

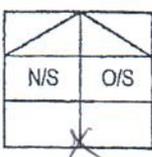
ASS. REC. BY: Taufikh

REF: CS/CT123005229/TP3

**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: SM48816X Yr Regn: 2020, Sep  
 Type:  M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Volkswagen Touvan. c.c 1355  
 Colour: Blue A/C: Insured / Std / NI / NA  
 Sp. Reading: 29719 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: WVGZZZITZ-KW072374  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Mod: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 215/55R17  
 R: 215/55R17



Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: \$12810  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No  
 Est. Repairs: 3 days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: Vehicle: IN / OUT  
Shu Shi

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. 25/5/23  
 Survey held at VW Alexandria  
 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  |
|-------------|---|
|             | Taufikh finalised final fig \$4107.08, 3 days. (Red \$4975.70, 55%) |
|             |   |
|             |   |
|             |   |
|             |   |
|             |   |
|             |   |
|             |   |
|             |   |
|             |   |

Date/Time, File Pass to?  : Prel. Report  
 : Final Report  
 1) 20/07 Typist  
 Date/Time, File Return to?

Days Of Repair: 3  
 Resurvey No. of Trip: 1

2) \_\_\_\_\_  
 Rep. Format: TP  
 Total Cost / L.B.I. (\$) 4107.08

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

|                 |  |
|-----------------|--|
| Survey Fee:     |  |
| Transportation: |  |
| \$ + RS. SI     |  |
| Photos          |  |
| Others          |  |
| TOTAL           |  |

# VOLKSWAGEN CENTRE SINGAPORE

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



## Quotation

Non binding - Preview

25/5/2023 @ 4:15 p.m.  
(LKK)

Page 1/2

Company  
CHINA TAIPING INSURANCE (S) PL  
3 ANSON ROAD  
#18-00 SPRINGLEAF TOWER  
Singapore 079909

Customer Details:  
Ms.  
CINDY  
LOH YOKE FUN  
7 PINE GROVE  
#11-04  
SINGAPORE 597592

Document no.  
Document date 23-05-2023  
Customer no. 5211001170  
Customer GST-ID 200208384E  
Dealer 30001  
Job order number 2023013720/ 1  
Job order date 22-05-2023  
Service Advisor SHU SHI TANG

|                           |                        |                                  |                          |  |                   |
|---------------------------|------------------------|----------------------------------|--------------------------|--|-------------------|
| License plate<br>SMU8816X | Model code<br>5T13NZC1 | First registration<br>01-09-2020 | VIN<br>WVGZZZ1TZKW072374 | Model<br>Touran Comfortline EQP 1.4 TSI 110kW<br>DSG | Mileage<br>22,927 |
|---------------------------|------------------------|----------------------------------|--------------------------|--|-------------------|

| Position no.   | Description  | Quantity | Unit | Unit price<br>excl. GST | Tax code | Total amount<br>excl. GST | Total amount<br>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                    |
| 5TA853630A DPJ | Vw Sign Black/Bright Chro  | 1        | pcs. | x 122.53                | #6       | 122.53                    | 132.33                    |
| 5TA853687 ZZ   | Inscription Bright Chrome NAME PLATE - TOURAN                            | 1        | pcs. | x 96.80                 | #6       | 96.80                     | 104.54                    |
| 5TA807417 GRU  | Cover For Bumper Primed  | 1        | pcs. | de 1,307.91             | #6       | 1,307.91                  | 1,412.54                  |
| 5TA807568A 9B9 | Spoiler Satin Black  | 1        | pcs. | de 399.17               | #6       | 399.17                    | 431.10                    |
| 5TA807305      | Bumper REINFORCEMENT   | 1        | pcs. | ? 766.55                | #6       | 766.55                    | 827.87                    |
| 5TA807863      | Attachment Strip   | 1        | pcs. | ? 80.40                 | #6       | 80.40                     | 86.83                     |
| 5TA807453      | BUMPER CTR BRACKET   | 1        | pcs. | x 58.20                 | #6       | 58.20                     | 62.86                     |
| 5TA807454      | Guide Piece LHR BUMPER BRACKET ( UPPER )                                 | 1        | pcs. | x 58.20                 | #6       | 58.20                     | 62.86                     |
| 5TA807393      | Guide Piece RHR BUMPER BRACKET ( UPPER )                                 | 1        | pcs. | x 56.51                 | #6       | 56.51                     | 61.03                     |
| 5TA807394      | Guide Piece LHR BUMPER BRACKET ( SIDE )                                  | 1        | pcs. | x 56.51                 | #6       | 56.51                     | 61.03                     |
|                | Guide Piece RHR BUMPER BRACKET ( SIDE )                                  | 1        | pcs. | ? 400.00                | #6       | 400.00                    | 432.00                    |
|                | LABOUR   | 3        | pcs. | 840 840.00              | #6       | 2,520.00                  | 2,721.60                  |
|                | SPRAY PAINT  | 3        | pcs. | 800 800.00              | #6       | 2,400.00                  | 2,592.00                  |
|                | REVERSE SENSOR   | 1        | pcs. | ? 400.00                | #6       | 400.00                    | 432.00                    |
|                | CHINA TAIPING DIRECT<br>DOA: 19/5/2023<br>TP VEH: SLX5577B<br>SURVEY BY: |          |      |                         |          |                           |                           |

Quotation valid till 29-05-2023

| Tax Code     | Labour        | Material        | GST % | GST           | Total amount<br>excl. GST | Total amount<br>incl. GST |
|--------------|---------------|-----------------|-------|---------------|---------------------------|---------------------------|
| #6           | 760.00        | 8,322.78        | 8%    | 726.62        | 9,082.78                  | 9,809.40                  |
| <b>Total</b> | <b>760.00</b> | <b>8,322.78</b> |       | <b>726.62</b> | <b>9,082.78</b>           | <b>9,809.40</b>           |

Customer

Tanjim 97495749  
WP 25/5/23 @ 4:30pm  
PP Resurvey before paint  
3 days  
tanjim @ lkkauto.com

- 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:

Service Advisor

## 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              | 22/05/2023 17:49 (SGT)              |
| Reported by                     | Both Policyholder and Actual Driver |
| Date of Accident                | 19/05/2023 18:00 (SGT)              |
| Exact Location of Accident      | Singapore                           |
| Additional Location Information | BUKIT TIMAH ROAD                    |
| Country/State of Loss           | Singapore                           |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SMU8816X |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                       |
|--------------------------|-----------------------|
| Is company?              | No                    |
| Name Of Registered Owner | CINDY LOH YOKE FUN    |
| NRIC No                  | SXXXX799D             |
| Email Address            | JOYFULSTEPS@GMAIL.COM |
| Mobile Phone No          | (Phone) +65-96857957  |
| Alternative Phone No     | -                     |

#### VEHICLE PARTICULARS

|  |  |
|--|--|
| Manufacturer   | Volkswagen                               |
| Model  | Touran                                   |
| Variant  | Touran Comfortline EQP 1.4 TSI 110kW 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? | No - Claiming third party                |
| Vehicle Category   | Private car                              |
| Transmission   | Auto                                     |
| CC   | 1400                                     |

#### INSURANCE COMPANY

|                                   |                                       |
|-----------------------------------|---------------------------------------|
| Name of Insurance Company         | Allianz Insurance Singapore Pte. Ltd. |
| Policy Number / Cover Note Number | SP2004872874                          |

#### DRIVER

|                |                    |
|----------------|--------------------|
| Name of Driver | CINDY LOH YOKE FUN |
| NRIC No        | SXXXX799D          |
| Date Of Birth  | 04/01/1967         |
| Occupation     | Indoor             |

|  |                       |
|--|-----------------------|
| Date Of Driving Pass   | 21/01/1992            |
| Driving experience   | 31 YEARS AND 4 MONTHS |
| Gender   | Female                |
| Mobile Number  | (Phone) +65-96857957  |
| Alt. Phone Number  | -                     |
| Email Address  | JOYFULSTEPS@GMAIL.COM |
| Address  | 7 PINE GROVE          |
| Address complement   | #11-04                |
| Postcode   | 597592                |
| 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   | CHIN HOI THEM |
| 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 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 | SLX5577B |
| Vehicle Manufacturer        | Mercedes |
| Vehicle Model               | C180     |
| Vehicle Variant             | -        |

|   |   |
|---|---|
| Vehicle Colour                          | -   |
| Vehicle Category                        | Private car                                   |
| Name of Driver                          | LEE MAY CHUN                                  |
| NRIC No                                 | SXXXX009J                                     |
| Contact Number                          | (Phone) +65-85110008                          |
| Address                                 | -   |
| Address complement                      | -   |
| Postcode                                | -   |
| Insurance Company Name                  | China Taiping Insurance (Singapore) Pte. Ltd. |
| 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 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:

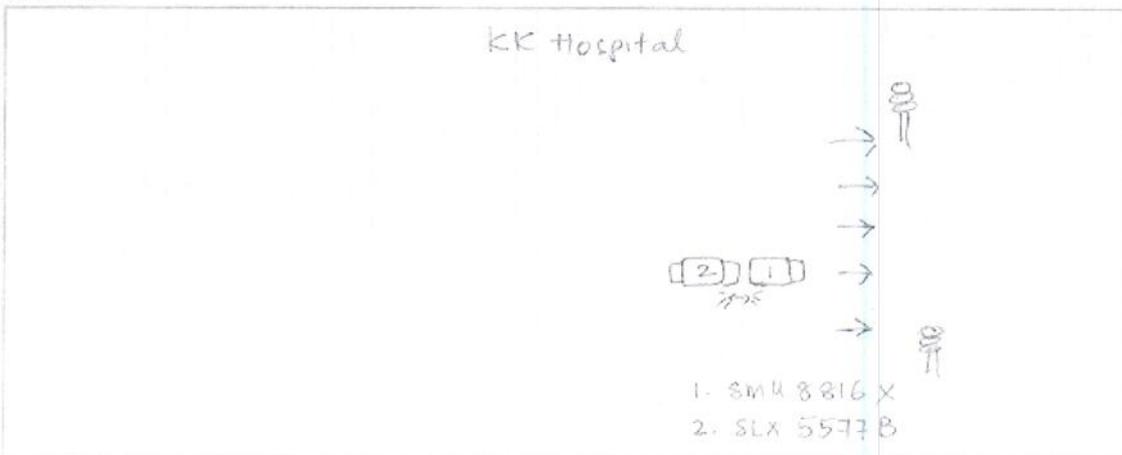
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 22/5/23 4:20pm  
 Policyholder's Signature / Date & Time

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

 22/5/2023  
 Witnessed by Reporting Centre Personnel (Name as in NR CID card)

Sketch Plan



**Describe Circumstance of the Accident**

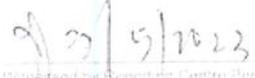
Date of Accident : 19 May 2023 (Fri)  
Time of Accident : 6.00pm  
Venue / location of Accident : Bukit Timah Road

My car was at stationary position when the accident occurred. at the junction traffic lights outside KFH road. This is a one-way traffic.

When light turned green, before I could start moving my car, the driver from behind, SLX 5577 B bumped my vehicle from behind.

Paint works + bumper is disengaged now due to the accident. Photos of accident will be provided.

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

|   |  |
|---|--|
|  |        |
| Policyholder's Signature / Date & Time:<br>22/5/23 4:20pm                           | Actual Driver's Signature (if driver is not the policyholder) / Date & Time:<br>9/2/5/2023 |
|   | Witnessed by Reporting Centre Personnel<br>(Name as in NRIC/ID Card)                       |