

Range 1 days

REF CS3/GAI18001433/Gd3^{sz}

ASSIGNMENT

GIL

ASSIGNMENT (Office)

24/1/18 @ 9.43am

From Garage: Rachel Tan GAI

Estimated Cost: OD (T) WS / TP RES / OD RES / EVA / INV / NIV / GS

To Inspect Vehicle No: SLW1919E GBF 4311X
Green star spray GS46 3092

at Workshop: of Blk 3011, Bedok North Ave 4 #01-2004/2006
Policy No: GBF4311X

Sum Insured: Make of Veh: (Client's Record) 21/01/2018
25/01/2018

CA / REV / REP. / REV 24 HRS wp
Date/Time: 10.27am @ 24/1/18 Person Contacted: jane

Date/Time	Action/Instruction (X) Estimate
	SLW1919E-X
	GBF 4311X-X
	After repair: 29/1/2018

PRS Xel.

REF:

GAI

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV
To Inspect Vehicle No: _____
at Workshop m/s: Green star
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.

Val. or Market Value: _____
IDAC Accident Rpt.: _____ Consistent? : Yes or No
GIA / PR Seen: _____ 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: _____

Vehicle: IN / OUT

Veh No: SLW 1919E Yr Regn: 28 Nov 2016
Type: ☒ M. Car ☐ M. Cycle ☐ Bus ☐ Van ☐ Lorry ☐ Taxi ☐ Prime Mover ☐

Truck / Trailer or

Make: Opel Astra C/C 1399

Colour: Blue A/C: ☐ Insured ☐ Std ☐ NI ☐ NA

Sp. Reading: 17884 T/Radio: ☐ Insured ☐ Std ☐ NI ☐ NA

Eng/No: _____

C/No: WOLBE GEC 4H 6 014758

Gen. Cond: ☒ Good ☐ Fair ☐ Poor ☐ Burnt

Steering: ☒ In order ☐ Jammed ☐ Leaked ☐ Burnt or

Brake: ☒ In order ☐ Jammed ☐ Leaked ☐ Burnt or

Modi: ☐ Nil ☐ S/Rim ☒ S/D/Rim or

Tyre Size: F: 225/45 R17

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / ☒ MIS / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 9 mm

L/Bal. 9 mm

D.O.A. _____

Survey held at: w/s

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

Repair Estimate : \$4000 - 5000 , 4 days

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

) \$ + RS. \$ _____

) Photos

) Others

Report Format : PRS

Lump Sum / I.B.J.: (\$ _____)

TOTAL

Nivitha (LKK Auto)

From: Shiau Chan (LKKAuto) <siewsc@lkkauto.com>
Sent: Wednesday, 24 January 2018 9:43 AM
To: assignments
Subject: FW: VEHICLE ACCIDENT INVOLVING YOUR REF: GBF4311X OUR REF: SLW1919E
DOA: 21.01.2018 12:30 HRS

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Sales-GreenStarSP [mailto:sales@greenstarsp.com]
Sent: Wednesday, 24 January 2018 9:42 AM
To: 'Tan, Rachel' <Rachel.Tan@sg.gaig.com>
Cc: 'Puan, Mui Hong' <MuiHong.Puan@sg.gaig.com>; admin@greenstarsp.com; SUR <sur@lkkauto.com>
Subject: RE: VEHICLE ACCIDENT INVOLVING YOUR REF: GBF4311X OUR REF: SLW1919E DOA: 21.01.2018 12:30 HRS

Dear Ms. Rachelle,

Please survey the vehicle today, January 24, 2018 @ Blk 3011 Bedok North Ave 4 #01-2004 Bedok Industrial Park E Singapore 489977.

Thank you.

Kind Regards,

Jane

GREEN STAR SPRAY PAINTING

Blk 3011 Bedok North Ave 4

#01-2004/2006 Bedok Ind Park E Singapore 489977

Tel: +6546 3092 | Fax: 6545 2066 | Website: www.greenstarsp.com

From: Tan, Rachel [mailto:Rachel.Tan@sg.gaig.com]
Sent: Wednesday, January 24, 2018 9:37 AM
To: sales@greenstarsp.com
Cc: Puan, Mui Hong <MuiHong.Puan@sg.gaig.com>; admin@greenstarsp.com; SUR <sur@lkkauto.com>
Subject: RE: VEHICLE ACCIDENT INVOLVING YOUR REF: GBF4311X OUR REF: SLW1919E DOA: 21.01.2018 12:30 HRS

Without Prejudice

Dear Jane

We do not agree with your proposed surveyor.

We will appoint LKK Auto Consultants to conduct PRI on our behalf. Please share location and time of survey.

Regards
Rachel Tan
Executive, Motor Claims, Great American Insurance Company
Tel: 6804 7846

From: Sales-GreenStarSP [<mailto:sales@greenstarsp.com>]
Sent: Wednesday, January 24, 2018 9:32 AM
To: Tan, Rachel <Rachel.Tan@sg.gaig.com>
Cc: Puan, Mui Hong <MuiHong.Puan@sg.gaig.com>; admin@greenstarsp.com
Subject: RE: VEHICLE ACCIDENT INVOLVING YOUR REF: GBF4311X OUR REF: SLW1919E DOA: 21.01.2018 12:30 HRS

Dear Sir,

We write to inform that our client objects to all the motor surveyor proposed by you as outlined in reply today.
We propose to use one of the motor surveyors named below to conduct the joint pre-repair survey as a single joint expert: -

1. Winson Goh (WG Appraisal Services)

Please let us know within 2 working days whether you agree to the appointment of any this/these motor surveyor/surveyors as a single joint expert. You will bear the cost of the pre-repair survey carried out by the single joint.

Kind Regards,

Jane

GREEN STAR SPRAY PAINTING

Blk 3011 Bedok North Ave 4
#01-2004/2006 Bedok Ind Park E Singapore 489977
Tel: +6546 3092 | Fax: 6545 2066 | Website: www.greenstarsp.com

From: Tan, Rachel [<mailto:Rachel.Tan@sg.gaig.com>]
Sent: Wednesday, January 24, 2018 9:26 AM
To: sales@greenstarsp.com
Cc: Puan, Mui Hong <MuiHong.Puan@sg.gaig.com>
Subject: RE: VEHICLE ACCIDENT INVOLVING YOUR REF: GBF4311X OUR REF: SLW1919E DOA: 21.01.2018 12:30 HRS

Without Prejudice

Hi Jane

Thank you for taking my call. We append the following list of our panel surveyors:-

1. AJAX Adjusters & Surveyors Pte Ltd
2. L.B.S. Automotive Appraisal Pte Ltd
3. Priority Services
4. RT Appraisal Pte Ltd
5. LKK Auto Consultants

Kindly let us know which SJE is selected and furnish the estimates for the survey to be carried out.

Regards
Rachel Tan
Executive, Motor Claims, Great American Insurance Company

Tel: 6804 7846

From: Sales-GreenStarSP [mailto:sales@greenstarsp.com]

Sent: Monday, January 22, 2018 4:15 PM

To: Puan, Mui Hong <MuiHong.Puan@sg.gaig.com>

Cc: admin@greenstarsp.com

Subject: REF: VEHICLE ACCIDENT INVOLVING YOUR REF: GBF4311X OUR REF: SLW1919E DOA: 21.01.2018 12:30 HRS

Dear Sirs,

We refer to the above attachment for your reference and further action.

Thank you and awaiting to your prompt reply.

Kind Regards,

Jane

GREEN STAR SPRAY PAINTING

Blk 3011 Bedok North Ave 4

#01-2004/2006 Bedok Ind Park E Singapore 489977

Tel: +6546 3092 | Fax: 6545 2066 | Website: www.greenstarsp.com

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The content of this e-mail message and any attachments are confidential and may be legally privileged, intended solely for the addressee. If you are not the intended recipient, be advised that any use, dissemination, distribution, or copying of this e-mail is strictly prohibited. If you receive this message in error, please notify the sender immediately by reply email and destroy the message and its attachments.

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 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 ability.
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 Report	22/01/2018 12:12
Date Of Accident	21/01/2018 12:30
Exact Location Of Accident	ANG SIANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW1919E
Insured/Policyholder	
Name Of Registered Owner	GOH CHYE HONG
NRIC No	S1650225A
Email Address	J19GCH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93889578
Alternative Phone No	OTHERS-93889578

Vehicle Particulars

Manufacturer	OPEL
Model	ASTRA HB 1.4 AT
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00440810
Cover Note Number	

Driver

Name of Driver	GOH CHYE HONG
NRIC No	S1650225A
Date Of Birth	19/06/1964
Occupation	INDOOR
Date Of Driving Pass	18/10/1982
Driving Experience	35 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93889578
Fax Number	
Contact Number	OTHERS-93889578
Email Address	J19GCH@GMAIL.COM

Address	74 FLORA ROAD #03-03
Postcode	506916
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED NOTICE OF REPORTING. NO SKETCH PLAN AVAILABLE AS OWNER NOT AT SCENE.

Attachment(s)



Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF4311X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	AROCKIYAM JESURAJA
NRIC/Passport Number	G7445234K
Contact Number	90112966
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

<p>no sketch available, owner not at scene.</p>	Vehicle No
	A -
	B -
<p>Legend</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>A</p> <p>Vehicle</p> </div> <div style="text-align: center;">  <p>A</p> <p>Bike</p> </div> </div>	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to notes of reporting

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time: 22/1/18 1210

GRABAC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: Wayne

Accident Sketch Plan

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 22/1/18
12:10

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

Reporting Centre Personnel's Signature
Name: W. Y. Y. Y.
NRIC/PIN No.:

Common Statement

ACCIDENT STATEMENT (Part I)

Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of incidents and facts which will speed up the settlement of claims

1a Date of accident 21/1/2018		1b Exact location of accident Ang Siang Road		To be signed by BOTH drivers Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
5 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) Vehicle Video Camera Available No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	

Registration No. (VEHICLE A) SLN1919E

6 Insured / policyholder (see insurance cert.)
Name Goh Chye Hong
(capital letters)
Address 74 Flora Road #02-02
C (506916)
NRIC / Passport no. S1690235A
Tel no. (from 8am till 5pm)
HP 93829578

7 Vehicle
Make, type Opel Astra

8 Insurance company
DA ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. MT/20440810

9 Driver ☒ State as Driver
Name
(capital letters)
NRIC / Passport no.
Class of licence 3
HP
Gender Male ☐ Female ☒

12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle

C1	Driver Collapsed
C2	Collided into Object
C3	Collided into Motorcyclist
C4	Collided into Pedestrian
C5	Collided into Pedestrian
C6	Collided into Property
C7	Collision - Change/Cross Lane
C8	Collision - Cross Junction
C9	Collision - Head on Collision
C10	Collision - Head to Rear
C11	Collision - Major/Minor Hit
C12	Collision - Opening Door of Vehicle
C13	Collision - Punt/Bomb
C14	Collision - U-Turn
C15	Driver Driving / Drag Influence
C16	Fire, Explosion or Lightning
C17	Force
C18	Hit and Run / Vanishing / Damaged whilst Parked
C19	Hit by Falling Tree / Other Objects
C20	No Collision
C21	Side Swipe
C22	Touch

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) 66F 4311X

6 Insured / policyholder (see insurance cert.)
Name
(capital letters)
Address
NRIC / Passport no.
Tel no. (from 8am till 5pm)
HP

7 Vehicle
Make, type

8 Insurance company
☐ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available)

9 Driver (See driving licence)
(if different from Insured B above)
Name
(capital letters)
NRIC / Passport no.
Class of licence
HP
Gender Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Respectfully signed and submitted to the Police by the driver of vehicle A

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

14 My remarks

* In the event of signs or in the event of damage to property other than to vehicles A and B, give information thereof

Do not alter anything in the statement after signing. Subsequently, each driver should take an copy.

For insured's individual Statement (Part II) see overleaf →

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)						Own Workshop (tick / No (if any))	
To be completed and submitted within 24 hours to your insurer or Jolic or appointed workshop (Use a separate sheet of paper where necessary)							
Insured	1 Occupation (if more than one, state all)						Email: <u>jjgoh@gmail.com</u>
	2 Vehicle registration no.		C.C.		If commercial vehicle, state permissible carrying capacity		
	3 Is driver the owner? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, state relationship of Driver with owner		State the vehicle number and name of insurer of driver's own vehicle (where applicable)		
	4 Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify						
	5 Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no. _____						
Of which vehicle are you the owner?	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
	If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)						
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth		Occupation		Date of license pass		Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	19/6/1964		Indoor		18/10/1982		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability						
Injured persons	9 Full details of all driving convictions including pending prosecutions in the last 36 months						
	Date		Offence				Penalty
Injured persons	10 Name(s), address(es) and approximate age(s)		Injuries sustained		If vehicle occupants, state in which vehicle		Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property		Nature of damage		Insurer's name and address (if known)
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
	If yes, please state which Police station						
Accident details	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
	If yes, against whom?						
Accident details	14 Weather conditions		Clear <input checked="" type="checkbox"/> Rain <input type="checkbox"/>		Others <input type="checkbox"/>		
	15 Road surface		Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/>		Others <input type="checkbox"/>		
	16 Speed of vehicles		A <input type="checkbox"/> km/hr		B <input type="checkbox"/> km/hr		
	17 What warnings were given by driver or other party?						
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>						
	19 What lights were displayed on your vehicle/the other vehicle(s)?						
	20 If your vehicle is commercial, state weight of load carried at time of accident						
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)						
	22 State number of Passengers (including Driver) <u>0</u>						
	Declaration	I/We declare the foregoing particulars are true in every respect					
Policyholder's signature _____				Date <u>22/1/18</u>			
Driver's signature (if driver is not the policyholder) _____				Date _____			

Enquire Transfer Fee

Vehicle Details

Vehicle No. :	SLW1919E
Vehicle Type :	P10 - Passenger Motor Car
Vehicle Attachment 1 :	No Attachment
Vehicle Scheme :	Normal
Vehicle Make :	OPEL
Vehicle Model :	ASTRA HB 1.4 AT
Chassis No. :	W0LBE6EC4HG014758
Propellant :	Petrol
Engine No. :	B1162437GSGX0114
Engine Capacity :	1399 cc
Maximum Power Output :	110.0 kW (147 bhp)
Maximum Laden Weight :	1845 kg
Unladen Weight :	1233 kg
Year Of Manufacture :	2016
Original Registration Date :	28 Nov 2016
Lifespan Expiry Date :	-
COE Category :	B - Car above 1600cc or 97kW (130bhp)
Quota Premium :	\$57,002.00
COE Expiry Date :	27 Nov 2026
Road Tax Expiry Date :	27 Nov 2018
PARF Eligibility Expiry Date :	27 Nov 2026
Inspection Due Date :	27 Nov 2019
Intended Transfer Date :	29 Jan 2019
CO2 Emission :	127.00 (g/km)
CEV/VES Rebate Utilised Amount :	\$5,000.00
CO Emission :	-
HC Emission :	-
NOx Emission :	-
PM Emission :	-

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use [Enquire Road Tax Payable](#) for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable (From 28 Nov 2018 to 27 May 2019)

Amount Before GST
(S\$)

GST Amount
(S\$)

Amount After GST
(S\$)

**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.: 1 of 1

PRE-REPAIR INSPECTION REPORT				
GREAT AMERICAN INSURANCE COMPANY		Ref: CS3/GAI18001433/Gd3s2		
3 TEMASEK AVENUE #16-01 CENTENNIAL TOWERS SINGAPORE 039190		Date: 02-05-2018		
		Code: GAI		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	GBF 4311X	Veh. Inspected	SLW 1919E	
Policy No.		Coverage (\$)	0.00	
Claim No.	GBF4311X	Excess (\$)	0.00	
Assign From	RACHEL TAN	Assign Date	24/01/2018	
2. Vehicle Particulars & Condition				
Make & Model	OPEL ASTRA	c.c	1399	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	W0LBE6EC4HG014758	Colour	BLUE	
Odometer	17884 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/45R17	MICHELIN	9 mm	
L/H Front Tyre	225/45R17	MICHELIN	9 mm	
R/H Rear Tyre	225/45R17	MICHELIN	9 mm	
L/H Rear Tyre	225/45R17	MICHELIN	9 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.				
5. General Information				
Accident Date	21/01/2018	Inspect Date / Time	25/01/2018 (04:00 PM)	
Survey held at	GREEN STAR SPRAY PAINTING BLK 3011 BEDOK NORTH AVE 4 #01-2004 BEDOK INDUSTRIAL PARK E S489977			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$4,000- \$5,000				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days		

Report Ref No. CS3/GAI18001433/Gd3s2

Inspected By



XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor



K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEE, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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