



# 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)

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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 SMU8816X	Model code 5T13NZC1	First registration 01-09-2020	VIN WVGZZZ1TZKW072374	Model Touran Comfortline EQP 1.4 TSI 110kW DSG	Mileage 22,927
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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
5TA853630A DPJ	Vw Sign Black/Bright Chro	1	pcs.	x 122.53	#6	122.53	132.33
5TA853687 ZZZ	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	#6	2,520.00	2,721.60
	SPRAY PAINT	3	pcs.	800	#6	2,400.00	2,592.00
	REVERSE SENSOR	1	pcs.	? 400.00	#6	400.00	432.00
	CHINA TAIPING DIRECT DOA: 19/5/2023 TP VEH: SLX5577B SURVEY BY:						

Quotation valid till 29-05-2023

Tax Code	Labour	Material	GST %	GST	Total amount excl. GST	Total amount 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 @ 11wants.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
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#### 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

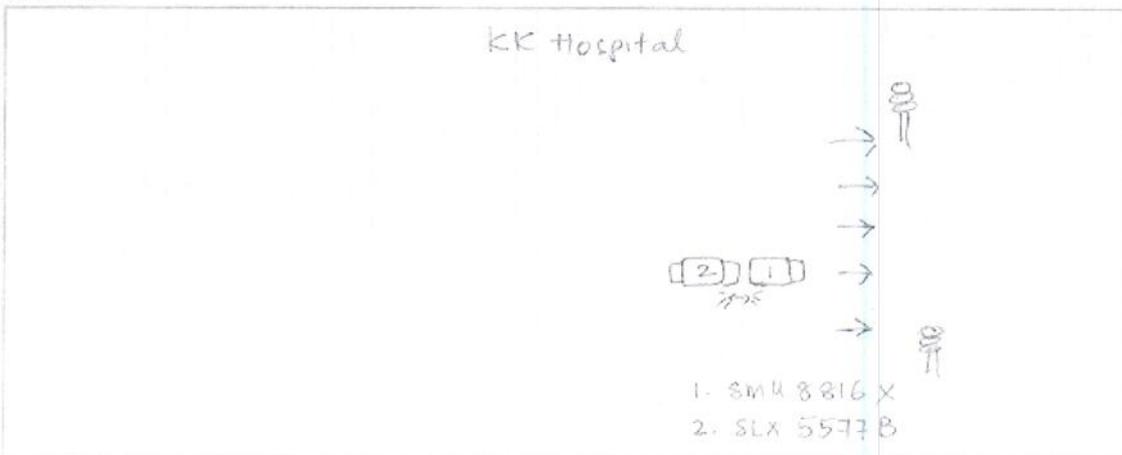
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

*[Signature]*

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

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

*[Signature]*  
9/2/5/2023

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