

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/TP/8017805/Used 3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SKF8143Cat Workshop m/s Bm

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: 85

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: 2 Consistent? : Yes or NoEst. Repairs: 6 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SKF8143C Yr Regn: 4 12Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAMake: Lexus GS350F Sport 3456Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 167939 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTHBEIBL105001750

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 245/35ZR19
R: _____BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal: 2 mm R/Bal: 2 mmL/Bal: 2 mm L/Bal: 2 mmD.O.A. 28/9/18 D.O.I. 2/10/18

Survey held at _____

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

Rear O/S

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

Date / Time Action / Instruction

AJAF LTA 70791 3yrs. 6mths. Rep 15
L/S \$500016/10/18 Confirmed HS \$5,000/- @ 6 days with Marcus.
(\$6,463.51 Red - 56%)
* Submit independent report.

RECEIVED 16 OCT 2018

Date/Time, File Pass to?

16/10/181) typst

Date/Time, File Return to?

2) _____

☐ : Preli. Report☒ : Final ReportDays Of Repair: 6Resurvey No. of Trip: 2Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

TOTAL

170 + 155050 + 508080495Report Format: independentLump Sum / I.B.I: (\$ 5,000/- HS)

Ref. No :	CS/TP13017805/US ⁰²		Res. Date: 2/10/18	Date Received:
Veh. No :	SKC.81436		SP:	WKSP: <i>Am</i>
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:



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Pre-Owned

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3.18%P.A@Gv Cars Financing
GV Credit Pte Ltd StarAd


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1 vehicles

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Search Selection

lexus gs350

Any

Any

2012

Any



Lexus GS350 Luxury

\$95,900

\$17,130 /yr

20-Jun-2012

3,456 cc

80

Look No Further! Direct Owner's Sparkling Black Mid 2012 Lexus GS300 With Matching Saddle Brown Leather Upholstery
Owner Selling Due To Upgrade. Solely Serviced And Maintained By...

Posted: 29-Aug-2018

Tags: 2012 Lexus GS350, 2012 lexus gs 350, Lexus GS350, lexus gs 350, Lexus, GS350, gs 350, Used

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 5646G

Vehicle Details

Vehicle No.: SKE8143L

Vehicle to be Exported: No

Intended Deregistration Date: 03 Oct 2018

Vehicle Make: TOYOTA

Vehicle Model: LEXUS GS350 F SPORT AUTO

Primary Colour: Silver

Manufacturing Year: 2012

Engine No.: 2GR8735949

Chassis No.: JTHBE1BL105001750

Maximum Power Output: 233.0 kW (312 bhp)

Open Market Value: \$66,239.00

Original Registration Date: 03 Apr 2012

First Registration Date: 03 Apr 2012

Transfer Count: 0

Actual ARF Paid: \$66,239.00 33119

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 02 Apr 2022

PARF Rebate Amount: \$43,055.00

Intended COE Rebate Details

COE Expiry Date: 02 Apr 2022

COE Category: B - Car (1601cc & above)

COE Period(Years): 10

QP Paid: \$79,304.00

COE Rebate Amount: \$27,736.00

Total Rebate Amount: \$70,791.00

The information contained herein is correct as at 03 Oct 2018

OK

MSME1S129058 / SME Motor Pta Ltd - Kaki Bukit
 ENTRY DATE & TIME: 28/09/2018 15:37
 SUBMITTED BY: Chia Pei 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 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 28/09/2018 15:37
 Date Of Accident 28/09/2018 11:40
 Exact Location Of Accident SENGKANG EAST WAY EXIT TO UPP SERANGOON RD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKE8143L
Insured/Policyholder
 Name Of Registered Owner TAN LIAN SOON
 NRIC No S1195646G
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-83435577
 Alternative Phone No OFFICE-83435577
Vehicle Particulars
 Manufacturer LEXUS
 Model GS360
 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 AXA INSURANCE PTE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number GA331586
 Cover Note Number
Driver
 Name of Driver TAN LIAN SOON
 NRIC No S1195646G
 Date Of Birth 30/10/1956
 Occupation INDOOR
 Date Of Driving Pass 06/06/1977
 Driving Experience 41 YEARS AND 3 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-83435577
 Fax Number
 Contact Number OFFICE-83435577
 Email Address NOEMAIL

Address BLK 250D COMPASSVALE STREET #12-45
 Postcode 544250
 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 - HEAD TO REAR
 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) 1

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

ON 28/09/2018 AT ABOUT 1140AM, I STOPPED TO ALLOW A CYCLIST TO CROSS. WHEN SUNDENLY, CAR B BEHIND ME CAME AND HIT THE REAR OF MY CAR A.

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 SJT7883Z
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category PRIVATE CAR
 Name of Driver LIM KIM YAN DAWSON
 NRIC/Passport Number S8742725J
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)


Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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 revoke 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: 28/9/18, 12:30pm


 Driver's Signature

(If driver is not the policyholder)

Date & Time: 28/9/18, 12:30pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/9/18 at about 1140am, I stopped to allow a cyclist to cross when suddenly car B behind me came and hit the rear of my car (A).

DECLARATION

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

Policyholder's Signature

Date & Time: 28/9/18, 1230pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 28/9/18, 1230pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SHARMC SketchPlanForm_V3

2



BLUWEL AUTOMOTIVE SERVICE PTE LTD

Workshop: 1 Kaki Bukit Ave 6 (Unit B) #01-28
 (Unit C) #01-29-33/55 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
 is subject to final approval from Insurance Company

Not Allocated
 2/505000
 6841

SK E8143L

Acknowledged by Repairer

Signature:
 Date:

DD 1481.20

	Rear bumper			
	Rear bumper lower skirting	Buf	495.30	
2 pcs	Rear bumper side holders @ 66.50	Buf	133.00	
	Rear bumper sponge	Buf	201.30	
	Rear bumper reinforcement	DD	465.00	
1 set	Rear bumper clips	RM	50.00	
	Rear bumper exhaust chrome o/s	Buf	192.00	
2 pcs	Rear bumper PDC sensors @ 315.00	Shok	630.00	1 pc
	Rear bumper reflector o/s	cre	62.00	
	Rear exhaust pipe	R	1048.50	X
	tail lamp o/s	cre	622.01	
	Bootlid	R	1488.20	X
	Bootlid rear logo	RM	70.00	
	Bootlid 'GS350' emblem	RM	95.00	
	Bootlid 'Lexus' emblem	RM	92.00	
	Bootlid weatherstrip	RM	299.20	
	Rear end panel	DD	845.30	
	Rear end panel top garnish	RM	433.50	X
			8673.51	5388.31
	To check wiring		80.00	- 20
	To dismantle & replacing reverse sensor		80.00	- 50
	To transfer Bootlid mechanism	RM	80.00	- X
	To Dismantle & refix seat cushion upholstery		120.00	- 100
	To Dismantle & refix rear exhaust		120.00	- 60
	To spray rust proofing		80.00	- 50
	labour for panel beating & replacing parts		950.00	- 850
	To putty & spray painting		1280.00	- 1100
			TOTAL	11463.51

(25%)



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/TP18017805/Usd3n2

BLK 1 KAKI BUKIT AVE 6
#01-28/51/53/55(MAIN OFFICE)SINGAPORE
417883

Date : 18-10-2018



ON BEHALF OF TAN LIAN SOON

Code : TP149

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	Veh. Inspected	SKE 8143L
Policy No.	Coverage (\$)	0.00
Claim No.	Excess (\$)	0.00
Assign From	Assign Date	02/10/2018

2. Vehicle Particulars & Condition

Make & Model	LEXUS GS350 F SPORT (A)	c.c	3456
Engine No.	HIDDEN	Year of Reg.	212
Chassis No.	JTHBE1BL105001750	Colour	SILVER
Odometer	167939	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	245/35 ZR19	MICHELIN	8 mm
L/H Front Tyre	245/35 ZR19	MICHELIN	8 mm
R/H Rear Tyre	245/35 ZR19	MICHELIN	8 mm
L/H Rear Tyre	245/35 ZR19	MICHELIN	8 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	28/09/2018	Inspection Date	02/10/2018
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:	6 Working Days
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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. SKE 8143L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DENTED	1,451.20	1,451.20
1	REAR BUMPER LOWER SKIRTING	BENT	495.30	495.30
2	REAR BUMPER SIDE HOLDERS @\$66.50	BENT	133.00	133.00
1	REAR BUMPER SPONGE	TORN	201.30	201.30
1	REAR BUMPER REINFORCEMENT	DENTED	465.00	465.00
1	SET REAR BUMPER CLIPS	NECESSARY	50.00	50.00
1	REAR BUMPER EXHAUST CHROME O/S	BENT	192.00	192.00
2	REAR BUMPER PDC SENSORS @\$315.00	SHORTED (1 PC ONLY)	630.00	315.00
1	REAR BUMPER REFLECTOR O/S	CRACKED	62.00	62.00
1	REAR EXHAUST PIPE	TO REPAIR SEE LABOUR	1,048.50	-
1	TAILLAMP O/S	CRACKED	622.01	622.01
1	BOOTLID	TO REPAIR SEE LABOUR	1,488.20	-
1	BOOTLID REAR LOGO	NECESSARY	70.00	70.00
1	BOOTLID "GS350" EMBLEM	NECESSARY	95.00	95.00
1	BOOTLID "LEXUS" EMBLEM	NECESSARY	92.00	92.00
1	BOOTLID WEATHERSTRIP	NECESSARY	299.20	299.20
1	REAR END PANEL	DENTED	845.30	845.30
1	REAR END PANEL TOP GARNISH	NOT NECESSARY	433.50	-
	LESS 25% DISCOUNT		-	-1,347.08
			8,673.51	4,041.23
<u>LABOUR</u>				
	TO CHECK WIRING.		80.00	20.00
	TO DISMANTLE & REPLACING REVERSE SENSOR.		80.00	50.00
	TO TRANSFER BOOTLID MECHANISM.	NOT NECESSARY	80.00	-
	TO DISMANTLE & REFIX SEAT,CUSHION UPHOLSTERY.		120.00	100.00
	TO DISMANTLE & REFIX REAR EXHAUST.		120.00	60.00
	TO SPRAY RUST PROOFING.		80.00	50.00
	LABOUR FOR PANEL BEATING & REPLACING PARTS.INCLUSIVE OF THE REPAIR OF REAR EXHAUST PIPE AND BOOTLID.		950.00	850.00
	TO PUTTY & SPRAY PAINTING.		1,280.00	1,100.00
			2,790.00	2,230.00

Report Ref No. CS/TP18017805/Usd3n2



GRAND TOTAL		11,463.51	6,271.23
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			5,000.00

Report Ref No. CS/TP18017805/Usd3n2

CHUA KANG SENG

Licensed Appraiser

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