ASS. REC. BY: Tayph - REF: (5/1124	110422 TUh3
	GNMENT
From: Date:	Veh No: SNU 1009T Yr Regn: 2018 , 10
Estimated Cost:	Type: M.Ogr / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD (TP) WS/TP RES/OD RES/EVA/INV/MY	Truck/Traller or
To Inspect Vehicle No:	Make: Honda Civic 15 c.c 1498
at Workshop m/s	Colour White A/C: Insured / Std / NI / NA
of	Sp.Reading 724/9 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No;
Policy No.	C/NO: MR HFC 1660 ST. 000162
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake; Inorder / Jammed / Leaked / Burnt or
Make of Veh;	Modl: NII / TRID / STD A/Rim or
	Tyre Size: F: 215/50R17
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO I YORO OF
Bal. or Market Value:	Front Rear
IDAC Accident Roort Consistent? : Yes or No	R/Bal, Mm R/Bal. C mrtt
GIA / PR Seen: Consistent?: Yes or No	L/Bal, L mm UBal. C mm
Est Repairs: days Res.: Yes or No	D.O.A. D.O.L. 2-11 24
Lum Sum: % 3 Val.: Yes or No	Survey held at MCR Mo-for
CA / REV / REP. / 24HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/G / Rooftop or
Vehicle: IN / OUT	
Dale:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
Date/Time, File Pass to? : Prell. Report	Days Of Repair:
i) ; Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee:
1 Add En	Transportation:  9: Site Insp (\$ )_s+Rs_si
and re	
~	Interview (\$ ) Photos
Rep Formal:	: Tech, Invs (\$ ) Others
Lumin Swall.P.R.CF	! Weal and (\$

### MCR MOTORS PTE.LTD

8 KAKI BUKIT AVE 4, PREMIER @ KAKI BUKIT #01-53 SINGAPORE 415875

Vehicle number: SNU1009T Make & Model: Honda Civic

Chassis number: MRHFC1660JT000162

No.	Description of spare parts	Qty	Amount S\$
1	Front bumper	1	\$ かい 617.20
2	Front bumper clips	1set	\$ Nel 20 70.00
3	Front bumper upper rubber seal	1	\$ X 27.60
4	Front bumper LH side retainer	1	\$ × 14.50
5	Front bumper RH side retainer	1	\$ × 14.50
6	Front LH fender	1	\$ ht/ 450.00
7	Front LH fender signal lamp	1	\$ 4/ 33.80
8	Front LH fender splash shield	1	\$ wy 33.90
9	Front LH fender splash shield clips	1set	\$ 20m - 70.00
10	LH headlamp assy	1	\$ × 1,428.90
11	LH headlamp garnish	1	\$ X 23.00
	LH headlamp lower bracket	1	\$ X 25.90
13	Front LH sport rim (Original)	1	\$ art 785.40
14	Front LH wheel bearing	1	\$ × 83.40
	Front LH shock absorber	1	\$   ✓ 289.60
	Front LH lower arm	1	\$ \ 281.90
17	Front LH lower arm ball joint	1	\$ × 68.70
	Front LH tie rod end	1	\$ × 89.30
	Front LH knuckle arm	1	\$ x 343.20
	Front LH drive shaft	1	\$ 🗸 984.80
21	Sterering rack and pinion	1	\$ * 1,321.10

\$ 7,056.70 Parts less 20% \$ 1,411.34 Total: \$ 5,645.36

Qty		Amo	unt S\$
1	\$	×	500.00
1	\$	X	80.00
	1 1	1 \$	1 \$ X

Total: \$ 580.00

No.	Labour and painting	Amount S\$
1	Labour charges to the affected and consistent areas	\$ 300 1,200.00
		\$ 75 1,200.00
_2_	Spray painting on affected and consistent areas and panels	\$400 1,000.00
3_	Check wiring and lighting system on affected areas	\$ 30 70.00
4	Apply rust coating chemical on affected areas and panels	\$ 3 0 60.00
5	Test drive and adjust wheel alignment system	\$ 80 120.00
6	Remove and replace front undercarriage parts to assist repair	\$ × 450.00
7	Refocus and adjust headlamps assy	\$ X 60.00

Total labour \$ 2,960.00

9,185.36

Total:

Tought 97495749 /62563561

WP, 20/11/24 lypm

- Zelays

L/S Rosun after repair

tangilin & Theomos. com

- To check corrsistency of accident

- To check part prices.

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
- Suppresentary item(s) must be resurveyed and is subject to final approval from insurance Company

Acknowledged by Repairer

Signature:

Date:

# 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 witholding 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 18/11/2024 17:01 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 16/11/2024 15:45 (SGT)
Exact Location of Accident 10 Bayfront Ave, Singapore 018956
Additional Location Information CARPARK LOT
Country/State of Loss Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SNU1009T

INSURED/POLICYHOLDER

VEHICLE PARTICULARS

Manufacturer Honda
Model Civic
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

Vehicle Fuel

First Pegisration Date

No - Claiming third party
Private car

Auto

1500

First Regisration Date
Chassis no

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number RV02007900206

DRIVER





Name of Driver	
Name of Driver	James Ong Jun Xiong
NRIC No	S9144153E
Date Of Birth	30/11/1991
Occupation	Indoor
Driving Pass Date	29/10/2015
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	9 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81331355
Alt. Phone Number	-
Email Address	HIVE.SG@HOTMAIL.COM
Address	BLK 461B SENGKANG WEST WAY
Address complement	#12-137
Postcode	792461
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	NO
Verlicie Negistration Number of Other Verlicie Owned by Driver	_
Insurance Company of Other Vehicle Owned by Driver	
managed company of cases formed of modely british managed	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Sido Swino
Weather Conditions	Side Swipe Clear
Road Surface	Dry
Troda Gariago	ы
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)	0
Has the driver been approached by unknown person(s)	U
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	
DETAILS OF POLICE ACTION	
	Ma
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACH	
ATTACHMENT/C)	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
- Constitution of the Cons	The second secon
Vehicle Registration Number	SNA9245E
/ehicle Manufacturer	-
	**************************************



Vehicle Model	
Vehicle Variant	-
	-
Vehicle Category	Private car
Name of Driver	_
Contact Number	
Address	-
Addraga complement	=
Address complement	-
Postcode	
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

Stribe Circumstance of the Accident
On the Stated dote I time my vehicle which is vehicle 1 was
parked stationary at the Stated location. Vehicle B reverse and collided onto the from left portion of my which I have
collided onto the from left portion of my which I have
in car toutage to prove that the callision have happened
in car toutage to prove that the callision have happened between toth relicles.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Dale & Time

Driver's Signature (if driver is not the policyholder) / Date 8. Time

Witnessed by Reporting Centra Personnel (Name as in NRIC10 card)

Scanned with CamScanner



#### 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 willul 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 erchiving of this report at the centre and to copies of the report being made evallable oforesald.
- & 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 of 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 dains;

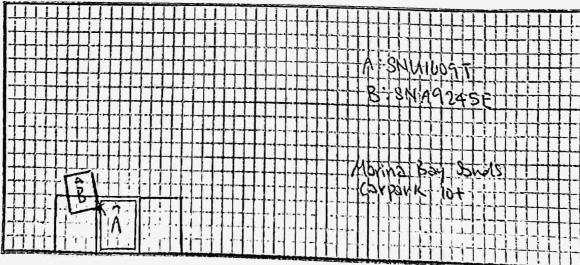
- (ii) investigating the accident and/or my claims:
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of 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 Purp

ider's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIGID card)

Sketch Plan



**CS** Scanned with CamScanner

## > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	153E
Vehicle No.:	SNU1009T
Vehicle to be Exported:	Yes
Intended Deregistration Date:	18 Nov 2024
Vehicle Make:	HONDA
	CIVIC 1.5 TURBO VTIS SR
Vehicle Model:	White
Primary Colour:	2018
Manufacturing Year:	
Engine No.:	L15B73623905 MRHFC1660JT000162
Chassis No.:	The state of the s
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$27,562.00
Original Registration Date:	25 Oct 2018
First Registration Date:	25 Oct 2018
Transfer Count:	1
Actual ARF Paid: Intended PARF Rebate Details	\$30,587.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Oct 2028
PARF Rebate Amount: Intended COE Rebate Details	\$19,881.00
COE Expiry Date:	24 Oct 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$32,551.00
COE Rebate Amount:	\$12,801.00
Total Rebate Amount: Message	\$32,682.00

The information contained herein is correct as at 18 Nov 2024