

ASS. REC. BY:

REF:

CTZ/200136051K9d3

C

Kenneth

## 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.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02

days

Res.: Yes or No

Lum Sum:

1.81

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Type:

M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

R:

BS (OUN) EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.I.

Survey held at

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

23/4 81490.88 Carbons (Red & 2765.42, 65%)

29/4/21 @ 12.16pm revised to Pauline Thau via Mennan.

Date/Time, File Pass to?

1) 29/4 14584

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I. (\$)

MER-TP

1490.88

Days Of Repair:

Resurvey No. of Trlp:

Add Fee:

Site Insp (\$)

Interview (\$)

Tech Invs (\$)

Weekend (\$)

Survey Fee:

Transportation:

S + RS \$

Fees

Others

TOTAL



# Tropical Tech Automobile Services

Blk 5032 Ang Mo Kio Avenue 3 #01-303 Industrial Park 2 Singapore 569535

Tel : 6481 7773 / 6481 1403 Fax : 6484 4978

E-mail : kennyphua@tropical-success-autocare.com.sg

M / s : **China Insurance Company Limited**  
105, Cecil Street, #18-00,  
The Octagon, S'pore 069534

Estimate bill : TT 45 / 20 / TP / WT

Registration No : SMQ6615T

Attention : Motor Claims Third Party Department  
6222 2366

Make / model : Toyota CH-R

Tel : 6224 7175

Fax :

Mileage :

Date : 05 / 12 / 2020

**TRAFFIC ACCIDENT INVOLVING VEHICLE BEARING REGISTRATION NO : SLQ8424B AND SMQ6615T ALONG SLIP ROAD FROM PIE TO JALAN ANAK BUKIT ON 04 DECEMBER 2020 AT ABOUT 1000 HRS.**

1pc	Rear bumper	353.10			\$	BULID	540.00	✓
2pcs	Rear bumper parktronic sensor (Centre)		(Each \$311.00)	short	\$	SEA	622.00	2005N
1pc	Rear bumper towing covering				\$	SCR	36.00	✓
1pc	Rear bumper lip	372.70			\$	NALICRA	450.00	✓
1pc	Rear bumper lip cover (Centre)				\$	NIP	165.00	X
2pcs	Rear bumper lip reflector		(Each \$111.00)		\$	SN	222.00	X
2pcs	Rear bumper lip reflector outer cover (Triangle)		(Each \$150.00)		\$	SN	300.00	X
2pcs	Rear bumper side bracket (Small)		(Each \$67.00)		\$	SN	134.00	X
2pcs	Rear bumper side bracket (Big)		(Each \$89.00)		\$	SN	178.00	X
1pc	Rear bumper reinforcement	332.70			\$	RI	360.00	2
	Sub total :				\$		3,007.00	
	Less 10% discount :				\$		300.70	
	A total :	258			\$		2,706.30	

Remove & transfer rear bumper necessary attachment spare parts item.

Remove & refit rear bumper, rear bumper parktronic sensor (Centre), rear bumper towing covering, rear bumper lip, rear bumper lip cover (Centre), rear bumper lip reflector, rear bumper lip reflector outer cover (Triangle), rear bumper side bracket (Small), rear bumper side bracket (Big), rear bumper reinforcement.

Heat / weld / beating / pull / straighten / align rear chassis frame by Chassis Alignment Jack.

Tuff kote rear damaged portion.

Putty / primer application, spray painting rear bumper, rear bumper reinforcement.

**Grand Final Amount:**

\$ 4,256.30

Tropical Tech Automobile Services



( Authorised Signature )  
William Tan

Not Authorized  
Kenny Bepem  
81490.88  
2 days

Page 1 of 1

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:

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Form X1

CERTIFICATE NUMBER : MP315186

Type of Coverage : Comprehensive Own Damage Excess : SGD1,200.00

Sum Insured : **Market Value** Windscreen Excess : SGD100.00

- |  |                        |
|--|------------------------|
| 1. Index Mark and Registration Number of Vehicle                               | SMQ6615T               |
| Chassis Number of Vehicle  | JTNKY3BX501018979      |
| 2. Name of Policyholder  | DHARSHINI, PUVANENDRAN |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 28 Nov 2020            |
| 4. Date of Expiry of Insurance   | 27 Nov 2021            |
| 5. Persons or Classes of Persons entitled to drive*                            |                        |
| 01. DHARSHINI, PUVANENDRAN   | 02. N/A                |
| 03. N/A  | 04. N/A                |
| 05. N/A  | 06. N/A                |

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

\*Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use\*

Use only for social domestic and pleasure purposes and for the Policyholder's business or profession. The Policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

Please note that the Own Damage Excess will be halved if claims related repairs are done at HL Assurance Approved Workshops listed in the attached.

This Certificate is not transferable to a new owner of the Motor Vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to HL Assurance Pte. Ltd. Within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

Hire Purchase Company : **MAYBANK SINGAPORE LIMITED**

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

**HL ASSURANCE PTE. LTD.**



Authorized Signature

Issue on: 05 Nov 2020



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2202223G



Name

DHARSHINI PUVANENDRAN

Race

CEYLONESE

Date of birth

11-10-1970

Country/Place of birth

SRI LANKA

Sex  
F



5230548



NRIC No. S2202223G



Date of issue

02-10-2013

85 HUA GUAN AVENUE  
SINGAPORE 589182

NRIC No: S2202223G

Date: 15/04/2017

REPUBLIC OF SINGAPORE DRIVING LICENCE

NRIC No: S2202223G

Name: DHARSHINI PUVANENDRAN

Birth Date: 11 Oct 1970

Issue Date: 23 Apr 2003

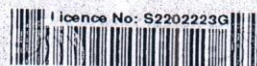
000415593H



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE  
29 May 1989



Licence No: S2202223G

NP 428A

[➤ Back to OneMotoring](#)

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC  
Owner ID: 223G

### Vehicle Details

Vehicle No.: SMQ6615T  
Vehicle to be Exported: No  
Intended Deregistration Date: 05 Dec 2020  
Vehicle Make: TOYOTA  
Vehicle Model: C-HR 1.2 TURBO ACTIVE (AUTO)  
Primary Colour: White  
Manufacturing Year: 2019  
Engine No.: 8NRU386377  
Chassis No.: JTNKY3BX501018979  
Maximum Power Output: 85.0 kW (113 bhp)  
Open Market Value: \$25,646.00  
Original Registration Date: 28 Nov 2019  
First Registration Date: 28 Nov 2019  
Transfer Count: 0  
Actual ARF Paid: \$27,905.00

### Intended PARF Rebate Details

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 27 Nov 2029  
PARF Rebate Amount: \$20,928.00

### Intended COE Rebate Details

COE Expiry Date: 27 Nov 2029  
COE Category: A - Car up to 1600cc & 97kW (130bhp)  
COE Period(Years): 10  
QP Paid: \$32,000.00  
COE Rebate Amount: \$28,728.00  
**Total Rebate Amount: \$49,656.00**

The information contained herein is correct as at 05 Dec 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 Submission	04/12/2020 17:59 (SGT)
Date of Accident	04/12/2020 10:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	SLIP RD FROM PIE TO JALAN ANAK BUKIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ6615T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	DHARSHINI PUVANENDRAN
NRIC No	SXXXX223G
Email Address	DPUVI@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97627701
Alternative Phone No	+65-97627701

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
Variant	-
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 - Claiming third party
Vehicle Category	Private car

### INSURANCE COMPANY

Name of Insurance Company	Hong Leong
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MP315186
Cover Note Number	28/11/2020 - 27/11/2021

### DRIVER

Name of Driver	DHARSHINI PUVANENDRAN
NRIC No	SXXXX223G
Date Of Birth	11/10/1970
Occupation	Indoor





Date Of Driving Pass	25/05/1989
Driving experience	31 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97627701
Alt. Phone Number	+65-97627701
Email Address	DPUVI@HOTMAIL.COM
Address	85 HUA GUAN AVE
Address complement	-
Postcode	589182
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### 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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE SKETCH PLAN BY DRIVER

#### 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 1

Vehicle Registration Number	SLQ8424B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



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: 04/12/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

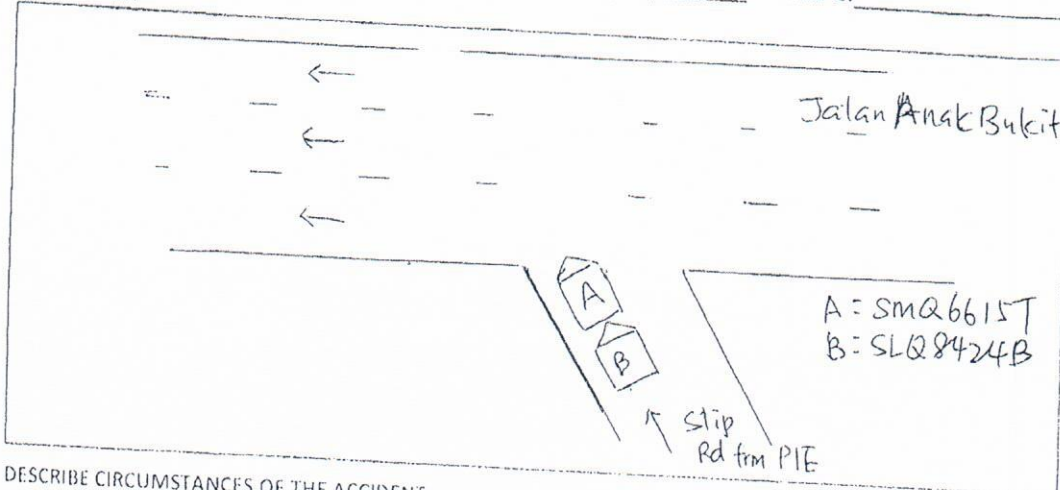
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date of accident: 04/12/2020 Time: 10:00am Location:  
 My Vehicle A: SMQ6615T Vehicle B: SLQ8424B Vehicle C:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04 December 2020 at about 10:00 am, I was driving along PIE. At the slip road of PIE Rd towards Jalan Anak Bukit, I stopped my car to wait for traffic to clear. Suddenly a Hyundai came from behind and hit onto my car's rear portion. After that I exchanged particulars with the driver and the driver told me to claim from the insurance of the rental car.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop: Tropical Success Auto Care

Email address: tsac303@singnet.com.sg

& myself:

Email address:

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

*[Signature]*  
 Policyholder's Signature  
 Date & Time: 04/12/20

Driver's Signature

*[Signature]*  
 Reporting Agent's Signature