ASSIC	TATA	Transier .
TAULAX	e all dele	TOTAL A

From: Date:	Wen No: SLE POSP Yr Regn: Toll July		
Estimated Cost:	Type: M.Car M.Oycte Bus Van Long Taxil Prime Mover		
: OD/T-P/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or		
To inspect Vehicle No: SLE 1905P	Make: VOLKSWAGEN SETTA 1.4TS1 C.C 1390		
ed Wordshop male Walt Henry	Colour BLACK A/C: Insured/Std/Ni/NA		
28,704 humps no const #101-57	Sp.Reading 41038 T/Radio: Insured 1 Std 1 NI 1 NA		
Insured: SMP	Eng/No:		
Policy No.	C/No: WVW 2221624MO 184 705		
Claims No.	Gen. Cond: Good / Pair / Poor / Burnt		
Sum (reured: Excess:	Steering: Inorder Jammed / Leaked / Burnt or		
(Client's Record)	Brake: (norder / Jammed / Leaked / Burnt or		
Make of Veh:	Modi: NII JSRim J STD AFRIM or		
	Tyre Size: F: 228/45-817		
(Policy Condition)	R		
Remark The veh had commenced its N/S 0/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PIR SUMI /		
repair at the time of inspection.	TOYO! YOKO or		
Bail or Market Value:	Front Rear		
IDAC Accident Rport: Consistent?: Yes or No	R/Bai. 6 mm R/Bai. 6 mm		
GIA / PR Seen: Consistent?: Yes or No	17Bal. 6 mm 17Bal. 6 mm		
Est Repairs: days Res.: Yes or No	D.O.A. 36 4/22 D.O.I. 12/2/22		
Lem Sum: % 3 Val.: Yes or No	Survey held at WAH (fouth		
CA / REV / REP. / 24 HRS	Des. of Damages: Fri Rear / O/S / N/S / U/C / Rooftep or		
Vehicle: IN / OUT			
- Joseph Gordania	The U/C / Chassis frame / Body Structure affected due to collision.		
KITOY, LIKIT - LYK			
REPORT LIMIT - 24K			
NOOF HM7 - ZYN			
NOON LIMT - ZYN			
NOTO LIMIT - ZYN			
NOTO LIMIT - ZYN			
NOTONE LIMIT - ZYN			
Date/Time, File Pass to?	Days Of Renair:		
Date/Time, File Pass to? Preli. Report 1) Final Report	Days Of Repair:		
Date/Time, File Pass to? 1) Date/Time, File Return to? Preli. Report Final Report	Resurvey No. of Trip: Survey Fee:		
Date/Time, File Pass to? Preli. Report 1) Final Report	Resurvey No. of Trip: Survey Fee: Transportation:		
Date/Time, File Pass to? 1) Cate/Time, File Return to? 2) Add Fee:	Survey Fee: Transportation: Site Insp (\$)S+RSSI		
Date/Time, File Pass to? 1) Date/Time, File Return to? 2) Add Fee: Report Format:	Survey Fee: Transportation: Site Insp (\$) S+RS_SI Interview (\$) Photes		
Date/Time, File Pass to? 1) Cate/Time, File Return to? 2) Add Fee:	Survey Fee: Transportation: Site Insp (\$)S+RSSI Interview (\$) Photes		



Enterprise Hub 38 Toh Guan Road East #01-57 S(608581)

Email: motor@wahhong.sg

(199806235M)

Vehicle No. SLE1905P VOLKSWAGEN JETTA 1.4

Page No. 1-1

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(S\$)	SURVEYOR'S ADJUSTMENT
	PARTS (LIST ITEMS)			ADJOSTIVIENT
1 2 1 2	Rear bumper Rear bumper side retainer LH/RH@2*\$168 Rear reinforcement 7. Rear reverse sensor LH/RH@2*\$245		1678.00 336.00 701.00 490.00	
		-10%	3205.00 -320.50 2884.50	
	SPECIAL NETT ITEMS			
1	Rear bumper clips 🖊 🖊		35.00	
		Total Parts	2919.50	Ξ,



Enterprise Hub 38 Toh Guan Road East #01-57 S(608581) Email: motor@wahhong.sg

Vehicle No. SLE1905P VOLKSWAGEN JETTA 1.4

Page No. 2

s/N	DESCRIPTION	ESTIMATE	SURVEYOR'S ADJUSTMENT
	LABOUR		
1	To remove the affected parts & fittings to commence repairs; panel beat & reshape the affected areas and replace the damaged parts and components.	409.60	200
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	409.00	200
3	To remove and replace rear reverse sensor	100,00	40
4	To remove and refix wiring system at accident damaged area and check for all electrical proper function	60.00	×
	Labour Total :	960.00	4
	TOTAL (PARTS & LABOUR):	3879.50	

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:

Rosul
Hp 90010068

2 days

45

12/12/22@1430

Resury after repair

SW0E22BU0003 / WAH HONG MOTORS & CREDIT PTE LTD ENTRY DATE & TIME: 30/11/2022 15:54 (SGT) SUBMITTED BY: Ng-Tan Lye Kee Doreen VERSION: 1 (30/11/2022 15:54 (SGT))

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 30/11/2022 15:54 (SGT) Reported by **Both Date of Accident** 30/11/2022 13:05 (SGT) Exact Location of Accident Near 8PP4+MF Singapore Additional Location Information JURONG WEST STREET 64 SLIP ROAD TO BOON LAY WAY Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SLE1905P**

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner THONG KIM FOOK **NRIC No** SXXXX606D **Email Address** KIMFOOK@HOTMAIL.COM Mobile Phone No. (Phone) +65-94880062 Alternative Phone No

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 **Jetta**

Private use

1390

No - Claiming third party Private car Auto

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Great Eastern General Insurance Limited V0101357

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

THONG KIM FOOK SXXXX606D 29/10/1955 Indoor

Date Of Driving Pass 14/04/1989 **Driving experience** 33 YEARS AND 7 MONTHS Gender Male Mobile Number (Phone) +65-94880062 Alt. Phone Number **Email Address** KIMFOOK@HOTMAIL.COM Address 450 CORPORATION ROAD Address complement 06-03 **Postcode** 649810 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 Collision - Head to Rear 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 ONG LUCY 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 REFER TO SUMMARY & SKETCH PLAN 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 SG5801K Vehicle Manufacturer Vehicle Model

Vehicle Variant

/ehide Colour		
Vehicle Category	······································	-
Name of Driver		Bus
Contact Number		•
Address		-
Address complement		•
Postcode	· · · · · · · · · · · · · · · · · · ·	
Insurance Company Name Nature Of Damage		•
Details of property damaged in accident No. Of Passenger (Including Driver)		-
		-

No.

Sure

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Accir PR Repai Sum:

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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.
- 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 todgement 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)

Lunderstand, acknowledge, agree and consent that:

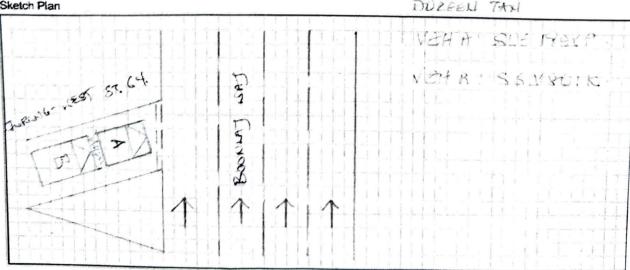
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Wilnessed by Reporting Centre Personnel Name as in NRICIID card

Sketch Plan



LURDNE WEST ST EU TWAS BLUEN LAY WAY

1

ON 30/11/2022 @ 1305HRS, I WAS DRIVING MY VEHICLE A (SLE1905P) ALONG JURONG WEST ST 64 SLIP RD TO BOON LAY WAY. THERE WERE ONCOMING VEHICLES ON THE MAIN ROAD AND I HAVE TO STOP MY VEHICLE A (SLE1905P) ON THE STOP LINE TO CHECK CLEAR BEFORE PROCEEDING. SUDDENLY I FELT AN IMPACT FROM THE REAR OF MY VEHICLE A (SLE1905P). I WAS SHOCKED AND I SIGNAL VEHICLE B (SG5801K) TO DRIVE TO SIDE OF THE MAIN ROAD. I ALIGHTED TO CHECKED AND FOUND OUT THAT VEHICLE B (SG5801K) FRONT PORTION COLLIDED ONTO THE REAR OF MY VEHICLE A (SLE1905P). WE THEN EXCHANGE PARTICULARS FOR INSURANCE CLAIM.



Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personne (Name as in NRICAD card) DOCKEN THU

2

Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	venicle
Owner ID Type:	
Owner ID:	Singapore NRIC
Vehicle Details	606D
Vehicle No.:	SLE1905P
Vehicle to be Exported:	No No
Intended Deregistration Date:	The second secon
Vehicle Make:	30 Nov 2022
Vehicle Model:	VOLKSWAGEN
Primary Colour:	JETTA GP 1.4 TSI 90 A/T TL 1632G5
and the second s	Black
Manufacturing Year:	2015
Engine No.:	CAXF83865
Chassis No.:	WVWZZZ16ZGM014705
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$17,516.00
Original Registration Date:	12 Jul 2016
First Registration Date:	12 Jul 2016
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$17,516.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Jul 2026
PARF Rebate Amount: Intended COE Rebate Details	\$11,385.00
COE Expiry Date:	11 Jul 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$52,301.00
COE Rebate Amount:	\$18,895.00
Total Rebate Amount:	\$30,280.00

The information contained herein is correct as at 30 Nov 2022

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(P) Ren

> Ba ID G

ОК

Volkswagen Jetta GP 1.4A TSI

View specs of the Volkswagen Jetta (2011-2017)

Overview Fina	ncial Accessories Si	milar Research	Photos Map
Price	\$55,900		
Depreciation (2)	\$13,010 /yr View models with similar depre	Reg Date	26-Jul-2016 (3yrs 7mths 12days COE left)
Mileage	87,000 km (13.6k /yr)	Manufactured 7	2015
Road Tax	\$620 /yr	Transmission	Auto
Dereg Value	\$30,690 as of today (change)	OMV	\$17,727
COE 1970 9 10 10 10 10 10 10 10 10 10 10 10 10 10	\$53,000	ARF	\$17,727
Engine Cap	1,390 cc	Power	90.0 kW (120 bhp)
Curb Weight	1,417 kg	No. of Owners	2
Type of Vehicle	- Mid-Sized Sedan		
Features		MINERAL	