

ASS. REC. BY:

REF: F02/Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Optima

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

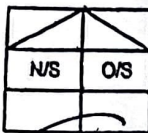
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: 8139K

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 04 days

Res.: Yes or No

Lum Sum: 1.81 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMU 61764 Yr Regn: 08, 20

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

Truck / Trailer or

Make: Volvo XC40 T4 c.c. 1969Colour: M. Red A/C: Insured / Std / NI / NASp. Reading: 63958 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: YV1X2ACADL 2283554

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / RIM or

Tyre Size: F: _____

R: 235/55R18

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 16/6/24D.O.I. 23/6/2024

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

Days Of Repair: _____

1)

☐

: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee:

Transportation

Add Fee:

☐

: Site Insp (\$

) S - RS. \$

☐

: Interview (\$

) F. m

☐

: Tech Invs (\$

) Others

☐

: Weekend (\$

)

Report Format:

Lump Sum / I.B.I. (\$

TOTAL

Date: 24/6/2024
Vehicle No: SMU6176Y
Model: VOLVO XC40
Chassis: YV1ZACADL2283554
Reg. Year: 2020

*Not Withheld
Money B4 point
4 day*

Third Party Insurer: MS FIRST CAPITAL
Third Party Veh No: SHB223T
Date of Accident: 16/6/2024
Estimator: JONATHAN
Surveyor:

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
	RR BOOT			\$ 2,700.00
	RR BOOTLID EMBLEM (VOLVO)			\$ 146.00
	RR BOOTLID EMBLEM (XC 40)			\$ 146.00
	RR BOOTLID EMBLEM (T4)			\$ 137.00
	RR BUMPER - COMPLETE			\$ 1,995.00
	RR ULTRASONIC SENSOR			\$ 349.00
	RR BUMPER REINFORCEMENT			\$ 1,440.00
SUB TOTAL				\$ 6,913.00
Less 10%				-\$ 691.30
PARTS TOTAL				\$ 6,221.70

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
	RR BUMPER CLIPS			\$ 50.00
	RR W/SCREEN SEALANT			\$ 100.00
S/N TOTAL				\$ 150.00

LABOUR CHARGES:

To remove, replace, repair, readjust & refix RR affected areas	\$	800.00
To perform wiring checks on electrical systems	\$	30.00
To remove, putty, repair, sand and respray affected areas	\$	600.00
To remove, replace & refix bumper sensors	\$	30.00
To remove, replace & reinstall Bootlid inner mechansim	\$	30.00
To remove, refix & replace RR Windscreen	\$	120.00
To perform Adas Checks, Calibration & Programming	\$	200.00

LABOUR TOTAL \$ 1,810.00

TOTAL \$ 8,181.70

JONATHAN

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

Branch subject to final approval from Insurance Company

Head office

8 Kung Chong Road Singapore 159143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch 9A Serangoon North Ave 5 Singapore 554600

Tel: (+65) 6484 9919 | Fax: (+65) 6481 1993

Acknowledged by Repairer

Signature:

Date:

Branch (Motor Insurance Claims)

Bk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047

Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011



SO0324610001-01 / OPTIMA WERKZ PTE LTD
ENTRY DATE & TIME: 18/06/2024 10:36 (SGT)
SUBMITTED BY: MOHAMED NASHIK
VERSION: 2 (24/06/2024 10:00 (SGT))

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
Reported by
Date of Accident
Exact Location of Accident
Additional Location Information
Country/State of Loss

18/06/2024 10:36 (SGT)
Owner
16/06/2024 14:33 (SGT)
TPE, Singapore
TPE EXPRESSWAY, SINGAPORE
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMU6176Y

INSURED/POLICYHOLDER

Is company?
Name Of Registered Owner
NRIC No
Email Address
Mobile Phone No
Alternative Phone No

No
TAY HUI YONG (ZHENG HUIRONG)
SXXXX481Z
HUIYONG.TAY@GMAIL.COM
(Phone) +65-97106555

VEHICLE PARTICULARS

Manufacturer
Model
Variant
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?
Vehicle Category
Transmission
CC

Volvo
Xc40
-
Private use

No - Claiming third party
Private car
Auto
1969

INSURANCE COMPANY

IMPORTANT NOTICE

SKETCH PLAN

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:

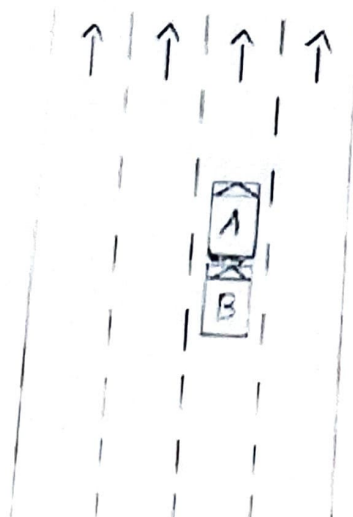
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



(A) → SMU6176Y

(R) → SHB 223T

TRE EXPRESSWAY

ASSIGNMENT

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

481Z

Vehicle Details

Vehicle No.:

SMU6176Y

Vehicle to be Exported:

No

Intended Deregistration Date:

25 Jun 2024

Vehicle Make:

VOLVO

Vehicle Model:

XC40 T4 MOMENTUM

Primary Colour:

Red

Manufacturing Year:

2019

Engine No.:

B4204T473496089

Chassis No.:

YV1XZACADL2283554

Maximum Power Output:

140.0 kW (187 bhp)

Open Market Value:

\$28,071.00

Original Registration Date:

21 Aug 2020

First Registration Date:

21 Aug 2020

Transfer Count:

0

Actual ARF Paid:

\$31,300.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

20 Aug 2030

PARF Rebate Amount:

\$23,475.00

Intended COE Rebate Details

COE Expiry Date:

20 Aug 2030

COE Category:

B - Car above 1600cc or 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$38,802.00

COE Rebate Amount:

\$23,875.00

Total Rebate Amount:

\$47,350.00

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.
Information contained herein is correct as at 24 Jun 2024

OK