(08/11/13) wef			10
(08/11/13) wef ASS. REC. BY: MC/CLS	REF:	7p1	
+	ASSI	IGNMENT	
		CALL	Yr Regn. 5 / 6
	Date:		
Estimated Cost: OD / TP I/WS / TP RES / OD RES / E	/A / IAIV / BRV	Type MCar / M.Cycle / Bus / Van / Lo	rry / Taxi / Prime Mover /
To be possibly which has	17 10 10	111	D. 160
To Inspect Vehicle No:	J13/0/M J 3.30		Dysseyco 2356
at Workshop m/s	4 150	Colour W. Te	A/C: Insured / Std / NI / NA T/Radio: Insured / Std / NI / NA
Insured:		Sp.Reading (-///-	T/Radio. Insured / Std / NT / NA
Policy No.		Eng/No: C/No: THMR C.1.	090 (202) 7700
Claims No.		Gen. Cond: Rood / Fair / Poor / Burnt	8906-6203399
Sum Insured:	Excess:	Steering: Increer / Jammed / Leaked /	Burnt or
(Client's Record)		Brake: Ingreer / Jammed / Leaked /	
Make of Veh:		Modi: Nil / S/Rim / STD A/Rim or	STATE OF THE STATE
	fu fu		SSR17
(Policy Condition)		R:	447017
Remark: The veh had commenced it	s N/S O/S	BS (DUN) EXNOVA / GY / FS / LIZA /	MIC / OHTSU / PIR / SUMI /
repair at the time of inspec	etion.	TOYO / YOKO or	
Bal. or Market Value:		Front	Rear
DAC Accident Rport: Cor	nsistent? : Yes or No	R/Bal. mm	R/Bal. mm
GIA / PR Seen: Cor	nsistent?: Yes or No	L/Bal. 7 mm	L/Bal. 7 mm
Est. Repairs: days	Res.: Yes or No	D.O.A. VVI8	D.O.I. 6/2/18
Lum Sum: % 3 Val.: Yes or No Survey held at			7-7-0
CA / REV / REP. / 24 HRS		Des. of Damages : Frt / Rear / O/S /	N/S / U/C / Rooftop or
Date: Person Contac	Vehicle: IN / OUT	015 /	rf.
Date / Time Action / Instruction	iteu.	The U/C / Chassis frame / Body	Structure affected due to collision.
LICE TIME	from (Red: 313	33.10:4500)	
75 - 5	000		
	4		
	WED 2 7 MAN 2018.		
RECE	TALDELO		,
Date/Time, File Pass to?	: D	4	
orthornood -		Days Of Repair:	_
Date/Time, File Return to?	l Report	Resurvey No. of Trip:	Survey Fee: 145
2)	Add Fee	: Site Insp (\$	Transportation: 50)S + RS,SI
*	7.44 1 00	: Interview (\$	1
Report Format : TP		: Tech. Invs (\$) Photos 42
Lump(Sym / I.B.I: (\$ 3700	0	: Weekend (\$)
			TOTAL 363

Ref. No : CSTP 13002877 Uttom Res. Date: 12/3/18	Date Received:
7ch. No : SJB101M SP:	WKSP: Bul
VNo :	
Action/Instruction:	
1.File 2.Submit Photo? YES / NO	
3 Indicate Res. Date On Photo Page? YES / NO	Message:
If No, due to a) No authorisation b) Days of repair	
others:	1
**	/
Final Re-inspection or Progress Photos	Inspected By:

MSME1801d810 / SME Mator Pte Ltd - Kaki Bukir ENTRY CATE & TIME: 02/02/2018 16:11 SUBMITTED BY: Chia Pel Ying

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 intiliful and accurate as possible. Any with inisrepresentation or witholding of material facts may allow insurance companies to
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurface companies.
- 5. Any falso reporting may be referred to the Police for investigation.
- 6. This report will be torwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singepore (GIA) for effectiving and that copies of this report will, for a fee, be made evallable upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby engaged to the archiving of this report at the centre and to copies of the report being made eveiligible

ACCIDENT S	STATEMENT
------------	-----------

Date Of Report

02/02/2018 16:11

Date Of Accident

02/02/2018 07:15

Exact Location Of Accident

EAST COAST ROAD SHELL PETROL KIQSK

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJB101M

insured/Policyholder

Name Of Registered Owner

SIM KEE HUI

NRIC No

S0073486A

Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-98182556

Alternative Phone No.

OFFICE-98182556

Vehicle Particulars

HONDA

Model

ODYSSEY

Exact Purpose for which vehicle was being used at

time of accident

Manufacturer

Are you claiming under your own insurance policy

for repair to your vehicle?

If No. Please state action to be taken

THIRD PARTY

Vehicle Category

PRIVATE CAR

Insurance Company Name of Insurance Company

AXA INSURANCE PTE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

GA202192

Cover Note Number

Driver (age of the control of the co

Name of Driver NRIC No

S0073486A

Date Of Birth

12/09/1950

Occupation

Date Of Driving Pass

INDOOR

20/03/1973

Driving Experience

44 YEARS AND 10 MONTHS

Gender

Mobile Number

MALE

Fax Number

(LOCAL) +65-98182556

Contact Number

OFFICE-98182556

EMail Address

NOEMAIL

经基础等 经未通证 医克莱皮 的复数人 经未有证 医无线的 医克尔氏

Professional Company of the Company

D002/005

Address

38 SIGLAP HILL

Postcode

456091

Was driver an employee of the Insured's Company

NO

If No. Relationship of the Driver with the Insured

OWNER

Vehicle

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Oriver)

Passenger 1

NAME:

: YAP LAN HIONG

: FEMALE

GENDER:

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 I WAS WAITING TO EXIT THE SHELL PETROL KIOSK WHEN A CAR WHICH WAS ON MY RIGHT DROVE OUT AND HIT THE

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 Vehicle Make/Model/Colour

SKU7876C

Details Of Properties

VEHICLE B

Vehicle Category Name of Driver

PRIVATE CAR

LEONG GA WAI ERIC

NRIC/Passport Number

S7406634H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report garrectly 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.
- Information provided must be as truthful and accurate as nossible. Any wilful misropresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 refurred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapora (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 prchiving of this report at the centre and to capies of the report being made available storesaid.
- 8. Consent under the Personal Data Protection Act (POPA)

l understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are promitted 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 prosessed by my insurer (collectively the "Personal Information") and disclose and transfer auch Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lavyers/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 currespondence, 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 "P4rpases")
- (b) all insurer(s) who have insured vehicle(s) involved in this applicant and the insurers' lawyers/law tirms, 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 defection, 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 availabing, 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: 2/2/18, 23-30

Driver's Signature

(If driver is not the policyholder)

Date & Time: 0 2/18, 2 338

ider)

Name:

Reporting Centre Personnel's Signature

NRIC/FIN No .:

Claums Sentational from Vi

02/02 2018 FRI 16:14 FAX

Ø004/005

Sketch Plan #2 Pg. 1

SKETCH PLAN
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT PATRICISIC.
Petrol Kiosic.
I was waiting to ext the petrol kirsk when
a car which was on my night drove out and hirt
at most trulicial against that Man Mishall Charles And
the night Front side of my car.
•
,
·
DECLARATION .
DECLARATION I/Wo declare the foregoing particulars are true in every feapest. (*)
A AAA Georgie (11 totestavis businging nie fulië (1) easil (geboer 1).
7/1/2
Policyholder's Signature Reporting Centre Personnel's Signature
Date & Time: 2 2 6, 230 (If driver is not the policyholder) Name: Date & Time: 2 2 8, 230 (W NRIC/FIN No.:
Date & Time: 1 2 18, 2.30 TW NRIC/FIN No.:

Enquire PARF/COE Rebate for Registered Vehicle

ehicle Owner Particulars		
Owner ID Type:	Singapore NRIC	
Owner ID:	3486A	
Vehicle Details		
Vehicle No.:	SJB101M	
Vehicle to be Exported:	No	
Intended De-registration Date:	07 Feb 2018	
Vehicle Make:	HONDA	
Vehicle Model:	ODYSSEY 2.4 EXV-S CVT SR NAVI RES	
Primary Colour:	White	
Manufacturing Year:	2016	
Engine No.:	K24W72011571	
Chassis No.:	JHMRC1890GC203399	
Maximum Power Output:	129.0 kW (172 bhp)	
Open Market Value:	\$31,538.00	
Original Registration Date:	23 May 2016	
First Registration Date:	23 May 2016	
Transfer Count:	0	
Actual ARF Paid:	\$36,154.00	
Intended PARF Rebate Details		
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	22 May 2026	
PARF Rebate Amount:	\$27,115.00	
Intended COE Rebate Details		
COE Expiry Date:	22 May 2026	
COE Category:	B - Car above 1600cc or 97kW (130bhp)	
COE Period(Years):	10	
QP Paid:	\$51,010.00	
COE Rebate Amount:	\$42,288.00	



BLUWEL AUTOMOTIVE SERVICE PTE LTD

Workshop: 1 Kaki Bukit Ave 6 (Unit B) #01-28 (Unit C) #01-51/53/55 Singapore 417883 Hp: 9755 2088 Tel: 6745 2088 Fax: 6841 2088

Website: www.bluwel.com.sg Email: bluwel2088@yahoo.com.sg

Co. Reg. No.: 200704951N GST Reg. No.: 200704951N

	-	5JB/0/M			
	Front bumper		7.5	734.20	
	Furt bumper roint	paccoment	פה	265-30	
	Front bumper side		Bel	35-50	
1suf	Front bringer class		rer	42-00	
,	Fund burger for la		cn	182-30	
	Fort burge too lan	2 (24)	TW1	69.80	
	heedlows of		cn	2201.30	
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	Front Fender inner	did alc	De	0.0	
1006	Front Frender igner	,)		38.00	
iset	Front burger center	of change on in			
	Frent support to	a chrome garnisa	N	488.60	X
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	Tanje lover s	skirting of	(10)	4178.10	4044
		20%		11010	4044.
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	To check wiring	*		10.97	20
	To spray rust pros	Las	11	(n m	X
	To conduct wheel			Av. 27	60
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	101AC \$ 6938,10				
	LKK Auto	Consultants hence notify	1		
	• To resurve	ey before/after spray painting			
	Parts price	damaged part(s) during resurvey			
	• Inird party	y survey is on a "Without Prejudice" basis modification(s) is allowed			
	• Supplemen	intary item(s) must be recupied			
	1.0 000)50(1	to final approval from Insurance Company		3:	*
	Signature:	ed by Repairer			9
	Date:				



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

		Affiliated to Federation Intern	nationale Des Experts En Automo	bile
BLU	WEL AUTOMOTIV	/E SERVICE PTE LTD	Ref : CS/TP18002357/	
BLK #01- 4178	1 KAKI BUKIT AV -28/51/53/55(MAIN	'E 6 I OFFICE)SINGAPORE	Date: 28-03-2018 Code: TP149	
١.		Policy Particula	ars :- THIRD PARTY CLAIM	
	Insured Veh.		Veh. Inspected	SJB 101M
	Policy No.		Coverage (\$)	0.00
	Claim No.		Excess (\$)	0.00
	Assign From	: *	Assign Date	06/02/2018
2.		Vehicle Pa	articulars & Condition	
	Make & Model	HONDA ODYSSEY (A)	c.c	2356
	Engine No.	HIDDEN	Year of Reg.	2016
	Chassis No.	JHMRC1890GC203399	Colour	WHITE
	Odometer	54455	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3.		Con	ditions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	215/55 R17	DUNLOP	7 mm
	L/H Front Tyre	215/55 R17	DUNLOP	7 mm
	R/H Rear Tyre	215/55 R17	DUNLOP	7 mm
	L/H Rear Tyre	215/55 R17	DUNLOP	7 mm
4.		Descri	ption of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE	O/S FRONT PORTION.	
	DAMAGES SEE D	ETAILS.		
5.		Gend	eral Information	
	Accident Date	02/02/2018	Inspection Date	06/02/2018
	Survey held at	BLUWEL AUTOMOTIVE SEF	RVICE PTE LTD	
	BLK 1 KAKI BUKIT AVE 6 #01-28/51/53/55(MAIN OFFICE) SINGAPORE 417883			
5a.			Remarks	
			WITHOUT PREJUDICE" BASIS S, WE HAVE NOT AUTHORISE	
5b.	Estimate Days of Repair			

4 Working Days

ESTIMATED NORMAL PERIOD FOR REPAIR:



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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJB 101M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER	DISTORTED	734.20	734.20
1	FRONT BUMPER REINFORCEMENT	DENTED	265.30	265.30
1	FRONT BUMPER SIDE RETAINER O/S	BENT	35.50	35.50
1	SET FRONT BUMPER CLIPS	NECESSARY	42.00	42.00
1	FRONT BUMPER FOG LAMP O/S	CRACKED	182.30	182.30
1	FRONT BUMPER FOG LAMP COVER O/S	TWISTED	69.80	69.80
1	HEADLAMP O/S	CRACKED	2,201.30	2,201.30
1	FRONT FENDER O/S	TO REPAIR SEE LABOUR	665.20	
1	FRONT FENDER INNER SHIELD O/S	DEFORMED	98.30	98.30
1	SET FRONT FENDER INNER SHIELD CLIPS O/S	NECESSARY	38.00	38.00
1	FRONT BUMPER CENTRE CHROME GARNISH	CRACKED	225.30	225.30
1	FRONT SUPPORT PANEL	TO REPAIR SEE LABOUR	488.60	
1	FRONT BUMPER LOWER SKIRTING O/S	TWISTED	152.30	152.30
	LESS 20% DISCOUNT		_	-808.86
			5,198.10	3,235.44
	LABOUR			
	TO CHECK WIRING.		50.00	20.00
	TO SPRAY RUST PROOFING.	NOT NECESSARY	50.00	
	TO CONDUCT WHEEL ALIGNMENT.		80.00	60.00
	LABOUR FOR PANEL BEATING & REPLACING PARTS.INCLUSIVE OF THE REPAIR OF FRONT FENDER O/S AND FRONT SUPPORT PANEL.		680.00	600.00
	TO PUTTY & SPRAY PAINTING.		880.00	850.00
	*		1,740.00	1,530.00
	GRAND TOTAL		6,938.10	4,765.44
	RECOMMENDED COST OF LUMP SUM REPAIRS			3,800.00

RECOMMENDED COST OF LUMP SUM REPAIRS
(TO ITS PRE-ACCIDENT CONDITION)

3,800.00

Report Ref No. CS/TP18002357/Utbn2

CHUA KANG SENG

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.