

CS/CT120008109/11v3.

ASS. REC. BY:

Tanglin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

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: \$63K.

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: SLR 4448D Yr Regn: 2017, AugType: ☒ Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Kia Cerato K3 c.c. 1591Colour: Red A/C: Insured / Std / NI / NASp. Reading: 56248 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KN1A FZ 411MH 5720550Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/45R17R: 7/1BS: ☒ DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 12/8/2017Survey held at EM-1 Atp.Des. of Damages: ☒ Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report1) _____
Date/Time, File Return to?2) 16/9/20-TypistDays Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS _____

Photos

Others

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)Rep. Form: Merimen

Lump Sum / B.B. LS \$3500

EM-1 AUTO PTE LTD

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/P) 6457 5776 (F)

Email Address: em1autopteltd@gmail.com

COMPANY / GST REG. NO. : 201316380R

Vehicle Number : SLR 4448D
Vehicle Model : KIA CERATO K3 SUNROOF
Accident Date : 02.08.2020
Original Reg Date : 16.08.2017

Date : 11.08.2020
Chassis : KNAFZ411MH5720550
TP Ins. **CHINA**

ESTIMATE

1	1 pc	Front Bumper		?
2	1 pc	Front Bumper Badge		Nil ✓
3	2 pcs	Front Bumper Side Retainers		LH-✓, RH-✓
4	1 set	Front Bumper Clips		Nil ✓
5	1 pc	Front Bumper Reinforcement		?
6	1 pc	Front Bumper Sponge		?
7	1 pc	Front Bumper Lower Grille		X
8	1 pc	Front Bumper Number Plate Base		?
9	2 pcs	Front Bumper Sensor		LH-✓, RH-✓
10	2 pcs	Front Bumper Sensor Holder		X
11	1 pc	Front Bumper Fog Lamp RH		X
12	1 pc	Front Grille		?
13	1 pc	Front Grille Chrome Moulding		?
14	1 set	Front Grille Clips		Nil ✓
15	1 pc	Headlamp LED LH		?
16	1 pc	Headlamps Bottom Retainers LH		?

Approved by Repairer
Signature: _____
Date: _____
Approved by Insurance Company
Signature: _____
Date: _____

Special Nett

1	1 pc	Front Bumper Lower Spoiler		1,000.00
2	1 pc	Front Number Plate with Cover		70.00

Labour charge

Panel Beating		300	600.00
Spray painting		400	600.00
Check Wiring		20	30.00
Anti rust		X	30.00
Remove and install front sensor.		20	70.00

2,400.00

Less 20% 480.00

1,920.00

Tanpin 9744574
WP 12/8/2020 1115.
3 days - 4 days tanpin @ 1/10/2020.
Lump sum
Resolving after repair

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 667B

Vehicle Details

Vehicle No.: SLR4448D
Vehicle to be Exported: No
Intended Deregistration Date: 04 Aug 2020
Vehicle Make: KIA
Vehicle Model: CERATO K3 1.6A
SUNROOF
Primary Colour: Red
Manufacturing Year: 2017
Engine No.: G4FGGH634452
Chassis No.: KNAFZ411MH5720550
Maximum Power Output: 95.3 kW (127 bhp)
Open Market Value: \$16,052.00
Original Registration Date: 16 Aug 2017
First Registration Date: 16 Aug 2017
Transfer Count: 0
Actual ARF Paid: \$16,052.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 15 Aug 2027
PARF Rebate Amount: \$12,039.00

Intended COE Rebate Details

COE Expiry Date: 15 Aug 2027
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$44,002.00
COE Rebate Amount: \$30,931.00
Total Rebate Amount: \$42,970.00

The information contained herein is correct as at 04 Aug 2020

OK

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 03/08/2020 09:37
Date Of Accident 02/08/2020 09:45
Exact Location Of Accident BUKIT TIMAH FOOD CENTRE CAR PARK
Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR4448D
Insured/Policyholder
Name Of Registered Owner LOW KIM SENG
NRIC No SXXXX667B
Email Address KAILUN.LOW@GMAIL.COM
Mobile Phone No (LOCAL) +65-91299820
Alternative Phone No OTHERS-91299820

Vehicle Particulars

Manufacturer KIA
Model FORTE K3-1.6 SX (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 SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number D19MTPV01010411
Cover Note Number

Driver

Name of Driver LOW KAI LUN
NRIC No SXXXX226H
Date Of Birth 24/05/1985
Occupation INDOOR
Date Of Driving Pass 08/03/2006
Driving Experience 14 YEARS AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91299820
Fax Number
Contact Number
E Mail Address KAILUN.LOW@GMAIL.COM

Address	BLK 293D BUKITBATOK ST 21 #21-544
Postcode	654293
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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: : LOW KIM SENG
	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

KINDLY REFER TO SKETCH PLAN.

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

Vehicle Registration Number	SKJ2722D
Vehicle Make/Model/Colour	MERCEDES C180
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHOO CHONG CHUAN
NRIC/Passport Number	SXXXX066E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

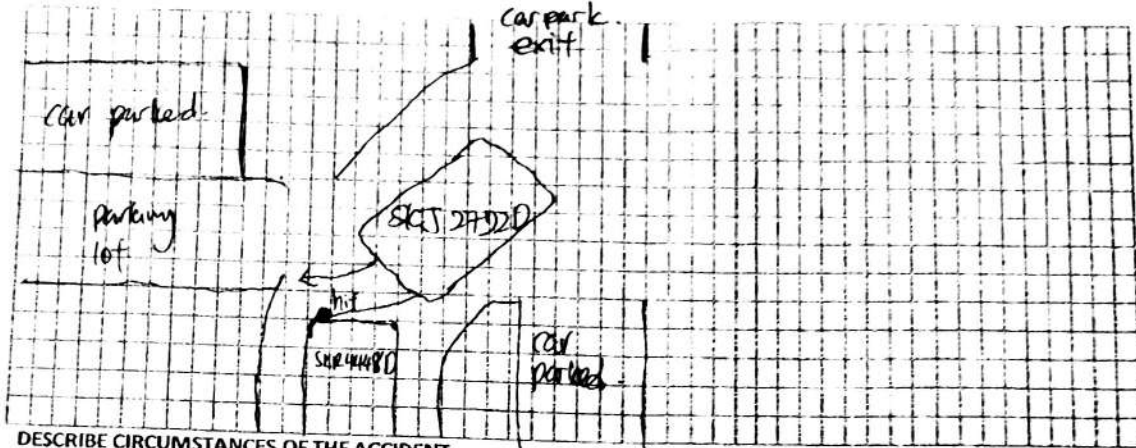
Policyholder's Signature
Date & Time:

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

03 Aug 2020 0915hrs

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02 Aug 2020 9.45am, at Bukit Timah Road Carpark, cars and my car were lining up to exit the carpark when suddenly the car in front of me SKJ 2722D reversed into a parking lot, without noticing my car and a line of cars were behind him and hit into my left ^{front} bumper during his reversing course. The speed that he had done so was too fast and as much as I tried to react, there were other cars behind which

I couldn't back off to. It was a clear mistake of SKJ 2722D reversing without checking his rear vision and hit into my stationary car.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

	- Reporting Only
	- Claim OD
	- Claim TP
✓	- Claim OD/ TP at other workshop

DECLARATION

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

Policyholder's signature
Date & Time

Driver's Signature
(If driver not the policyholder)
Date & Time (02 Aug 2020)
09:50

Reporting Centre Personnel's Signature
Name:
Nric/Fin No.