(08/11/13) wef

ASS. REC. BY: Marcus

REF: CS/TP19001270/Usd302

ASSIGNMENT

5

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLB8023D

at Workshop m/s Bml

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 10 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLB8023D Yr Regn: 4/16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (4)

Make: Mercedes Benz cc: 1496

Colour: White A/C: Insured / Std / Nil / NA

Sp.Reading: 30191 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: RU1111'6644

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: _____

R: 215/60R16

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	9/1/19	D.O.I.	21/1/19

Survey held at _____

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

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

Date / Time	Action / Instruction
	Agcy. Nuc 4740863
	Repair Sum $3203
	($3,607.50 Rcd - 53%)
	Submit Independent Report
	RECEIVED 21 FEB 2019

21/2/2019.

Date/Time, File Pass to?

1) 21/02/19 Typist

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☑ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : Independent

Lump Sum / I.B.I: ($ R/S $3,200/-)

Survey Fee:	145
Transportation:	50
__$ - RS__ St	50+50
Photos	50
Others	80
TOTAL	425

Ref. No :	Res. Date: 22/1/19
Vel. No : SLB80237	SP:
C/No :	
Action/Instruction:	
1.File 2.Submit Photo? YES / NO	
3.Indicate Res. Date On Photo Page? YES / NO	
If No, due to a) No authorisation b) Days of repair	
others:	
Final Re-inspection or Progress Photos	

Date Received:
WKSP:
Message:
Inspected By:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	4965B
Vehicle Details	
Vehicle No.:	SLB8023D
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Jan 2019
Vehicle Make:	HONDA
Vehicle Model:	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	L15B4036650
Chassis No.:	RU11116644
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	$20,417.00
Original Registration Date:	22 Apr 2016
First Registration Date:	22 Apr 2016
Transfer Count:	0
Actual ARF Paid:	$10,584.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Apr 2026
PARF Rebate Amount:	$7,938.00
Intended COE Rebate Details	
COE Expiry Date:	21 Apr 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$45,000.00
COE Rebate Amount:	$32,625.00
Total Rebate Amount:	**$40,563.00**

The information contained herein is correct as at 21 Jan 2019

OK

MVOV19004000 / Mova Automotive Pte Ltd - Bukit Merah
ENTRY DATE & TIME: 09/01/2019 16:55
SUBMITTED BY: Goh Jia Yu

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 willful 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 Report	09/01/2019 16:55
Date Of Accident	09/01/2019 12:00
Exact Location Of Accident	ALONG PIONEER SECTOR 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLB8023D
Insured/Policyholder	
Name Of Registered Owner	SANTHANAM MANICKAVASAGAN
NRIC No	S6984965B
Email Address	M_VASAGAN2002@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96478835
Alternative Phone No	OTHERS-96478835
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088211308-01
Cover Note Number	
Driver	
Name of Driver	SANTHANAM MANICKAVASAGAN
NRIC No	S6984965B
Date Of Birth	24/01/1969
Occupation	INDOOR
Date Of Driving Pass	28/11/2000
Driving Experience	18 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96478835
Fax Number	
Contact Number	OTHERS-96478835
EMail Address	M_VASAGAN2002@YAHOO.COM

Address	BLK 236B CHOA CHU KANG AVENUE 2 #12-36
Postcode	682296
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 (including own vehicle) involved in the accident	4
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

PLEASE REFER TO STATEMENT ON THE SKETCH PLAN. TRAFFIC POLICE VIDE REPORT NO. J/20190109/59.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HTTPS://WWW.FACEBOOK.COM/SGRECKLESS/VIDEOS/5103629
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD7209P
Vehicle Make/Model/Colour	CONTAINER NO : TRB4174G
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	96494360 (MR YEO - ASST OPS MANAGER)
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJL5653B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	0

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SKZ3419P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	0

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:

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

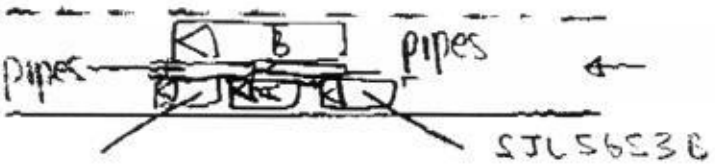
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Nambain
02/01/2019

SKETCH PLAN

PIONEER SECTOR 1

A: SLB 8023D

B: XD 7209P
(TRB4174G)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SLB8023D	ACCIDENT DATE & TIME: 04/01/2019 1200hrs
CONTACT NUMBER: 96478835	E-MAIL ADDRESS: M-Vasugan2002@yahoo.com
LOCATION: Along Pioneer Sector 1	

My vehicle was parked in designated parallel parking lot along Pioneer Sector 1. I received a call from LTA / Traffic Police saying that pipes have fallen from vehicle XD7209P (TRB4174G). I was given traffic police vide report no. T/2019010959. That's all.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

Please state:

( ) Claim Own Policy ( ) Claim Third Party ( ) Claim OD/TP at other workshop (/) Reporting Only

DECLARATION

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

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.:
04/01/2019

BLUWEL AUTOMOTIVE SERVICE PTE LTD

Workshop: 1 Kaki Bukit Ave 6 (Unit B) #01-28
(Unit C) #01-20-53/55 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

SKB 8023D

	front door O/S	R	945.30	X
	Rear door O/S	PP/set	915.00	✓
	Rear door inner rubber O/S	set	166.00	✓
1set	Rear door frame black sticker O/S	set	85.00	✓
	Rear fender O/S	R	846.50	X
	Rear fender outer protector O/S	grey	158.20	✓
	Rocker panel outer garnish O/S	grey	488.50	✓
	Rear sport rim O/S	Daye	850.00	✓
	Rear wheel hub bearing O/S	Daye	285.00	✓
1set	Rear door visor O/S	set	88.00	✓
		20%	4827.50	3035.7
	To check wiring		50.00	-20
	To transfer rear door mechanism		80.00	-60
	To conduct wheel alignment.		120.00	-80
	To Dismantle & replacing rear undercarriage		150.00	-120
	To Dismantle & refix seat/cushion upholstery	1	100.00	- X
	labour for panel beating & replacing parts		600.00	300
	To putty & spray painting		880.00	-600
		TOTAL	6807.50	

3604.80

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/TP19001270/Usd3n2

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

Date : 22-02-2019

ON BEHALF OF SANTHANAM MANICKAVASAGAN

Code : TP149

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	**Veh. Inspected**	SLB 8023D
	Policy No.	**Coverage ($)**	0.00
	Claim No.	**Excess ($)**	0.00
	Assign From	**Assign Date**	21/01/2019

2. Vehicle Particulars & Condition

	Make & Model	HONDA VEZEL (A)	**c.c**	1496
	Engine No.	HIDDEN	**Year of Reg.**	2016
	Chassis No.	RU11116644	**Colour**	WHITE
	Odometer	30191	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	SPORTS RIM
	General	GOOD		

3. Conditions of Tyres

		Size	**Make**	**Balance**
	R/H Front Tyre	215/60 R16	DUNLOP	6 mm
	L/H Front Tyre	215/60 R16	DUNLOP	6 mm
	R/H Rear Tyre	215/60 R16	DUNLOP	6 mm
	L/H Rear Tyre	215/60 R16	DUNLOP	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION.THE UNDERCARRIAGE AFFECTED DUE TO COLLISION.

DAMAGES SEE DETAILS.

5. General Information

	Accident Date	09/01/2019	**Inspection Date**	21/01/2019
	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: **4 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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLB 8023D

Qty	Description of Parts	Condition	Estimate By Workshop ($)	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	FRONT DOOR O/S	TO REPAIR SEE LABOUR	945.30	-
1	REAR DOOR O/S	DENTED / BENT	915.00	915.00
1	REAR DOOR INNER RUBBER O/S	NECESSARY	166.00	166.00
1	SET REAR DOOR FRAME BLACK STICKER O/S	NECESSARY	85.00	85.00
1	REAR FENDER O/S	TO REPAIR SEE LABOUR	846.50	-
1	REAR FENDER OUTER PROTECTOR O/S	GRAZED	158.20	158.20
1	ROCKER PANEL OUTER GARNISH O/S	GRAZED	488.50	488.50
1	REAR SPORT RIM O/S	DAMAGED	850.00	850.00
1	REAR WHEEL HUB BEARING O/S	DAMAGED	285.00	285.00
1	SET REAR DOOR VISOR O/S	NECESSARY	88.00	88.00
	LESS 20% DISCOUNT		-	-607.14
			4,827.50	2,428.56
	LABOUR			
	TO CHECK WIRING.		50.00	20.00
	TO TRANSFER REAR DOOR MECHANISM.		80.00	60.00
	TO CONDUCT WHEEL ALIGNMENT.		120.00	80.00
	TO DISMANTLE & REPLACING REAR UNDERCARRIAGE.		150.00	120.00
	TO DISMANTLE & REFIX SEAT,CUSHION UPHOLSTERY.	NOT NECESSARY	100.00	-
	LABOUR FOR PANEL BEATING & REPLACING PARTS.INCLUSIVE OF THE REPAIR OF FRONT DOOR O/S AND REAR FENDER O/S.		600.00	300.00
	TO PUTTY & SPRAY PAINTING.		880.00	600.00
			1,980.00	1,180.00
	GRAND TOTAL		**6,807.50**	**3,608.56**

	RECOMMENDED COST OF REPAIR SUM			**3,200.00**

Report Ref No. CS/TP19001270/Usd3n2

CHUA KANG SENG

Licensed Appraiser