ASS. REC. BY: Taufik | REF: CO3/AIS23003795/TQ Y3.

ASSIGNMENT

From: ______ Date: ______

Estimated Cost: ______

ODV 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: tba

(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: 150K.

IDAC Accident Rport: ______ 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

Vehicle: IN / OUT

Date: ______ Person Contacted: ______

Veh No: SNJ7626E Yr Regn: 2018, June

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or ______

Make: Volkswagen Arteon. c.c 1984

Colour: Maroon A/C: Insured / Std / NI / NA

Sp.Reading: 33650 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: WVW ZZZ 3HZ JE 507241

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: 245/35R20

R: ~

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or ______

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	13/4/23

Survey held at: VW Tues

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

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

1) ______ ☐ : Final Report

Date/Time, File Return to?

2) ______

Days Of Repair: ______

Resurvey No. of Trip: ______

Add Fee: ☐ : Site Insp ($ ______)

☐ : Interview ($ ______)

☐ : Tech. Invs ($ ______)

☐ : Weekend ($ ______)

Survey Fee:	
Transportation:	
S + RS. SI	
Photos	
Others	
TOTAL	

Rep[redacted]Format : ______

Lump Sum / I.B.I ($ ______)

VOLKSWAGEN CENTRE SINGAPORE

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

Tax invoice
Preview

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:

Mr
GAN
HENG
BLK 64 TELOK BLANGAH DRIVE
#02-192
SINGAPORE 100064

Page	1/2
Document no.	
Document date	11-04-2023
Customer no.	5211058431
Customer GST-ID	
Dealer	30001
Job order number	2023009687/ 1
Job order date	11-04-2023
Service Advisor	SHU SHI TANG

License plate	Model code	First registration	VIN	Model	Mileage
SNJ7626E	3H74PT	14-06-2018	WVWZZZ3HZJE507241	Arteon R-Line 2.0 TSI 206kW 4Motion DSG	32,286

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	200.00	216.00
9801B005	B&P DIAGNOSIS AND PROGRAMMING					#6	360.00	388.80
9801B001	360 CAMERA CALIBRATION					#6	560.00	604.80
9801B001	RADAR SENSOR CALIBRATION					#6	560.00	604.80
3G8823301D	Flap Hinge LH	1	pcs.	433.99	28.00%	#6	312.47	337.47
3G8823302D	Flap Hinge	1	pcs.	433.99	28.00%	#6	312.47	337.47
3G8823823F	Activator For Pedestrian	2	pcs.	124.93	28.00%	#6	179.90	194.29
4M0823397	Clip	2	pcs.	2.74	28.00%	#6	3.95	4.27
3G8807248B	Foam Insert	1	pcs.	156.87	28.00%	#6	112.95	121.99
3G8959109	Pressure Sensor	1	pcs.	218.51	28.00%	#6	157.33	169.92
3G8853651H ZLL	Radiator Grille With Chro	1	pcs.	1,577.15	28.00%	#6	1,135.55	1,226.39
3G0853601A JZA	Vw Sign Black/Bright Chro	1	pcs.	481.19	28.00%	#6	346.46	374.18
	LABOUR	3	pcs.	560.00		#6	1,680.00	1,814.40
	SPRAY PAINT	3	pcs.	530.00		#6	1,590.00	1,717.20
	NUMBER PLATE	1	pcs.	80.00		#6	80.00	86.40

Tax Code	Labour	Material	Material Discount	GST %	GST	Total Discount	Total amount excl. GST	Total amount incl. GST
#6	1,680.00	5,911.08	995.96	8%	607.29	995.96	7,591.08	8,198.37
Total	1,680.00	5,911.08	995.96		607.29	995.96	7,591.08	8,198.37

Taufikin 97495749
Not Authorise Ex: to be advise
13/4/23 @ 10am. 05 days
P/P Resurvey new parts / before paint
taufikin@lkkauto.com

Customer

Service Advisor

Please inspect your vehicle prior to leaving our premises; we seek your understanding that we are not able to honour claims on scratches, dents etc. after your car has left our premises.

Payment in respect of any purchased services, packages inclusive of Prepaid Service Repair Package, or promotional items are strictly non-refundable.

-----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).-----

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

Tax invoice
Preview

Mr
GAN
HENG
BLK 64 TELOK BLANGAH DRIVE
#02-192
SINGAPORE 100064

Document no.	
Document date	11-04-2023
Customer no.	5211058431
Customer GST-ID	
Dealer	30001
Job order number	2023009687/ 1
Job order date	11-04-2023
Service Advisor	SHU SHI TANG

License plate	Model code	First registration	VIN	Model	Mileage
SNJ7626E	3H74PT	14-06-2018	WVWZZZ3HZJE507241	Arteon R-Line 2.0 TSI 206kW 4Motion DSG	32,286

All fund transfer payments should be made payable to Volkswagen Group Singapore Pte Ltd; Bank Name: Deutsche Bank AG (Singapore Branch), Bank Account: 2528214002, Swift Code: DEUTSGSG. Please indicate Customer Number (eg. 521XXXXXXX), Customer Name and Invoice Number in the payments.

Until payment of all goods (parts, accessories etc.) has been made in full to and received by Volkswagen Group Singapore (VGS), the goods remain in legal possession of VGS, irrespective if they have already been installed into your vehicle. However, the warranty of the goods (where applicable) starts with the issuance of the invoice or the collection of your car, whichever is earlier.

For warranty terms and conditions please visit our website www.volkswagen.com.sg

This is an authorised document. No signature is required.

All invoices are denominated in SGD, unless otherwise stated.

Your NCD will be affected due to late reporting

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 witholding 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	11/04/2023 16:48 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/04/2023 01:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	North Bridge Road towards south bridge road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNJ7626E

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GAN HENG
NRIC No	SXXXX411B
Email Address	ganheng@yahoo.com.sg
Mobile Phone No	(Phone) +65-97427843
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Arteon
Variant	Arteon R-Line 2.0 TSI 206kW 4Motion DSG
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2004947004-01

DRIVER

Name of Driver	GAN HENG
NRIC No	SXXXX411B
Date Of Birth	25/09/1982
Occupation	Indoor

Date Of Driving Pass	30/08/2006
Driving experience	16 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97427843
Alt. Phone Number	-
Email Address	ganheng@yahoo.com.sg
Address	BLK 64 TELOK BLANGAH DRIVE
Address complement	#02-192
Postcode	100064
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?	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

refer to sketch plan

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB316U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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. This Form must be **completed by the Policyholder and/or the Authorised 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. The 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.
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.

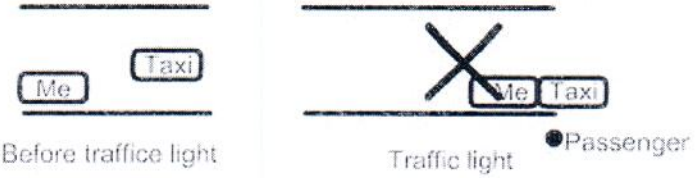
Gan Heng 08/04/23

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

It was 11Sam on 07 April, Good friday morning. I was driving down North Bridge Road towards south bridge road.
Approaching the junction of Coleman street, I noticed the taxi infront of me was driving on 2 lanes.
I did not think much of it and so kept to the right of the lane to give him more space.
However at the junction, in the yellow box, he went all the way to the and stopped his taxi to pick up a passenger.
I could not stop in time and collided with him.

I settled with the taxi driver for $200, so the taxi should not be making any claims against me.
and if I were to make any claims it would be to my own insurance.

Declaration

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

Gan Heng 08/04/23

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel