

REF: CS/CTI 24080510 / Avh3

ASSIGNMENT

From: _____ Date: _____

Estim: _____

OD / TP RES / OD RES / EVA / INV / MV

To in _____ Vehicle No: _____

at W _____ m/s

of _____

Insured: **GBF 4194S**

Policy No _____

Claim's No **SNM24D204857**

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: _____

IDAC Accident Rpt _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repair: _____ 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: **SMY8429J** Yr Regn: **2017 July**

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

Truck / Trailer or

Make: **Kia Cerato KC3** C.D. **1591**

Colour **Black** A/C: Insured / Std / NI / NA

Sp. Reading **258310** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **KNAFX411MH5696629**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: **215/45R17**

R: **215/45R17**

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

TOYO / YOKO or **Giti**

Front _____ Rear _____

R/Bal. **06** mm R/Bal. **06** mm

L/Bal. **06** mm L/Bal. **06** mm

D.O.A. **25/8/24** D.O.I. **20/08/24**

Survey held at **Birrost**

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
	TP Claim
3/12/24	LS \$6000 confirmed by email (Red 6139.90, 50%)
	COE Expiry
	Estimate given during : Yes C ✓
	1st Survey : No C)
	MV : 43K
	PV : 21.3K
	Nett : 21.7K

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

1) ☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: **6**

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Inve (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos

Others

Report Format: _____

Report Form: _____

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	542Z

Vehicle Details

Vehicle No.:	SMY8429J
Vehicle to be Exported:	Yes
Intended Deregistration Date:	29 Aug 2024
Vehicle Make:	KIA
Vehicle Model:	CERATO K3 1.6A
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	G4FGGH667611
Chassis No.:	KNAFX411MH5696629
Maximum Power Output:	95.3 kW (127 bhp)
Open Market Value:	\$14,675.00
Original Registration Date:	31 Jul 2017
First Registration Date:	31 Jul 2017
Transfer Count:	2
Actual ARF Paid:	\$14,675.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Jul 2027
PARF Rebate Amount:	\$8,805.00

Intended COE Rebate Details

COE Expiry Date:	30 Jul 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$42,801.00
COE Rebate Amount:	\$12,495.00
Total Rebate Amount:	\$21,300.00

Message

You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.

The information contained herein is correct as at 29 Aug 2024

OK

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 First Submission	28/08/2024 17:30 (SGT)
Reported by	Actual Driver
Date of Accident	28/08/2024 10:20 (SGT)
Exact Location of Accident	Near 47 Tessensohn Rd, Singapore 217663
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY8429J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	GOCAR PRIVATE LIMITED
Company Reg No	202225542Z
Email Address	WILLYTWL182@GMAIL.COM
Mobile Phone No	(Phone) +65-97877657
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1591
Vehicle Fuel	Petrol
First Registration Date	31/07/2017
Chassis no	KNAFX411MH5696629
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2032096114

DRIVER

Name of Driver	HENG CHRISTOPHER
NRIC No	S1807149E
Date Of Birth	24/08/1967
Occupation	Outdoor
Driving Pass Date	02/02/1989
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	35 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97242247
Alt. Phone Number	-
Email Address	CHRISHENG108@GMAIL.COM
Address	APT BLK 6 HOUGANG AVENUE 3 #03-70 S 530006
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	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	SERENE
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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF4194S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

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

SKETCH PLAN

IMPORTANT NOTICE

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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 rescind 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/authorities (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 making 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/postal 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/are 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.

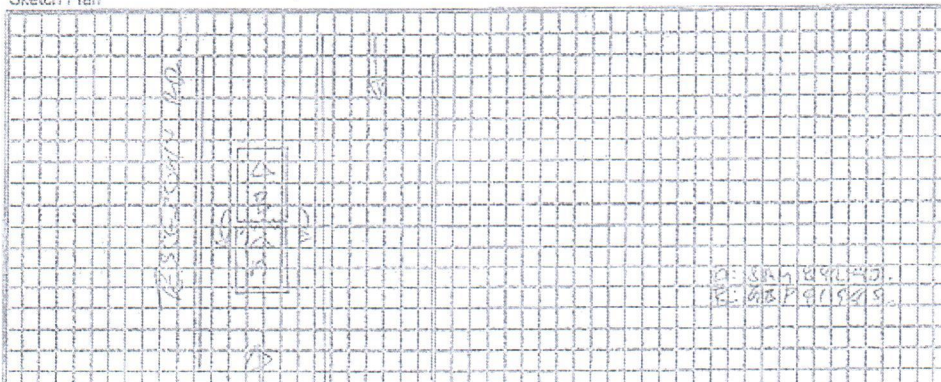


Policyholder's Signature & Date & Time

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 IN MY OWN LANE BEHIND
VEH B WITH A SAFETY DISTANCE MAINTAINED.
OUT OF NOWHERE, VEH R JAMMED HIS BRAKES
AND REVERSED AND HIT INTO MY VEHICLE'S
FRONT BUMP.

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

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

M Wi

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

Vehicle number: SMY8429J

Make & Model: Kia Cerato K3

Chassis number: KNAFX411MH5696629

No.	Description of spare parts	Qty	Amount S\$
1	Bonnet <i>Detent</i>	1	\$ 1,445.00
2	Bonnet RH hinge <i>for</i>	1	\$ 78.00
3	Bonnet LH hinge <i>for</i>	1	\$ 78.00
4	Bonnet lock <i>new</i>	1	\$ 101.00
5	Bonnet insulator <i>for</i>	1	\$ 141.00
6	Bonnet insulator clips <i>for</i>	1set	\$ 60.00
7	Front bumper <i>Detent</i>	1	\$ 633.00
8	Front bumper emblem <i>for</i>	1	\$ 32.00
9	Front bumper lower grille <i>Detent</i>	1	\$ 91.00
10	Front bumper reinforcement <i>Detent</i>	1	\$ 496.00
11	Front bumper inner sponge <i>could</i>	1	\$ 84.00
12	Front bumper number plate garnish <i>new Detent</i>	1	\$ 22.00
13	Front bumper towing cover <i>new</i>	1	\$ 21.00
14	Front bumper RH fog lamp <i>for</i>	1	\$ 235.00
15	Front bumper LH fog lamp <i>for</i>	1	\$ 235.00
16	Front bumper RH retainer <i>for</i>	1	\$ 22.00
17	Front bumper LH retainer <i>for</i>	1	\$ 22.00
18	Front bumper lower cover <i>new</i>	1	\$ 65.00
19	Front grille <i>could</i>	1	\$ 328.00
20	Front grille clips <i>new</i>	1set	\$ 50.00
21	Support panel <i>Brick</i>	1	\$ 675.00
22	RH headlamp assy <i>could</i>	1	\$ 1,523.00
23	RH headlamp lower bracket <i>new</i>	1	\$ 45.00
24	LH headlamp assy <i>could</i>	1	\$ 1,523.00
25	LH headlamp lower bracket <i>could</i>	1	\$ 45.00
26	Aircon condenser <i>new</i>	1	\$ 747.00
27	Aircon condenser RH guide <i>new</i>	1	\$ 28.00
28	Aircon condenser LH guide <i>Detent</i>	1	\$ 28.00
29	Aircon suction pipe <i>for</i>	1	\$ 301.00
30	Aircon liquid pipe <i>for</i>	1	\$ 378.00
31	Aircon discharge pipe <i>new</i>	1	\$ 311.00
32	Radiator <i>for</i>	1	\$ 637.00
33	Radiator spare tank <i>for</i>	1	\$ 92.00
34	Radiator fan assy <i>for</i>	1	\$ 498.00
35	Horn (low tone) <i>for</i>	1	\$ 68.00
36	Horn (high tone) <i>for</i>	1	\$ 69.00
37	Air duct <i>for</i>	1	\$ 77.00
38	Air cleaner box <i>for</i>	1	\$ 472.00

1050

355

20

\$ 10,311.00
 Parts less 10% \$ 1,031.10
 Total: \$ 9,279.90

No.	Special Nett Items	Qty	Amount S\$
1	Front number plate <i>not in</i>	1	\$ 70.00 <i>+</i>
2	Radiator coolant <i>in</i>	1	\$ 70.00 <i>40</i>
3	Front bumper centre art sticker <i>in</i>	1	\$ 200.00 <i>50</i>
4	Front bumper red strip <i>in</i>	1	\$ 350.00 <i>50</i>
5	Front bumper number plate side art sticker	2	\$ 240.00 <i>50</i>
Total:			\$ 930.00

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	\$ 1,400.00 <i>80</i>
2	Spray painting on affected areas and panels	\$ 1,300.00 <i>60</i>
3	Check wiring and lighting system on affected areas	\$ 60.00 <i>30</i>
4	Apply rust coating chemical on affected areas and panels	\$ 80.00 <i>40</i>
5	Remove and replace aircon condenser and pipes to assist repair	\$ 220.00 <i>60</i>
6	Remove and replace radiator assy and fan assy to assist repair	\$ 220.00 <i>60</i>
7	Refocus and adjust headlamps assy	\$ 50.00 <i>+</i>
Total:		\$ 1,930.00

Agreed Amount: _____ (Part by Part / Lump sum)
 Working 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 Insurer's Company

Acknowledged by Repairer:
 Signature: _____
 Date: _____

Spare Parts: \$ 9,279.90
 Special Nett: \$ 930.00
 Labour: \$ 1,930.00
 Total: \$ 12,139.90

Adrian
L/s 30/08/24
Ob Rungs