

ASS. REC. BY: Paul

REF:

ASSIGNMENT

289P
COT EXPIRY: 2026/SEP

From: _____ Date: _____

Estimated Cost: _____

OD TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SGM 3203Kat Workshop m/s HIN LUNGof 1008, BUKIT MEKOH LN 3401-20Insured: CTI

Policy No. _____

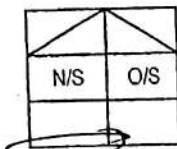
Claims No. _____

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: 44K

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SGM 3203KYr Regn: 2006 / 04Type: M / Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: HONDAEDIX 1.7Ac.c. 1668Colour: BLACK

A/C: Insured / Std / NI / NA

Sp. Reading: 110559

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: BE11102915Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/65R15

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 5 mmR/Bal. 5 mmL/Bal. 5 mmL/Bal. 5 mmD.O.A. 09/06/2020D.O.I. 12/06/2020Survey held at HIN LUNG

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

Rear n/s

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐: Preli. Report☐: Final Report

1)

Date/Time, File Return to?

2)

Rep. Format: _____

Lump Sum / L.B.I. (%) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐: Site Insp (\$ _____)☐: Interview (\$ _____)☐: Tech. Invs (\$ _____)☐: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL

075
1224

HIN LUNG WORKSHOP

Blk 1008 Bukit Merah Lane 3 #01-20, S'pore 159722. Tel: 68583000 Fax: 64760075
Website: www.hinlung.com.sg GST Regn. No: M2-0065859-X

Your Ref:
Our Ref : 0700/06/20
M/s : CHINA TAIPING INSURANCE (S) PTE LTD
3 ANSON ROAD #16-00
SPRINGLEAF TOWER
SINGAPORE 079909
Attn : MOTOR CLAIMS DEPARTMENT

Page: 1
Date: 10/06/2020

Dear Sir/Madam,

ACCIDENT REPAIR ON : SGM3203K - EDIX-1.7 (A) 0
INSURED : CHIN JOSEPH
DATE OF ACCIDENT : 09/06/2020
YOUR INSURED VEH NO: SKR1157A

APPENDED BELOW ARE THE ESTIMATED COST OF REPAIR & PARTS TO BE REPLACED:-

		S\$	S\$	S\$
REPLACEMENT OF PARTS				
1 REAR BUMPER <i>de /</i>	1 @	980.20	980.20	
2 REAR SIDE RETAINER LH <i>nee /</i>	1 @	34.00	34.00	
3 REAR SIDE RETAINER RH <i>X</i>	1 @	34.00	34.00	
4 BUMPER CLIPS <i>nee /</i>	10 @	5.50	55.00	
5 REAR FENDER LH <i>repair</i>	1 @	1,025.00	1,025.00	
6 REAR FENDER RH <i>X</i>	1 @	1,025.00	1,025.00	
7 REAR END PANEL <i>repair</i>	1 @	530.00	530.00	
8 REAR BOOT WITH WORDINGS <i>repair</i>	1 @	1,353.00	1,353.00	
9 PANEL GARNISH LH <i>?</i>	1 @	210.00	210.00	
10 LINING, FENDER LH <i>X</i>	1 @	319.00	319.00	
11 WEATHER STRIP, TAILGATE <i>X</i>	1 @	161.00	161.00	
Total				5,726.20

LABOUR CHARGES

- 1 REPLACE NEW PARTS, REMOVE/REFIT ALL ATTACHMENT PARTS TO FACILITATE REPAIR.
- 2 SPRAY PAINT ON THE EFFECTED AREAS WITH 2K PAINT.
- 3 CHECK WIRING AND PROPER FUNCTIONING.

~~1,200.00~~ ~~400~~ 500
~~1,000.00~~ ~~600~~ 800
80.00 X

Nett Total Before GST

8,006.20

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:

Rasul
Hp 90010068
6 days
L/S
12/06/2020 @ 1030
Resurvey after repair

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 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	09/06/2020 13:16
Date Of Accident	09/06/2020 08:30
Exact Location Of Accident	CANADIAN INTERNATIONAL SCHOOL JURONG WEST ST 41
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM3203K
Insured/Policyholder	
Name Of Registered Owner	CHIN JOSEPH
Passport No/FIN	GXXXX289R
Email Address	JCHIN1968@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96716502
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	HONDA
Model	EDIX-1.7 (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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA275094
Cover Note Number	

Driver

Name of Driver	HOFFMAN JILL KIMBERLY
Passport No/FIN	GXXXX287X
Date Of Birth	06/02/1972
Occupation	INDOOR
Date Of Driving Pass	25/04/2008
Driving Experience	12 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96715346
Fax Number	
Contact Number	
Email Address	JHOFFMAN1972@GMAIL.COM

Address 6J CHANCERY HILL ROAD
Postcode 309677
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured SPOUSE
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 (including own vehicle) involved in the accident 3
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

REFER TO ATTACH.

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 SKR1157A
Vehicle Make/Model/Colour MERCEDES BEN
Details Of Properties FRONT BUMPER DAMAGE.
Vehicle Category PRIVATE CAR
Name of Driver TITIN SUPRIYATIN
NRIC/Passport Number FXXXX447X
Contact Number 96526140
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMN945X

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:

09-06-2020

11:55am

Driver's Signature

(If driver is not the policyholder)

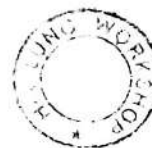
Date & Time: June 9 2020

11:55

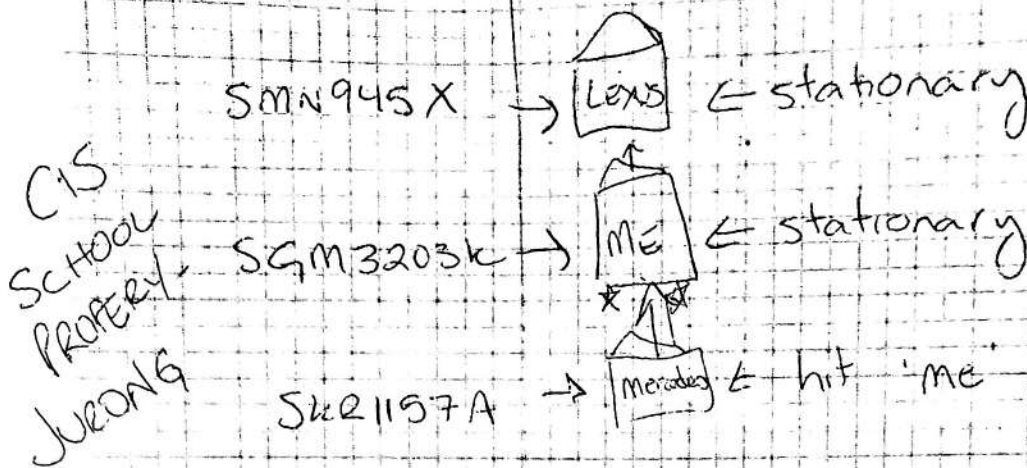
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT CANADIAN INTERNATIONAL SCHOOL, AT 8:30am AFTER DROPPING OFF SON. STILL ON SCHOOL PROPERTY. STOPPED BECAUSE OF TRAFFIC. WAS REAR ENDED BY THE MERCEDES (SKR1157A) THE IMPACT MOVED ME (SGM3203K) FORWARD AND I TOUCHED THE LEXUS (SMN945X). THE LEXUS DRIVER SAID HE HAD NO DAMAGE AND NONE WAS SEEN.

THE HONDA EDIX → ME (SGM3203K) HAS DAMAGE TO REAR BUMPER. REFER TO PHOTOS ATTACHED

THE MERCEDES (SKR1157A) HAS DAMAGE TO THEIR FRONT BUMPER.

DECLARATION

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

Policyholder's Signature -

Date & Time:

09-06-2020

11:55am

Driver's Signature

(If driver is not the policyholder)

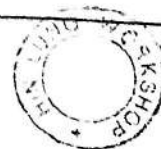
Date & Time: June 9, 2020

11:55

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Rebate Enquiry

Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Foreign Passport Country/Region: Canada
0167

Vehicle Details

Vehicle No.:

SGM3203K

Vehicle to be Exported:

Yes

Intended Deregistration Date:

30 Jun 2020

Vehicle Make:

HONDA

Vehicle Model:

EDIX 1.7 A

Primary Colour:

Black

Manufacturing Year:

2006

Engine No.:

D17A4053364

Chassis No.:

BE11102915

Maximum Power Output:

96.0 kW (128 bhp)

Open Market Value:

\$19,488.00

Original Registration Date:

13 Oct 2006

First Registration Date:

13 Oct 2006

Transfer Count:

1

Actual ARF Paid:

\$21,156.00

Intended PARF Rebate Details

PARF Eligibility:

Forfeited

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

30 Sep 2026

COE Category:

B - Car (1601cc & above)

COE Period(Years):

10

PQP Paid:

\$56,835.00

COE Rebate Amount:

\$35,521.00

Total Rebate Amount:

\$35,521.00

The information contained herein is correct as at 10 Jun 2020

OK

► Honda Edix 1.7A (COE till 07/2021)

[Overview](#)[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

CLASSIC CREDIT



SGCARMART'S PREMIUM DEALER
2013 / 2014 / 2015 / 2016 / 2017

Price	\$11,800	Reg Date	26-Jul-2006 (1yr 1mth 13days COE left)
Depreciation	\$10,560 /yr		
Mileage	N.A.	Manufactured	2006
Road Tax	\$1,154 /yr	Transmission	Auto
Dereg Value	\$5,771 as of today (change)	OMV	\$19,781
COE	\$25,815	ARF	\$21,760
Engine Cap	1,668 cc	Power	96.0 kW (128 bhp)
Curb Weight	1,360 kg	No. of Owners	3
Type of Vehicle	Hatchback		

Features

Powered By 1.7L 4 Cylinder Inline 16 Valve DOHC Engine, 4 Speed (A) Transmission, Dual SRS Airbags, Climatic Aircon, 3 x 3 Adjustable Seats. View specs of the Honda Edix (2004-2009)