

ASS. REC. BY: Tough REF: C4LIP 24110562/Tuh3

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV
To Inspect Vehicle No: _____
at Workshop m/s _____
of _____
Insured: SJQ 4601G
Policy No. _____
Claims No. IVS24/2196
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S

Bal. or Market Value: \$36K
IDAC Accident Report _____ Consistent? : Yes or No
GIA / PR Seer _____ Consistent? : Yes or No
Est. Repairs _____ days Res.: Yes or No
Lum Sum _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: CK Vehicle: IN / OUT

Veh No: SLN598B Yr Regn: 2017, 04
Type: ☒ Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /
Truck / Trailer or _____
Make: Hardy City c.c. 1417
Colour: white A/C: ☐ Insured / ☐ Std / ☐ NI / ☐ NA
Sp. Reading 148544 T/Radio: ☐ Insured / ☐ Std / ☐ NI / ☐ NA
Eng/No: _____
C/No: MRHGM 6660 HT0000 94
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 A/Rim or
Tyre Size: F: 185 / 35 R16
R: 17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / ☒ YOKO or _____

Front		Rear	
R/Bal. <u>6</u>	mm	R/Bal. <u>6</u>	mm
L/Bal. <u>6</u>	mm	L/Bal. <u>6</u>	mm
D.O.A. <u>22/11/2024</u>		D.O.I. <u>27/11/24</u>	

Survey held at Century Motors
Des. of Damages ☒ Frt / ☐ Rear / ☐ O/S / ☐ N/S / ☐ U/G / ☐ Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Inform w/s repair limit \$13K</u>
25/7/25	LS \$13,000 confirmed by email (Red 12,931.27, 49%)

Date/Time, File Pass to?

☐ : Prell. Report

i) _____
Date/Time, File Return to?

☐ : Final Report

Days Of Repair: 9

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

Survey Fee: _____

Transportation: _____

\$ + RS. \$1 _____

Photo _____



Century Motors

Century Motors (Singapore) Pte Ltd
6 Marsiling Lane
Singapore 739145



E: claims@autoinsure.com.sg

T: (65) 3157 2626

GST No.: 192800002R

Page No.1

AUTOMOBILE ASSESSMENT REPORT

Our Ref: **SLN598B**
Your ref: **SJQ4601G**

Date: **25-Nov-24**

BY EMAIL ONLY
(claims@autoinsure.com.sg)

ATTENTION: MOTOR CLAIMS DEPT

LIBERTY INSURANCE PTE LTD

51 CLUB STREET
#03-00 LIBERTY HOUSE
SINGAPORE : 069428

Assessed Vehicle No : **SLN598B**
Car Make and Model : **HONDA CITY 1.5 SV CVT**
Date of Accident : **22-Nov-24**
Date of Assessment : **22-Nov-24**

We have carried out a physical assessment of SLN598B at our workshop Century Motors (Singapore) Pte Ltd sustained damages to the FRONT portion of the vehicle.

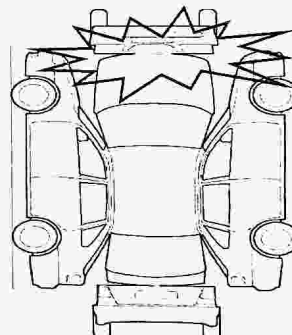
4. DESCRIPTION OF DAMAGE

At the time of the inspection observed that this vehicle had sustained damages to the FRONT portion of the vehicle.

Please see attached schedule for details.

Remarks: NIL

Estimated Amount : **P/P**
Adjusted Amount : **\$ 27,355.40**
Est. Repair Days : **14**



Pursuant to your instruction, we have **NOT AUTHORIZED** repair.
The assessment was conducted on a "**WITHOUT PREJUDICE**" basis.

If we are not notified of anything within 14 Days from the date hereof, this report shall be treated as correct.

Disclaimer

This report is intended for the exclusive use of the addressee solely in relation to the loss of occurrence in which the assessed vehicle is involved.

No liability or responsibility whatsoever shall be held by

Century Motors (Singapore) Pte Ltd For any reliance on this report by any third party.

Our Ref: SLN598B

Your Ref: SJQ4601G

S/NO	QTY	DESCRIPTIONS	ASSESSED CONDITION	EST. BY WORKSHOP
<u>PARTS REPLACEMENT - LIST ITEMS</u>				
1	1	BONNET	\$	bt 501.80
2	1	BONNET HINGE LH	\$	bt 44.70
3	1	BONNET HINGE RH	\$	bt 44.70
4	1	BONNET INSULATOR	\$	de 128.80
5	1	BONNET LOCK	\$	bt 118.80
6	1	HEAD LAMP LH	\$	aw 401.80
7	1	HEAD LAMP RH	\$	aw 401.80
8	1	HEAD LAMP LOWER BRACKET LH	\$? 33.50
9	1	HEAD LAMP LOWER BRACKET RH	\$? 33.50
10	1	FRT FENDER LH	\$	bt 388.80
11	1	FRT FENDER RH	\$	Rt 388.80
12	1	FRT FENDER INNER SHIELD LH	\$	mis 101.60
13	1	FRT FENDER INNER SHIELD RH	\$? 101.60
14	1	FRT BUMPER	\$	de 488.70
15	1	FRT BUMPER SIDE RETAINER LH	\$	de 27.70
16	1	FRT BUMPER SIDE RETAINER RH	\$	de 27.70
17	1	FRT BUMPER REINFORCEMENT	\$	bt 334.80
18	1	FRT GRILLE	\$	Cuy 123.70
19	1	FRT GRILLE CHROME COVER	\$	aw 223.90
20	1	FRT GRILLE CHROME MOULDING	\$	aw 55.80
21	1	FRT LOGO	\$	we 44.80
22	1	FRT SUPPORT PANEL	\$	bt 489.70
23	1	RADIATOR	\$	aw 1,154.80
24	1	RADIATOR TOP HOSE	\$	fw 74.80
25	1	RADIATOR TOP COVER	\$	dis 48.70
26	1	RADIATOR AIR GUIDE LH	\$? 42.70
27	1	RADIATOR AIR GUIDE RH	\$? 42.70
28	1	CONDENSER	\$	bt 878.90
29	1	FAN BLADE LH	\$? 66.70
30	1	FAN BLADE RH	\$? 66.70
31	1	FAN MOTOR LH	\$? 330.70
32	1	FAN MOTOR RH	\$? 330.70
33	1	FAN SHROUD LH	\$? 133.80
34	1	FAN SHROUD RH	\$? 133.80
35	1	FRT WINDSCREEN	\$	aw 1,299.80
36	1	WINDSCREEN MOULDING	\$	na 101.80
37	1	DASHBOARD	\$	act 2,113.80
38	1	STEERING CLOCK SPRING	\$	act 289.80
39	1	AIRBAG CONTROL UNIT	\$	act 807.80
40	1	AIRBAG SENSOR LH	\$	act 177.20

41	1	AIRBAG SENSOR RH		\$	<i>act</i> 177.70
42	1	DRIVER AIRBAG		\$	<i>act</i> 2,187.80
43	1	PASSENGER AIRBAG		\$	<i>act</i> 1,899.80
44	1	FRT SEAT BELT LH		\$	<i>act</i> 703.70
45	1	FRT SEAT BELT RH		\$	<i>act</i> 703.37
46	1	FRT CHASSIS LH		\$	<i>Rp</i> 1,803.70
47	1	FRT CHASSIS RH		\$	<i>Rp</i> 1,803.70
48	1	INTAKE MANIFOLD		\$	<i>?</i> 653.25
			SUB TOTAL	\$	22,535.22
			LESS 10%	\$	2,253.52
			TOTAL AMOUNT	\$	20,281.70

Our Ref: **SLN598B**

Your Ref: **SJQ4601G**

S/NO	QTY	SPECIAL NETT ITEMS	ASSESSED CONDITION	EST. BY WORKSHOP
1	1	RADIATOR COOLANT		\$ <i>net</i> 50.00
2	1	AIRCOND GAS		\$ <i>net</i> 100.00
3	1	FRT BUMPER CLIPS		\$ <i>net</i> 30.00
4	1	WINDSCREEN SEALANT		\$ <i>net</i> 50.00
5	1	NUMBER PLATE & HOLDER		\$ <i>net</i> 35.00
			SUB TOTAL	\$ 265.00
			TOTAL PARTS COST	\$ 20,546.70

Our Ref: **SLN598B**

Your Ref: **SJQ4601G**

S/NO	DESCRIPTION	EST. BY WORKSHOP
LABOUR & PAINTWORK		
1	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; PANEL BEAT & RESHAPE THE AFFECTED AREAS AND REPLACED THE DAMAGED PARTS AND COMPONENTS	\$ 1000 2,200.00
2	WHEEL ALIGNMENT	\$ X 80.00
3	TO REMOVE & REFIT UPHOLSTERY GARNISH AND ATTACHMENT PARTS	\$ 60 200.00
4	TO REMOVE & REFIT FRT WINDSCREEN	\$ ✓ 120.00
5	TO REMOVE & REFIT DASHBOARD, AIRBAG, SEAT BELT	\$ 200 250.00
6	TO RESET AIRBAG FAULT CODE	\$ ✓ 200.00
7	TO RESPRAY AND SUPPLY EXPANDABLE ITEMS & PUFFY ON PARTS REPLACED	\$ 1100 1,400.00
8	TO VACUUM, WAXING & CLEAN	\$ X 50.00
9	SUNDRIES (SAND PAPER, WELDING WIRE ETC.)	\$ 30 50.00
TOTAL BEFORE GST		\$ 25,096.70
GST 9%		\$ 2,258.70
TOTAL (PARTS & LABOUR):		\$ 27,355.40

Adjustments / Recommendations

Our estimator have throughly inspected each and every item on the estimate against physical damage found on the vehicle and have listed the breakdown of our finding and recommendation.

Our Workshop has agreed to undertake the job at a sum of \$27,355.40 for lump sum with the third party insurance.

Yours Faithfully,

Ck Loh

Claims Estimator

Tanji 97495749 / 62563561
Lick 27/11/24 330pm

L/S Resurvey after repair
tanji c lkhant.com
- To check repair limit
o 9 days

<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none">• 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 <u>and</u> is subject to final approval from Insurance Company <p>Acknowledged by Repairer Signature: Date:</p>
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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	22/11/2024 18:05 (SGT)
Reported by	Actual Driver
Date of Accident	22/11/2024 08:30 (SGT)
Exact Location of Accident	Near 34 Woodlands Centre Rd, Singapore 738928
Additional Location Information	WOODLANDS CENTRE RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN598B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM CHI WEE
NRIC No	SXXXX160A
Email Address	Strawmato.jieyi@gmail.com
Mobile Phone No	(Phone) +65-94751242
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	City
Variant	HONDA / CITY 1.5 SV CVT
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1497
Vehicle Fuel	-
First Registration Date	-
Chassis no	MRHGM6660HT000094
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5144903092

DRIVER

Name of Driver	NG JIE YI
NRIC No	SXXXX182D
Date Of Birth	15/10/1988
Occupation	Indoor
Driving Pass Date	25/05/2010
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	14 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90476849
Alt. Phone Number	-
Email Address	STRAWMATO.JIEYI@GMAIL.COM
Address	BLK 183C WOODLANDS STREET 13 16-605 SINGAPORE 733183
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Major/Minor Rd
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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
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	NA
Gender	Male

PASSENGER 2

Name	NA
Gender	Male

PASSENGER 3

Name	NA
Gender	Female

PASSENGER 4

Name	NA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands West Neighbourhood Police Centre



Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
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
Reasons for not uploading a video of the accident	SD CARD TAKEN BY TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ4601G
Vehicle Manufacturer	Toyota
Vehicle Model	Estima
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	Mohd Bhashir
Contact Number	(Phone) +65-96341773
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSON'S DETAILS

INJURED 1

Name of injured person	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLN598B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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 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/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/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

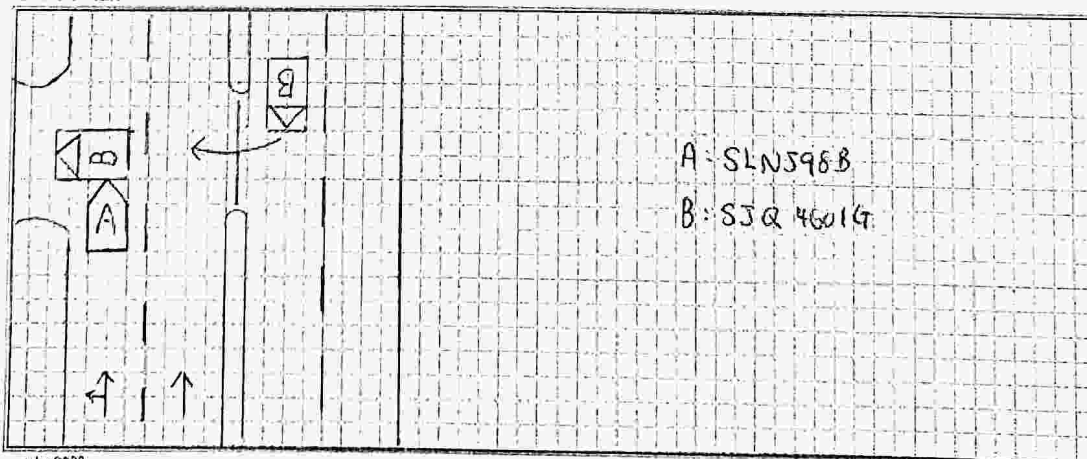
[Signature]

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

[Signature]

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

Sketch Plan



vJun2022




1

Describe Circumstance of the Accident

On 22 / 11 / 2024 at around 0830 hours, I was driving along Winkend Centre Road. When nearby Mairilang Primary School, Vehicle B (SJK46016) which from opposite direction lane suddenly drive out. I tried to stopped my vehicle when I saw Vehicle B drive out but still can't stopped in time so my car front portion collided into Vehicle B left portion.

Declaration

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

 Policyholder's Signature / Date & Time	 Actual Driver's Signature (if driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 160A

Vehicle Details

Vehicle No.: SLN598B
Vehicle to be Exported: No
Intended Deregistration Date: 25 Nov 2024
Vehicle Make: HONDA
Vehicle Model: CITY 1.5 SV CVT
Primary Colour: White
Manufacturing Year: 2016
Engine No.: L15Z14118223
Chassis No.: MRHGM6660HT000094
Maximum Power Output: 88.0 kW (118 bhp)
Open Market Value: \$18,293.00
Original Registration Date: 20 Apr 2017
First Registration Date: 20 Apr 2017
Transfer Count: 0
Actual ARF Paid: \$13,293.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 19 Apr 2027
PARF Rebate Amount: \$7,975.00

Intended COE Rebate Details

COE Expiry Date: 19 Apr 2027
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$51,765.00
COE Rebate Amount: \$12,435.00
Total Rebate Amount: \$20,410.00

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 25 Nov 2024

OK