.21	#1	349.21	373.65
5G6853333 2ZZ	Decorative Moulding Brigh ?	1	pcs.	159.63	#1	159.63	170.80
5G6853331A 2ZZ	REAR BUMPER LOWER CHROME MOLDING (CENTER) ?	1	pcs.	131.29	#1	131.29	140.48
5G6853332A 2ZZ	Decorative Moulding Brigh ?	1	pcs.	131.29	#1	131.29	140.48
5G6853332A 2ZZ	LHR BUMPER CHROME MOLDING	1	pcs.	131.29	#1	131.29	140.48
5G0945105C	Decorative Moulding Brigh ?	1	pcs.	131.29	#1	131.29	140.48
5G0945105C	Reflector <i>X</i>	1	pcs.	79.04	#1	79.04	84.57
5G0945106C	LH Reflector ?	1	pcs.	79.04	#1	79.04	84.57
5G0945106C	RH Reflector ?	1	pcs.	79.04	#1	79.04	84.57
5G6827025Q	Rear Trunk Lid	1	pcs.	3,107.80	#1	3,107.80	3,325.35
5G6827705E	Gasket <i>re</i>	1	pcs.	289.35	#1	289.35	309.60
510827861A	BOOT LID SEAL <i>re</i>	1	pcs.	9.03	#1	9.03	9.66
5G6827505B 9B9	Hood Latch Satin Black <i>X</i>	1	pcs.	332.14	#1	332.14	355.39
5G0827517E	LID LOCK	1	pcs.	332.14	#1	332.14	355.39
5G0827517E	Striker Plate <i>X</i>	1	pcs.	59.94	#1	59.94	64.14
5G0853617A	Vw Sign <i>X</i>	1	pcs.	101.88	#1	101.88	109.01

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#13-39  
Singapore 730796

Document no.  
Document date  
Customer no.  
Customer GST-ID  
Dealer  
Job order number  
Job order date  
Service Advisor

06-10-2022  
5211041856  
195000106C  
30001  
2022029357/ 1  
06-10-2022  
Dass Anthonidas  
Christopher

License plate	Model code	First registration	VIN	Model	Mileage		
SLC3335G	BQ13HZ	14-11-2018	WWWZZAUZKW015563	Golf Comfortline 1.4 I TSI 92kW DSG	20		
Position no.	Description	Quantity	Unit	Unit price excl. GST	Tax code	Total amount excl. GST	Total amount incl. GST
5G0853687 2ZZ	Inscription Bright Chrome	1	pcs.	86.75	#1	86.75	92.82
	GOLF WORDING	1	pcs. (photo)	183.08	#1	183.08	195.90
5G0945087B	Additional Brake Light Wi	1	pcs.	120.29	#1	120.29	128.71
D 002000A2	Adhesive Remover	1	pcs.	30.27	#1	30.27	32.39
D 00920002	Primer	1	pcs.	11.16	#1	22.32	23.88
D 00950025	Applicator	2	pcs.	26.27	#1	26.27	28.11
D 181802M1	Activator	1	pcs.	51.44	#1	102.88	110.08
D 169300M2	1k Window Adhesive	2	pcs.	80.00	#1	80.00	85.60
	REAR NUMBER PLATE	1	pcs.	840.00	#1	5,040.00	5,392.80
	LABOUR	8	hrs	800.00	#1	3,200.00	3,424.00
	SPRAY PAINTING	1	pcs.	840.00	#1	840.00	898.80
	R&R REAR WINDSCREEN	1	pcs.	840.00	#1	840.00	898.80
	TRASFER BOOT LID MECHANISM	1	pcs.	150.00	#1	150.00	160.50
	REAR WATER LEAK TEST	1	pcs.	150.00	#1	150.00	160.50
	MS FIRST CAPITAL DIRECT						
	DOA: 4/10/2022						
	TP VEH NO: SHB690C						
	SURVEY BY:						

Quotation valid till 13-10-2022

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#1	760.00	18,346.14	7%	1,337.43	19,106.14	20,443.57
Total	760.00	18,346.14		1,337.43	19,106.14	20,443.57

Steve (LKK)  
10/10/22, 12.30

*Chris*  
Service Advisor

Customer

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts 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:

# 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	05/10/2022 15:55 (SGT)
Reported by	Driver
Date of Accident	04/10/2022 20:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GAMBAS TOWARDS WOODLANDS
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLC3335G

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HARVINDER SINGH S/O BALJIT SINGH
NRIC No	S8929887C
Email Address	KAL_SINGH@HOTMAIL.COM
Mobile Phone No	(Phone) +65-82887649
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	GOLF 1.4 TSI CL
Variant	-
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	Income Insurance Limited
Policy Number / Cover Note Number	5119330778-01

### DRIVER

Name of Driver	KALVINDER SINGH S/O BALJIT SINGH
NRIC No	S92295381
Date Of Birth	22/08/1992
Occupation	Indoor

Driving Pass ..... 22/02/2011  
 Experience ..... 11 YEARS AND 8 MONTHS  
 Male  
 (Phone) +65-86936346  
 -  
 Number ..... KAL\_SINGH@HOTMAIL.COM  
 Phone Number ..... BLK 796 WOODLAND DRIVE 72  
 Address ..... 13-39  
 Address complement ..... 730769  
 Postcode ..... No  
 Is the driver the policyholder? ..... No  
 If No, Relationship of the Driver with the Insured ..... Sibling  
 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 - Head to Rear  
 Weather Conditions ..... Clear  
 Road Surface ..... Wet

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

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 ..... SHB690C  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Taxi  
 Name of Driver ..... MR TIONG  
 Contact Number ..... (Phone) +65-82686147

complement -  
-  
Insurance Company Name -  
Of Damage -  
Details of property damaged in accident -  
Of Passenger (Including Driver) 1

**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

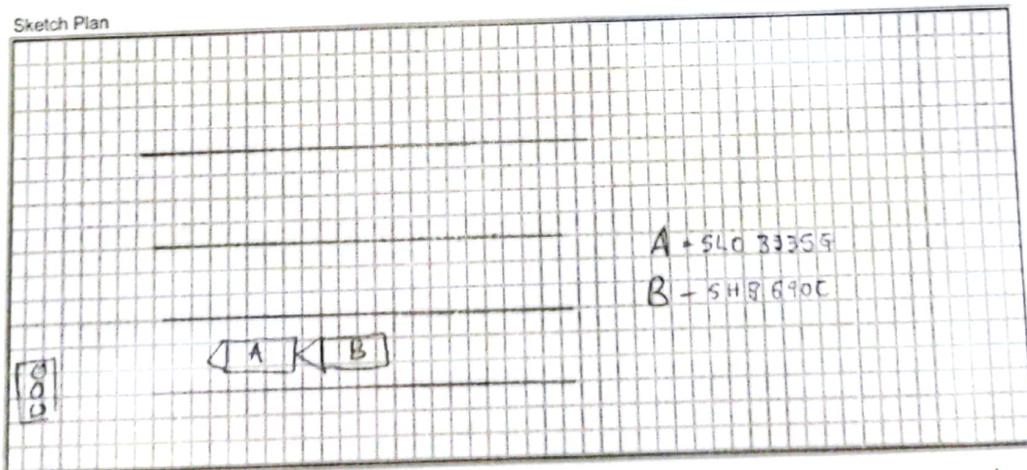
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

Sketch Plan



Describe Circumstance of the Accident

VEHICLE NO: SLC3335 G ACCIDENT DATE & TIME: 04/10/2023 8 20 PM

CONTACT NUMBER: 86936246 E-MAIL: kal.singh@hotmail.com

LOCATION: Gandas towards wordlands

Traffic light turn to red, I stop my vehicle. The taxi from behind went to hit my car.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

PLEASE STATE  CLAIM OWN POLICY  CLAIM THIRD PARTY  CLAIM OD/TP AT OTHER WORKSHOP  REPORTING ONLY

**Declaration**  
 We declare the foregoing particulars are true in every respect.

\_\_\_\_\_  
 Policyholder's Signature / Date & Time

✓ 5/10/23  
 \_\_\_\_\_  
 Driver's Signature (if driver is not the policyholder) / Date & Time

\_\_\_\_\_  
 Witnessed by Reporting Centre Personnel  
 (Name as in NIC/ID card)