

ASS. REC. BY:

REF: 111 /Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Pin Ang BPGof 572J

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.

N/S	O/S

Bal. or Market Value: 839K

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: 06 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SNA 1790R Yr Regn: 07.15Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or A)Make: Audi Q5 c.g. 1988Colour: White A/C: Insured / Std / NI / NASp. Reading: 98258 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAU 8888R 4EA123982Gen. Cohd: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD / A/Rlm or

Tyre Size: F: 235/55R19

R: _____

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

TOYO / YOKO or

Front: 8 mm Rear: 8 mmR/Bal. 8 mmL/Bal. 8 mmD.O.A. 24/10/24 D.O.I. 29/6/2024

Survey held at _____

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

ols body

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S - RS. SI

F. P. A. S.

Others

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

Report Format :

ump Sum / I.B.I. (\$) _____

TOTAL



Sin Ming Autocare BFG Pte Ltd
176 Sin Ming Drive
#02-05 Sin Ming Autocare
Singapore 575721
Tel : 6455 0600 | Fax : 6455 6192
Website: www.autocare.com.sg
GST Reg. No: 20-0210033-N

INDIA INTERNATIONAL INSURANCE PTE LTD
CECIL STREET
#04/05/06-02 IOB BUILDING
SINGAPORE 0497911

64

Attn: Motor Claim Dept

CHASSIS : WAUZZZ8R4EA123982

Not Whashed
1/1 day &
Rekey After Paint
4 days

ESTIMATE

VEHICLE NO: **SNQ1790R**
MAKE/MODEL: **AUDI Q5**
DOA: **24.10.24**

No.	Descriptions	Qty	Unit Price	Amount S\$
LIST ITEM:				
1	FRONT DOOR RH	1	4,927.00	<i>R</i> 4,927.00 ✓
2	FRONT DOOR CHROME RH	1	388.50	388.50 ✓
3	FRONT DOOR PROTECTOR RH	1	685.50	<i>in</i> 685.50 X
4	REAR DOOR RH	1	4,927.00	<i>n</i> 4,927.00 X
5	REAR DOOR CHROME	1	388.50	388.50 ✓
6	REAR DOOR PROTECTOR RH	1	547.50	<i>in</i> 547.50 X
7	SIDE MIRROR COVER RH	1 <i>SCR</i>	285.15	<i>n</i> 285.15 X
8	FRONT DOOR WEATHERSTRIP RH	1	255.00	<i>in</i> 255.00 ✓
9	REAR DOOR WEATHERSTRIP RH	1	255.00	<i>in</i> 255.00 X
10	REAR DOOR OUTER MOULDING RH	1	388.50	<i>in</i> 388.50 X
11	FRONT DOOR OUTER MOULDING RH	1	388.50	<i>in</i> 388.50 X
Sub Total (S\$) :				13,436.15
Discount (0%) :				-
Total Parts (S\$) :				13,436.15

LABOUR:

1	TO DISMANTLE & REPLACE DAMAGED PARTS,PANEL BEAT WHERE NECESSARY	1,300.00	<i>400</i>
2	TO PUTTY,APPLY PRIMER & SPRAY PAINT ON THE AFFECTED PORTION	1,100.00	<i>500</i>
3	TO APPLY RUST-PROOFING ON REPAIRED,REPLACED DOOR	150.00	<i>300</i>
4	TO WHEEL ALIGNMENT	120.00	<i>X</i>
5	TO CHECK WIRING FUNCTIONS	80.00	<i>200</i>
6	TO CALIBRATION, DIAGNOSTIC,CHECK AND RESET	480.00	<i>?</i>

LKK Auto Consultants hence notify the Repairer of the following:		<i>nn</i>
• To resurvey before/after spray painting		120.00 X
• To display damaged part(s) during resurvey		80.00 200
• Parts prices are subject to confirmation		480.00 ?
Total Labour (S\$) on a "Without Prejudice" basis		3,230.00
• No illegal modification(s) is allowed		
Total Amount (S\$) Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company		16,666.15
Acknowledged by Repairer		
Signature:		
Date:		



for Sin Ming Autocare BFG Pte Ltd

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

572J

Vehicle Details

Vehicle No.:

SNQ1790R

Vehicle to be Exported:

Yes

Intended Deregistration Date:

29 Oct 2024

Vehicle Make:

AUDI

Vehicle Model:

Q5 2.0 TFSI QUATTRO (EU6)

Primary Colour:

White

Manufacturing Year:

2014

Engine No.:

CNC055835

Chassis No.:

WAUZZZ8R4EA123982

Maximum Power Output:

165.0 kW (221 bhp)

Open Market Value:

\$45,553.00

Original Registration Date:

31 Jul 2015

First Registration Date:

31 Jul 2015

Transfer Count:

1

Actual ARF Paid:

\$55,775.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

30 Jul 2025

PARF Rebate Amount:

\$27,887.00

Intended COE Rebate Details

COE Expiry Date:

30 Jul 2025

COE Category:

E - Open Category

COE Period(Years):

10

QP Paid:

\$60,101.00

COE Rebate Amount:

\$4,373.00

Total Rebate Amount:

\$32,260.00

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 Oct 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	25/10/2024 18:16 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	24/10/2024 22:33 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	EXIT TO OUTRAM RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNQ1790R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAI PEI REN
NRIC No	SXXXX572J
Email Address	karen.tpr@gmail.com
Mobile Phone No	(Phone) +65-81897880
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q5
Variant	-
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	2000
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5145123230

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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

