

(03/11/13) Wof

REF:

ASS. REC. BY: Marcus

CS/TP18010260/urbn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No:

at Workshop n/a:

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.

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

Blk / PR Sec:

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:

SLN89675

Yr Regn:

S 17

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

CA /

Make:

Honda Verza Hybrid 1496

Colour:

orange/slate

A/C:

Insured / Std / Nil / NA

Sp. Reading:

7842

T/Radio:

Insured / Std / Nil / NA

Eng/No:

C/No:

RU3 1223317

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / STD A/Rim or

Tyre Size:

F:

225/50 R18

R:

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

TOYOTOKO or

Front

R/Bal.

6

mm

Rear

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

28/5/18

D.O.A.

6/6/18

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

n/s Rear

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

Date / Time

Action / Instruction

L/S \$5200

Red: 8895.50, 61%

RECEIVED 18 JUN 2018

Date/Time, File Pass to:

1. Input

☐

Prel. Report

☒

Final Report

Date/Time, File Return to:

2.

Report Format:

TP - Independent

Lump Sum / L.S. (\$

5200)

Days Of Repair:

5

Resurvey No. of Trip:

2

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

\$ + R.S. \$

Photos

Others

TOTAL

3x15=45

170+45

50

50+50

65

80

510

Ref. No : <u>CS/TP18010260Kerbzn</u>	Res. Date: <u>7/6/1f</u>	Date Received:
Veh. No : <u>SLN 89675</u>	SP: _____	WKSP: <u>[Signature]</u>
C/No :		
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:		
Final Re-inspection or Progress Photos		Inspected By:

NA21000493 / Progressive Automotive Pte Ltd - HQ
 ENTRY DATE & TIME: 28/05/2018 16:52
 SUBMITTED BY: Lily Lim

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 insured 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 this report being made available if/when so.

ACCIDENT STATEMENT

Date Of Report 28/05/2018 16:52
 Date Of Accident 28/05/2018 09:45
 Exact Location Of Accident UPP CHANGI ROAD EAST
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN8967S
Insured/Policyholder
 Name Of Registered Owner MAX FOO SECK MENG
 NRIC No S7123245Z
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-90471040
 Alternative Phone No OTHERS-90471040

Vehicle Particulars

Manufacturer HONDA
 Model VEZEL-1.5 X (A)

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/00476291

Cover Note Number

Driver

Name of Driver MAX FOO SECK MENG
 NRIC No S7123245Z
 Date Of Birth 14/07/1971
 Occupation INDOOR
 Date Of Driving Pass 30/06/1992
 Driving Experience 25 YEARS AND 10 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-90471040
 Fax Number
 Contact Number OTHERS-90471040
 Email Address NOEMAIL

Address BLK 7 LORONG 28 GEYLANG #03-12
 Postcode 398412
 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 COLLISION - CHANGE/CROSS LANE
 Weather Conditions RAINING
 Road Surface WET

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) 3
 Passenger 1 NAME: : FENNIE TANG
 GENDER: : FEMALE
 Passenger 2 NAME: : KOEN FOO
 GENDER: : MALE

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 STATEMENT RECORDED BY LILY - PROGRESSIVE AUTOMOTIVE PTE LTD 67415336

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJU153M
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver SEE CHENG TECK
 NRIC/Passport Number S1521839H
 Contact Number 96182744
 Address BLK 512 WOODLANDS DR 14 #04-77
 Postcode 730512
 Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

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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 claim 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:


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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN

	Vehicle No.
	A - B -
Legend 	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TURNING RIGHT INTO MAIN ROAD. OPPOSING CAR
 WAITING TO TURN LEFT WITH GIVING WAY LINE.
 I DROVE ON MY LANE AND OPPOSING CAR
 IMPACTED ME MY CAR ON MY REAR LEFT.

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 time frame from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature
 Date & Time: 28/05/18 16:07

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

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

GIA/MC SketchPlanForm_V3

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 3245Z

Vehicle Details

Vehicle No.: SLN8967S

Vehicle to be Exported: No

Intended De-registration Date: 07 Jun 2018

Vehicle Make: HONDA

Vehicle Model: VEZEL HYBRID 1.5RS AUTO

Primary Colour: Orange

Manufacturing Year: 2016

Engine No.: LEB5923331

Chassis No.: RU31223317

Maximum Power Output: 112.0 kW (150 bhp)

Open Market Value: \$31,511.00

Original Registration Date: 22 May 2017

First Registration Date: 22 May 2017

Transfer Count: 0

Actual ARF Paid: \$6,116.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 21 May 2027

PARF Rebate Amount: \$4,587.00

Intended COE Rebate Details

COE Expiry Date: 21 May 2027

COE Category: E - Open Category

COE Period(Years): 10

QP Paid: \$54,616.00

COE Rebate Amount: \$48,716.00

Total Rebate Amount: \$53,303.00

The information contained herein is correct as at 07 Jun 2018

OK



BLUWEL AUTOMOTIVE SERVICE PTE LTD

Workshop: 1 Kaki Bukit Ave 6 (Unit B) #01-28
(Unit C) #01-28-53/55 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

SLN89675

To check wiring	S\$0.00	- 20
To spray rust proofing	S\$0.00	- 50
To transfer rear door mechanism	S\$0.00	- 60
To Dismantle & refix reverse sensor	S\$0.00	- 50
To Dismantle & refix petrol tank	S\$0.00	- 60
To Dismantle & refix seat cushion upholstery	S\$150.00	- 80
To dismantle & replacing rear undercarriage	S\$380.00	- 280
To conduct wheel alignment	S\$100.00	80
Labour for panel beating & replacing parts	S\$1080.00	- 600
To putty & spray painting	S\$1500.00	- 1080
TOTAL		S\$13395.50

6517.96

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

Acknowledged by Repairer

Signature:

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 Internationale Des Experts En Automobile				
BLUWEL AUTOMOTIVE SERVICE PTE LTD		Ref : CS/TP18010260/Urbn2		
BLK 1 KAKI BUKIT AVE 6 #01-28/51/53/55(MAIN OFFICE)SINGAPORE 417883		Date : 20-06-2018		
ON BEHALF OF MAX FOO SECK MENG		Code : TP149		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	Veh. Inspected		SLN 8967S	
Policy No.	Coverage (\$)		0.00	
Claim No.	Excess (\$)		0.00	
Assign From	Assign Date		06/06/2018	
2. Vehicle Particulars & Condition				
Make & Model	HONDA VEZEL HYBRID (A)	c.c	1496	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	RU31223317	Colour	ORANGE / BLACK	
Odometer	7842	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/50 R18	DUNLOP	6 mm	
L/H Front Tyre	225/50 R18	DUNLOP	6 mm	
R/H Rear Tyre	225/50 R18	DUNLOP	6 mm	
L/H Rear Tyre	225/50 R18	DUNLOP	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	28/05/2018	Inspection Date	06/06/2018	
Survey held at	BLUWEL AUTOMOTIVE SERVICE PTE LTD BLK 1 KAKI BUKIT AVE 6 #01-28/51/53/55(MAIN OFFICE) SINGAPORE 417883			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days		



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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLN 8967S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR DOOR N/S	DENTED / BENT	787.20	787.20
1	REAR DOOR LOWER STICKER N/S	NECESSARY	32.00	32.00
1	SET REAR DOOR FRAME STICKER N/S	NECESSARY	68.80	68.80
1	REAR DOOR INNER LOCK N/S	NOT NECESSARY	245.30	-
1	REAR DOOR INNER RUBBER N/S	NECESSARY	162.20	162.20
1	REAR FENDER N/S	TO REPAIR SEE LABOUR	895.30	-
1	REAR FENDER OUTER GARNISH N/S	TORN	266.20	266.20
1	REAR FENDER INNER UNDER TRIM N/S	TORN	312.30	312.30
1	SET REAR FENDER INNER UNDER TRIM CLIPS N/S	NECESSARY	39.00	39.00
1	ROCKER PANEL GARNISH N/S	TORN	680.00	680.00
1	ROCKER PANEL N/S	TO REPAIR SEE LABOUR	665.00	-
1	REAR BUMPER	TO REPAIR SEE LABOUR	762.00	-
1	REAR BUMPER SIDE	TO REPAIR SEE LABOUR	195.00	-
1	REAR SHOCK ABSORBER N/S	BENT / TWISTED	266.00	266.00
1	REAR WHEEL HUB BEARING N/S	DAMAGED	315.00	315.00
1	REAR AXLE BEAM	SERVICEABLE	1,899.20	-
	LESS 20% DISCOUNT		-	-585.74
			7,590.50	2,342.96
<u>SPECIAL NETT ITEMS</u>				
1	REAR SPORT RIM N/S (SN)	DENTED / BENT	880.00	800.00
1	REAR TYRE N/S (SN)	SERVICEABLE	200.00	-
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	35.00	35.00
1	SET REAR DOOR FRAME VISOR N/S (SN)	NECESSARY	80.00	80.00
1	SET REAR BODY MATT STICKER (SN)	NECESSARY	1,000.00	900.00
			2,195.00	1,815.00
<u>LABOUR</u>				
	TO CHECK WIRING.		80.00	20.00
	TO SPRAY RUST PROOFING.		80.00	50.00
	TO TRANSFER REAR DOOR MECHANISM.		80.00	60.00
	TO DISMANTLE & REFIX REVERSE SENSOR.		80.00	50.00

Report Ref No. CS/TP18010260/Urbn2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO DISMANTLE & REFIX PETROL TANK.		80.00	60.00
	TO DISMANTLE & REFIX SEAT,CUSHION UPHOLSTERY.		150.00	80.00
	TO DISMANTLE & REPLACING REAR UNDERCARRIAGE.		380.00	280.00
	TO CONDUCT WHEEL ALIGNMENT.		100.00	80.00
	LABOUR FOR PANEL BEATING & REPLACING PARTS.INCLUSIVE OF THE REPAIR OF REAR FENDER N/S,ROCKER PANEL N/S,REAR BUMPER AND REAR BUMPER SIDE.		1,080.00	600.00
	TO PUTTY & SPRAY PAINTING.		1,500.00	1,080.00
			3,610.00	2,360.00
	GRAND TOTAL		13,395.50	6,517.96
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			5,200.00

Report Ref No. CS/TP18010260/Urbn2

CHUA KANG SENG

Licensed Appraiser

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