

ŠKODA Centre Singapore

26 Leng Kee Rd
Singapore 159104
Biz. Reg. No.: 199101494Z
GST No.: M200985052



Quotation

Non binding - Preview

Page 1/3

Company
ERGO INSURANCE PTE. LTD
8 TEMASEK BOULEVARD
#04-01 SUNTEC TOWER THREE
Singapore 038988

Customer Details:
Mr
LIM
YONG KOK
104A DEPOT ROAD
#03-551
SINGAPORE 101104

Document no.
Document date 14-03-2023
Customer no. 5211001034
Customer GST-ID 199305211H
Dealer 30001
Job order number 2023007224/ 1
Job order date 14-03-2023
Service Advisor SHU SHI TANG

License plate	Model code	First registration	VIN	Model	Mileage
SDH2896D	NS74RZS0	29-04-2019	TMBMD9NS6J8092982	Kodiaq Style 2.0 I TSI 132kW DSG	50,205

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				#6	280.00	302.40
9801B005	B&P DIAGNOSIS AND PROGRAMMING				#6	480.00	518.40
9801B003	B&P WHEEL ALIGNMENT				#6	360.00	388.80
9801B001	R&R RIM & BALANCE				#6	50.00	54.00
9801B001	CHANGE LANE ASSIST SYSTEM CALIBRATION				#6	840.00	907.20
565807421	Cover For REAR BUMPER (UPPER)	1	pcs.	2,208.62	#6	2,208.62	2,385.31
565807521 9B9	Cover For REAR BUMPER (LOWER)	1	pcs.	473.82	#6	473.82	511.73
565919493A 9B9	Sensor Bracket	1	pcs.	19.51	#6	19.51	21.07
565919494A 9B9	Sensor Bracket	1	pcs.	19.51	#6	19.51	21.07
565919491C	Sensor Bracket	1	pcs.	15.25	#6	15.25	16.47
565919491B	Sensor Bracket	1	pcs.	15.25	#6	15.25	16.47
565919492B	Sensor Bracket	1	pcs.	15.25	#6	15.25	16.47
565919492C	Sensor Bracket	1	pcs.	15.25	#6	15.25	16.47
D 180KU2A1	2k-Plastic Adhesive	1	pcs.	84.64	#6	84.64	91.41
D 822150A1	Bonding Agent For Plastic	1	pcs.	74.37	#6	74.37	80.32
565807393	Guide Piec LHR BUMPER BRACKET (SIDE)	1	pcs.	57.96	#6	57.96	62.60
565807394	Guide Piec RHR BUMPER BRACKET (SIDE)	1	pcs.	57.96	#6	57.96	62.60
565807393B	Guide Piec LHR BUMPER BRACKET (UPPER)	1	pcs.	57.96	#6	57.96	62.60
565807394B	Guide Piec RHR BUMPER BRACKET (UPPER)	1	pcs.	57.96	#6	57.96	62.60
N 10621301	Expanding Nut	6	pcs.	2.06	#6	12.36	13.35
565945208A	Taillight RHS TAILLIGHT OUTER	1	pcs.	1,037.34	#6	1,037.34	1,120.33
565945308C	Led Tail L RHS TAILLIGHT INNER	1	pcs.	755.54	#6	755.54	815.98
3T0945229	Ball Screw	2	pcs.	3.25	#6	6.50	7.02
N 90781502	Rivetted Cap Nut	2	pcs.	2.81	#6	5.62	6.07
565945106	Reflector REFLECTOR RH	1	pcs.	53.43	#6	53.43	57.70
5Q0907686C	Control Unit For Blind Sp BLIND SPOT CONTROL UNIT RH	1	pcs.	1,062.32	#6	1,062.32	1,147.31
565907456A	Bracket BLIND SPOT CONTROL UNIT BRACKET RH	1	pcs.	29.64	#6	29.64	32.01
565809602C	Sectional RHS REAR FENDER	1	pcs.	2,084.55	#6	2,084.55	2,251.31
D 506KD1A4	2k-Insert Foam	1	pcs.	176.68	#6	176.68	190.81
D 476KD1M2	Sealant Can Be Sprayed	1	pcs.	73.44	#6	73.44	79.32

ŠKODA Centre Singapore

26 Leng Kee Rd
Singapore 159104
Biz. Reg. No.: 199101494Z
GST No.: M200985052



Quotation

Non binding - Preview

Page 2/3

Company
ERGO INSURANCE PTE. LTD
8 TEMASEK BOULEVARD
#04-01 SUNTEC TOWER THREE
Singapore 038988

Customer Details:
Mr
LIM
YONG KOK
104A DEPOT ROAD
#03-551
SINGAPORE 101104

Document no.
Document date 14-03-2023
Customer no. 5211001034
Customer GST-ID 199305211H
Dealer 30001
Job order number 2023007224/ 1
Job order date 14-03-2023
Service Advisor SHU SHI TANG

License plate	Model code	First registration	VIN	Model	Mileage
SDH2896D	NS74RZS0	29-04-2019	TMBMD9NS6J8092982	Kodiaq Style 2.0 I TSI 132kW DSG	50,205

Position no.	Description	Quantity	Unit	Unit price excl. GST	Tax code	Total amount excl. GST	Total amount incl. GST
D 007500A2	Zinc Spray	1	pcs.	75.80	#6	75.80	81.86
D 180003M2	2k-Body Adhesive	1	pcs.	509.24	#6	509.24	549.98
565845298D JV1	Side Windo	1	pcs.	645.30	#6	645.30	696.92
	RHR FENDER GLASS						
D 169300M2	1k Window Adhesive	1	pcs.	50.73	#6	50.73	54.79
D 00940104	All Purpose Cleaner	1	pcs.	84.67	#6	84.67	91.44
D 00920002	Primer	1	pcs.	24.91	#6	24.91	26.90
D 181802M1	Activator	1	pcs.	21.62	#6	21.62	23.35
D 00950025	Applicator	2	pcs.	9.19	#6	18.38	19.85
565854820A 9B9	RHR Wheel Arch Trim	1	pcs.	183.60	#6	183.60	198.29
3C0853586	Grommet	8	pcs.	1.88	#6	15.04	16.24
565854950 9B9	Protection	1	pcs.	337.79	#6	337.79	364.81
	RHR DOOR LOWER GARNISH						
3V0853586	Grommet	8	pcs.	1.50	#6	12.00	12.96
565601025F 8Z8	Alloy Whee	1	pcs.	1,897.98	#6	1,897.98	2,049.82
311601361	Rubber Valve	1	pcs.	3.99	#6	3.99	4.31
	LABOUR	8	pcs.	840.00	#6	6,720.00	7,257.60
	SPRAY PAINT	5	pcs.	800.00	#6	4,000.00	4,320.00
	R&R RHR FENDER GLASS	1	pcs.	840.00	#6	840.00	907.20
	R&R REAR LUGGAGE TRIM	1	pcs.	840.00	#6	840.00	907.20
	R&R REAR SEAT	1	pcs.	840.00	#6	840.00	907.20
	RHR FENDER GLASS SOLAR FILM	1	pcs.	200.00	#6	200.00	216.00
	ERGO OD/RECOVERY						
	DOA: 13/3/2023						
	EXCESS:						
	SURVEY BY:						

Quotation valid till 21-03-2023

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount incl. GST
#6	2,010.00	25,791.78	8%	2,224.14	27,801.78	30,025.92
Total	2,010.00	25,791.78		2,224.14	27,801.78	30,025.92

Customer

Service Advisor

ŠKODA Centre Singapore

26 Leng Kee Rd
Singapore 159104
Biz. Reg. No.: 199101494Z
GST No.: M200985052



Quotation

Non binding - Preview

Page 3/3

Company
ERGO INSURANCE PTE. LTD
8 TEMASEK BOULEVARD
#04-01 SUNTEC TOWER THREE
Singapore 038988

Customer Details:
Mr
LIM
YONG KOK
104A DEPOT ROAD
#03-551
SINGAPORE 101104

Document no.
Document date 14-03-2023
Customer no. 5211001034
Customer GST-ID 199305211H
Dealer 30001
Job order number 2023007224/ 1
Job order date 14-03-2023
Service Advisor SHU SHI TANG

License plate	Model code	First registration	VIN	Model	Mileage
SDH2896D	NS74RZS0	29-04-2019	TMBMD9NS6J8092982	Kodiaq Style 2.0 I TSI 132kW DSG	50,205

-----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..... 13/03/2023 14:58 (SGT)
Reported by..... Both Policyholder and Actual Driver
Date of Accident..... 13/03/2023 11:28 (SGT)
Exact Location of Accident..... Singapore
Additional Location Information..... PIE TOWARDS TUAS LAMP POLE NO.1552
Country/State of Loss..... Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number..... SDH2896D

INSURED/POLICYHOLDER

Is company?..... No
Name Of Registered Owner..... LIM YONG KOK
NRIC No..... S1758213E
Email Address..... KOKLY@SINGNET.COM.SG
Mobile Phone No..... (Phone) +65-97486698
Alternative Phone No..... -

VEHICLE PARTICULARS

Manufacturer..... Skoda
Model..... Kodiaq
Variant..... KODIAQ 2.0 TSI 4X4 (A)
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?..... Yes
Vehicle Category..... Private car
Transmission..... Auto
CC..... 1984

INSURANCE COMPANY

Name of Insurance Company..... ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number..... DMPG22004856

DRIVER

Name of Driver..... LIM YONG KOK
NRIC No..... S1758213E
Date Of Birth..... 22/07/1966
Occupation..... Indoor



Date Of Driving Pass.....	14/10/1986
Driving experience.....	36 YEARS AND 5 MONTHS
Gender.....	Male
Mobile Number.....	(Phone) +65-97486698
Alt. Phone Number.....	-
Email Address.....	KOKLY@SINGNET.COM.SG
Address.....	BLK 104A DEPOT ROAD #03-551
Address complement.....	-
Postcode.....	101104
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 - Change/cross lane
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?.....	Yes
Was any injured conveyed to hospital by ambulance?.....	No
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.....	TENG SENG CHWEE
Gender.....	Male

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

PLS REFER TO SKETCH PAN

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.....	FBH6447P
Vehicle Manufacturer.....	-
Vehicle Model.....	-
Vehicle Variant.....	-

Vehicle Colour.....	-
Vehicle Category.....	Motorcycle
Name of Driver.....	KAI XIANG
Contact Number.....	(Phone) +65-90084034
Address.....	-
Address complement.....	-
Postcode.....	-
Insurance Company Name.....	-
Nature Of Damage.....	-
Details of property damaged in accident.....	-
No. Of Passenger (Including Driver).....	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person.....	KAI XIANG
Gender.....	-
Phone No.....	-
Address.....	-
Address Complement.....	-
Post Code.....	-
Approximate Age Years Old.....	-
Injuries Sustained.....	-
Injured person in which vehicle?.....	FBH6447P
Were seat belts worn?.....	-
Was this injured conveyed to hospital by ambulance?.....	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 regulate 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.

[Signature]

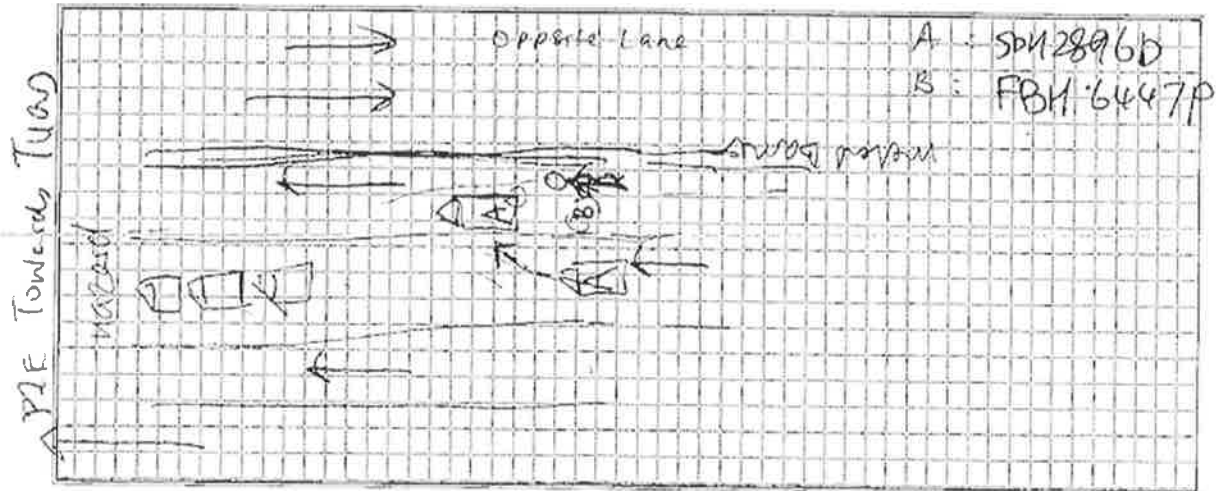
Policyholder's Signature / Date & Time

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: SDH2896D	ACCIDENT DATE & TIME: 13/3/2023, 11:20a
CONTACT NUMBER: 97486698	E-MAIL: timkate3422@gmail.com
LOCATION: P2E towards Tuen	kokly@Singnet.com.sg
1552 1.) Hazard in front and Z slow down & afraid that car behind may knock over car. 2.) Z take a slow swifter to the right line. 3.) There is one road motorcycle Z aware before switching lane & switch to the right, leaving a space for motor cycle to pass me as his speed is very fast. 4.) However, he lost control & knock on my side behind the light as well. 5.) The motorcycle falls off as not able to be scaled in time. 6.) He suffered cut at his hands & legs but maintain consciousness. 7.) The LTA EMS & ambulance came & do on the spot treatment to clean the wound. 8.) CTA officer advised to wage within 2 hrs. Inquire claim but no police report and be rejected. EMS ambulance do not fetch / carry injury to hospital & EMS vehicle tow his motorcycle & he board the EMS tow truck.	
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 COMP AT OTHER WORKSHOP ☐ REPORTING ONLY	

Declaration

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

[Signature]

Policyholder's Signature / Date & Time

2:09 pm, 13/3/2023.

[Signature]

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



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