

ASS. REC. BY: Tup3REF: CS/C1122012394/Tup3

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: **SLS 800R**Policy No. **DMPCSNW00246692201**Claims No. **SNM22D208856/C02/IRENE**

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: \$90K

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: S4D 8688J Yr Regn: 2017 / June

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Volsungken Shun c.c. 1984Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 93910 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WWW 227 7N714V236724

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: 225/45R18R: 7-1

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. C mmL/Bal. C mmD.O.A. 8/12/2022Survey held at Bilpost

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

12/5/23 Lump Sum \$6100 confirmed by email (Red 10,858.41, 64%)

5/6/23 Re-confirmed LS \$4450 by email (Red 12,50.41, 73%)

Date/Time, File Pass to?

☐ : Preli. Report

1) _____

☐ : Final Report

Date/Time, File Return to?

2) 15/5/23-typistDays Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: **Merimen**Lump Sum / LS: **\$4450**Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	727F
Vehicle Details	
Vehicle No.:	SGD8688J
Vehicle to be Exported:	Yes
Intended Deregistration Date:	10 Dec 2022
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	SHARAN 2.0 TSI 7N24MY
Primary Colour:	Grey
Manufacturing Year:	2017
Engine No.:	DED012455
Chassis No.:	WVWZZZ7NZHV236734
Maximum Power Output:	162.0 kW (217 bhp)
Open Market Value:	\$34,825.00
Original Registration Date:	30 Jun 2017
First Registration Date:	30 Jun 2017
Transfer Count:	0
Actual ARF Paid:	\$40,755.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Jun 2027
PARF Rebate Amount:	\$28,528.00
Intended COE Rebate Details	
COE Expiry Date:	29 Jun 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$55,414.00
COE Rebate Amount:	\$25,228.00
Total Rebate Amount:	\$53,756.00

The information contained herein is correct as at 09 Dec 2022

OK

VEHICLE NO: SGO 8688 J.		MAKE & MODEL: VW SHARAN.		AUTO/MANUAL	
DATE OF ACCIDENT		08 / 12 / 22.		CC 24.	
TIME OF ACCIDENT		1800		AM / PM	
LOCATION OF ACCIDENT		TAI KENG WANG.			
EXACT PURPOSE USED AT TIME OF ACCIDENT		EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER		PETER MILTON SIVATHASAN.			
EMAIL		PETERMILTON.S@GMAIL.COM		OFFICE: MOBILE: 90488688.	
NRIC		57438727F.			
CLAIM TYPE		OD / THIRTY PARTY / REPORTING ONLY			
FLEET POLICY		YES / NO?			
INCURANCE CO.		CN TAIPING.			
TYPE OF COVERAGE		Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO.		DMP C5NW0011968202.			
NAME OF DRIVER		AS ABOVE / IF NO: "			
NRIC		"			
DATE OF BIRTH		20 / 11 / 74.			
ANY PASSENGER		YES / NO: DRIVER ONLY.			
NAME OF PASSENGER		-			
GENDER OF PASSENGER		MALE / FEMALE			
OCCUPATION		Outdoor / Indoor			
DATE OF DRIVING PASS		15 / 05 / 98.			
GENDER		MALE / FEMALE			
CONTACT NO.		Mobile: 90488688. Office: Home:			
EMAIL		PETERMILTON.S@GMAIL.COM			
ADDRESS		175 TAI KENG GARDENS S(535490).			
DOES DRIVER OWN OTHER VEHICLES?		NO / If yes, Reg No: INSURE: -			
RELATIONSHIP		Employee / If No: SELF.			
WEATHER CONDITION		Clear / Raining / Other:			
ROAD SURFACE		Dry / Wet / Other:			
ANY INJURIES		No / If yes, Who?			
CONTACT NO.					
POLICE REPORT		No / If yes, Where?			
NOTICE OF INTENDED PROSECUTION?		No / If yes, Who?			
VEHICLE B NO.		SLS 80012. Any Passenger: DRIVER ONLY.			
NAME					
CONTACT NO.					
VEHICLE C NO.		Any Passenger:			
VEHICLE D NO.		Any Passenger:			
VEHICLE E NO.		Any Passenger:			
VEHICLE F NO.		Any Passenger:			
ANY WITNESS					
WITNESS CONTACT NO.					
WAS THERE ANY VIDEO CAPTURE?		YES / NO			
WAS THERE ANY AUDIO RECORDED?		YES / NO			
SCENE ACCIDENT PHOTOS TAKEN?		YES / NO.			
WHO IS REPORTING		DRIVER / OWNER / BOTH			
Original Language Used		English / Mandarin / Others:			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / NO			

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 reudiate 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:

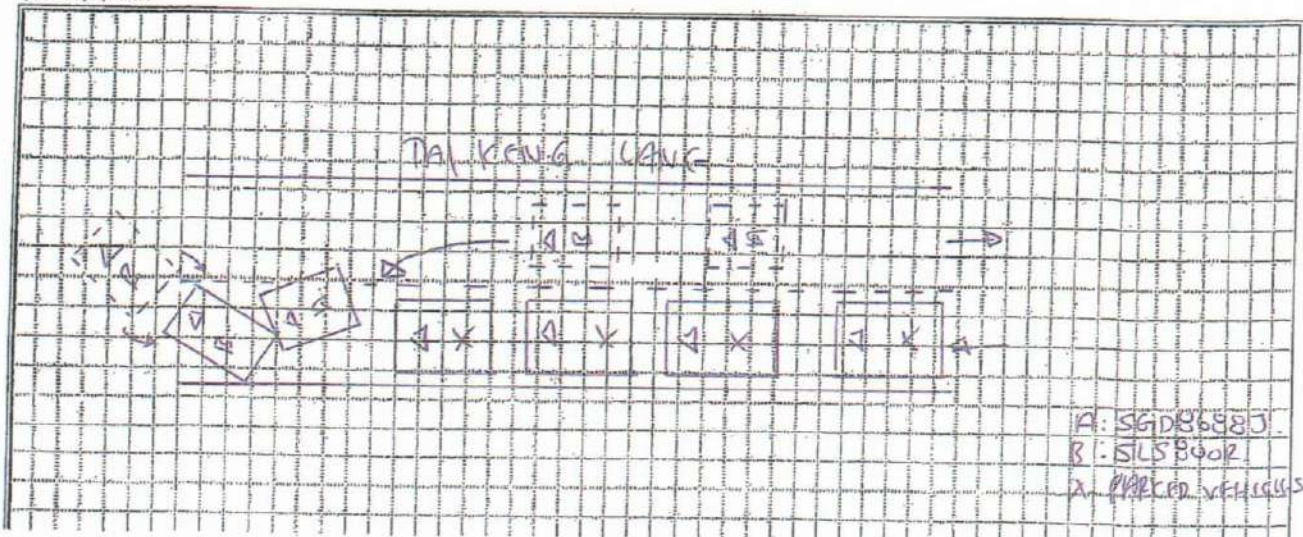
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

ON THE STATED DATE AND TIME, I WAS TRAVELLING
STRAIGHT -

OUT OF NOWHERE, VEH B ENGAGED HIS REVERSE
GEAR AND REVERSED ABRUPTLY AT A GREAT SPEED

I CHECKED MY REAR VIEW MIRROR AND SAW A
VEHICLE BEHIND ME AS SUCH I COULDN'T REVERSE TO
AVOID A COLLISION - I HONKED REPEATEDLY BUT
VEH B STILL REVERSED AND HIT OVER ME

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 Personnel

BIFROST AUTO PTE LTD

8 KAKI BUKIT AVE 4, PREMIER @ KAKI BUKIT

#01-49 SINGAPORE 415875

Tel: +65 64524457

Fax: +65 64524584

Company Reg No: 201929175W

Repair Estimate

Vehicle number: SGD8688J

Make & Model: Volkswagen Sharan

Chassis number: WVWZZZ7NZHV236734

Date of survey:

Name of surveyor:

Contacts:

No.	Description of spare parts	Qty	Amount S\$
1	Front bumper	1	\$ de 2,214.59
2	Front bumper LH side corner parking sensor	1	\$ rw 190.18
3	Front bumper LH side parking sensor	1	\$ x g 190.18
4	Front bumper LH centre parking sensor	1	\$ x g 190.18
5	Front bumper parking sensor rubber seal	6	\$ x g 22.35
6	Front bumper LH fog lamp	1	\$ ana 372.13
7	Front bumper LH fog lamp cover	1	\$ ant 189.91
8	Front bumper centre grille	1	\$ x g 221.54
9	Front bumper centre grille chrome moulding	1	\$ x g 220.19
10	Front bumper reinforcement	1	\$ x g 734.58
11	Front bumper centre bracket	1	\$ x g 155.32
12	Front bumper RH side retainer	1	\$ x g 31.35
13	Front bumper LH side retainer	1	\$ ana 31.35
14	Front bumper RH inner bracket	1	\$ x un 33.19
15	Front bumper LH inner bracket	1	\$ x un 33.19
16	LH headlamp	1	\$ ant 2,669.12
17	LH headlamp nozzle cover	1	\$ ant 26.00
18	LH headlamp nozzle	1	\$ ana 235.66
19	LH headlamp upper panel	1	\$ x un 53.39
20	RH headlamp	1	\$ x un 2,736.03
21	Front grille	1	\$ ana 606.73
22	Front grille emblem	1	\$ ana 115.42
23	Support panel	1	\$ x g 905.02
24	Aircon condenser	1	\$ x g 876.95
25	Radiator assy	1	\$ x g 783.37
26	Front LH fender	1	\$ x g 872.62
27	Front LH fender splash shield	1	\$ x g 221.03

\$ 14,931.57

Parts less 10% \$ 1,493.16

Total \$ 13,438.41

No.	Special Nett Items	Qty	Amount S\$
1	Front bumper clips	1set	\$ 30 net 80.00
2	Front grille clips	1set	\$ 20 net 60.00
3	Radiator coolant	1	\$ x un 80.00
4	Front LH fender splash shield clips	1set	\$ x un 70.00

Total: \$ 290.00

No.	Labour and painting	Amount S\$
1	Labour charges to remove, check, replace and reinstall damages bodyparts. To panel beating, cut/weld and realign all affected panels and areas	250 \$ 1,300.00
2	Spray painting on affected areas and panels	250 \$ 1,200.00
3	Check wiring and lighting system on affected areas	\$ 30 80.00
4	Apply rust coating chemical on affected areas and panels	\$ X 70.00
5	Refocus and adjust headlamps assy	\$ X 80.00
6	Remove and replace aircon condenser, pipes and hoses to assist repair. To refill gas	\$ X 220.00
7	Remove and replace radiator assy, hoses and fan assy to assist repair. To refill coolant	\$ X 280.00

Total: \$ 3,230.00

Agreed Amount: _____ (Part by Part / Lump sum)

Working days: _____

Spare Parts: \$ 13,438.41

Special Nett: \$ 290.00

Labour: \$ 3,230.00

Total Amount: \$ 16,958.41

Tan Jiah 97495749

'WP' 13/12/22 5pm

4/5 Resurvey after repair

tanjiah@lkhauto.com

- To check consistency of accident

- To check part prices

2 days

- 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: _____