ASS. REC. BY: [illegible] | REF: CS/CTI20007341/Ritf3 | 215C

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLK4507D

at Workshop m/s CHARN'S CUSTOMCRAFT

of 1010, BUKIT MERAH LN3 #01-105

Insured: 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.

N/S	O/S

Bal. or Market Value: 64K

IDAC Accident Rport: _____ 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: SLK4507D Yr Regn: 2017 / JAN

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

Make: HONDA HRV 1.5LX CVT c.c 1496

Colour BROWN A/C: Insured / Std / NI / NA

Sp.Reading 030889 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHMRV18306X200711

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: 215/60R16

R: _____

BS / DUN / 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.	14/07/2020	D.O.I.	20/07/2020

Survey held at CHARN'S CUSTOMCRAFT

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
	check with sharon convert to OD claim
	submit preli report

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

Lump Sum / I.B.I: ($ _____)

Survey Fee: _____

Transportation: _____ S + RS. _____ SI

Photos _____

Others _____

TOTAL _____

創 CHARN'S CUSTOMCRAFT
Accident Claim Repair, Corrosion Welding, Body Dent Repairs, Spray-Painting, Mechanical Repair And Customizing of Cars
BLOCK 1010, BUKIT MERAH LANE 3, #01-105, SINGAPORE 159724
BLOCK 1009, BUKIT MERAH LANE 3, #01-82, SINGAPORE 159723
TEL: 6271 7054, 6273 3304 FAX: 6273 6676 EMAIL: charns@singnet.com.sg
Bus. Reg. No. 251513/00M GST Reg. No. M90367863L

DA/China Taiping (PC8081H)
DOA: 14/07/2020@1340

CHINA TAIPING INSURANCE (S) PTE LTD 15-07-20

ATTN: THE MOTOR CLAIMS DEPT

THIRD PARTY CLAIM
ESTIMATE COST OF REPAIR FOR VEIHCLE NO:
SLK 4507 D - HONDA HRV 1.5 LX CVT
CHASSIS NO: JHMRU1830GX200771 (01/2017)

1 pc	Rear bumper SCR ✓	$ 508.70
1 pc	Rear bumper corner pad RH SCR ✓	$ 195.00
1 pc	Rear fender wheel arch RH SCR ✓	$ 172.00
		$ 875.70
	LESS 20%	$ 175.14
		$ 700.56
	Remove necessary parts: jacking, panel beating, repair and straighten rear end panel, rear fender RH inclusive replacing the above parts.	$ ~~480.00~~ 400
	Putty and respray rear end panel, rear bumper, rear fender RH, rear fender arch protector and rear door RH.	$ ~~800.00~~ 600
		$ 1,980.56
	ADD 7% GST	$ 138.64
		$ 2,119.20

Note: The above is an estimate only. IF other parts requested during the course of repair, we will inform you accordingly.

All parts are subject to availability.

CHARN'S CUSTOMCRAFT

.....

Rasul
Hp 90010068
4 days
L/S
20/07/2020 @1310
Resurvey after repair

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:

A0058553 / Charn's Customcraft - HQ
Y DATE & TIME 15/07/2020 09:40
MITTED BY: Kerk Ker Seng

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 witholding 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	15/07/2020 09:40
Date Of Accident	14/07/2020 13:40
Exact Location Of Accident	JUNCTION OF RIVER VALLEY CLOSE/RIVER VALLEY GREEN
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLK4507D
Insured/Policyholder	
Name Of Registered Owner	CHOI HYUN CHU
NRIC No	SXXXX215C
Email Address	CHOIHYUNCHU@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86600843
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	HONDA
Model	HR-V-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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/00557445/01
Cover Note Number	
Driver	
Name of Driver	CHOI HYUN CHU
NRIC No	SXXXX215C
Date Of Birth	22/11/1976
Occupation	INDOOR
Date Of Driving Pass	29/10/2005
Driving Experience	14 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-86600843
Fax Number	
Contact Number	OFFICE-NOPHONE
EMail Address	CHOIHYUNCHU@GMAIL.COM

Address	2 RIVER VALLEY CLOSE #18-06
Postcode	238428
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	2
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)	2
Passenger 1	NAME: : NADIA WI SOO JI GENDER: : FEMALE

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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	COLLECT FROM OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC8081H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM SENG TECK
NRIC/Passport Number	SXXXX462I
Contact Number	9727 7165
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

SKETCH PLAN

VEHICLE NO: SLK4150T
ACCIDENT DATE: 11/07/2020 @ 13:40

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.

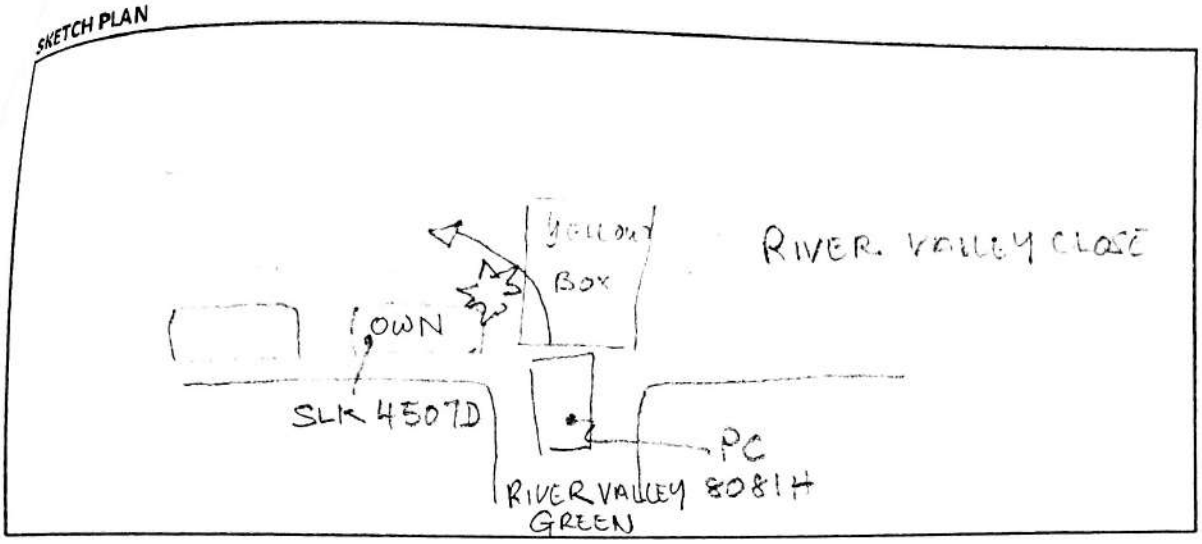
NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

Policyholder's Signature
Date & Time: 15/07/20 9.46am

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

OWNER'S CAR (SLK 4507D) WAS DRIVEN BY HUSBAND AND PARKED ALONG RIVER VALLEY CLOSE. HUSBAND LEFT CAR TO FETCH SON FROM NEARBY SCHOOL. OWNER (MDM CHOI HYUNCHU) OCCUPIED THE DRIVER SEAT SUBSEQUENTLY.

AT ABOUT 1.40PM, PC 8081H WAS PROCEEDING OUT OF RIVER VALLEY GREEN ONTO RIVER VALLEY CLOSE WHEN AN IMPACT WAS FELT BY MDM CHOI, SLK 4507D WAS STATIONARY AT THAT TIME.

SLK 4507D SUSTAINED DAMAGE TO THE RIGHT REAR END AND PC 8081H HAD SCRATCHES TO THE LEFT SIDE OF DOOR.

OWN DAMAGE ( ) 3RD PARTY CLAIM (/) REPORTING ONLY ( ) OWN WORKSHOP ( )

DECLARATION

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

Policyholder's Signature
Date & Time:
15/07/20
09.46am

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

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

ɜack to OneMotoring

ıquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	215C

Vehicle Details

Vehicle No.:	SLK4507D
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Jul 2020
Vehicle Make:	HONDA
Vehicle Model:	HRV 1.5 LX CVT
Primary Colour:	Beige
Manufacturing Year:	2016
Engine No.:	L15B4530771
Chassis No.:	JHMRU1830GX200771
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	$23,634.00
Original Registration Date:	17 Jan 2017
First Registration Date:	17 Jan 2017
Transfer Count:	0
Actual ARF Paid:	$20,088.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Jan 2027
PARF Rebate Amount:	$15,066.00

Intended COE Rebate Details

COE Expiry Date:	16 Jan 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$49,751.00
COE Rebate Amount:	$32,351.00
Total Rebate Amount:	**$47,417.00**

The information contained herein is correct as at 15 Jul 2020

OK

Used 2017 Honda HR-V 1.5A DX | Merimen e-Claims | PARF/COE Re

nart.com/used_cars/info.php?ID=889946&DL=1136

Honda HR-V 1.5A DX

Overview | Financial | Accessories | Similar | Research | Photos | Map

KA-HUP ESTABLISHED SINCE 1969

Singapore Vehicle Traders Association

PREMIUM DEALER

Price	**$64,800**		
Depreciation	$8,660 /yr View models with similar depre	**Reg Date**	22-Feb-2017 (6yrs 7mths 1day COE left)
Mileage	73,000 km (21.4k /yr)	**Manufactured**	2016
Road Tax	$682 /yr	**Transmission**	Auto
Dereg Value	$43,478 as of today (change)	**OMV**	$20,295
COE	$48,401	**ARF**	$15,413
Engine Cap	1,496 cc	**Power**	96.0 kW (128 bhp)
Curb Weight	1,185 kg	**No. of Owners**	1
Type of Vehicle	SUV		

Features

1.5L Earth Dreams DOHC Engine, 128 BHP, CVT Automatic Transmission, ABS, Airbags, Electronic Parking Brake, Cruise Control, Keyless Entry/Start/Stop. View specs of the Honda HR-V (2015)