

ASS. REC. BY:

REF:

FCI

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:

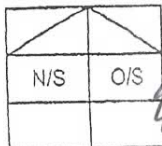
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value:

8/10K.

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

WP

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMW2414B

Yr Regn:

2020, Nov.

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Opel Grandland

cc 1199.

Colour

Red.

A/C:

Insured / Std / NI / NA

Sp. Reading

2754

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

W0V E RH NS 4L6024671

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:

215/65R17

R:

225

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

TOYO / YOKO or

Front

Rear

R/Bal.

47

mm

R/Bal.

2

mm

L/Bal.

67

mm

L/Bal.

2

mm

D.O.A.

D.O.I.

4/1/21

Survey held at

Xin Hua.

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

Date/Time, File Pass to?



: Prel. Report

1)

Date/Time, File Return to?



: Final Report

2)

Report Format:

Lump Sum / L.B.C. /

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

S - RS - SI

P/B

C/B

T/B

T/B

XIN HUA WORKSHOP PTE. LTD.

23 Kaki Bukit Avenue 4, #04-01 (South Wing) Singapore 415933
Tel : 6844-1985 Fax : 6844-5185
Reg : 201838521G

Repair Estimate

Date :24/12/2020

Reference: OPEL

Make: GRANDLAND

To Whom It May Concern

Dear Sir,

RE: VEHICLE :SMW2414B
CHASSIS NO.: W0VZRHNS4L6024671
ENGINE NO.: 10TMA30043680

Name of insured : NURMAZIDAH CHOO BINTE MOHAMMED FAIZAL
Date of accident.: 22/12/2020

We append hereunder the estimated cost of repairs to be carried out to the above vehicle.

Parts

No.	Qty	Part Description	Price (SGD)
1	1	FRT DOOR RH	\$ 2,331.00
2	1	RR DOOR RH	\$ 2,505.00
3	1	RR DOOR OUTER HANDLE RH	\$ 154.00
4	1	RR DOOR OUTER HANDLE KNOB RH	\$ 86.00
5	1	RR DOOR BLACK STICKER RH	\$ 138.00
6	1	RR DOOR PROTECTOR RH	\$ 253.00
7	1	RR DOOR GLASS OUTER MOULDING RH	\$ 134.00
8	1	RR DOOR RUBBER BEADING RH	\$ 134.00
9	1	RR DOOR LOCK RH	\$ 327.00
10	1	RR DOOR STRIKER RH	\$ 120.00
11	1	RR FENDER RH	\$ 2,698.00
12	1	RR FENDER WHEELARCH GARNISH RH	\$ 280.00
13	1	RR FENDER INNERSHIELD RH	\$ 180.00
14	1	RR FENDER OUTER QUARTER GARNISH RH - Chrome, U	\$ 412.00
15	1	RR FENDER OUTER QUARTER GLASS RH	\$ 516.00
16	1	RR BUMPER	\$ 1,309.00
17	1	RR BUMPER RH	\$ 634.00
18	1	RR BUMPER LOW GARNISH(SILVER)	\$ 438.00
19	1	RR BUMPER MLDG LOW RH	\$ 139.00
20	1	RR BUMPER SIDE RETAINER RH(inner) - Bracket	\$ 120.00
21	1	RR BUMPER SIDE RETAINER RH(outer) - Guide	\$ 256.00
22	1	RR BUMPER CENTER RETAINER - Energy Absorber	\$ 158.00
23	1	RR BUMPER REVERSE SENSOR	\$ 184.00
24	1	RR BUMPER REVERSE SENSOR WIRE HARNESS	\$ 268.00
25	1	RR RIM RH - 7.5J x 19"	\$ 1,095.00
26	1	RR WHEEL BEARING RH - with Hub	\$ 451.00
27	1	RR SHOCK ABSORBER RH	\$ 274.00
28	1	RR AXLE BEAM ASSY	\$ 2,592.00

Parts Total: \$ 18,186.00
Less10%: \$ 1,818.60
Total : \$ 16,367.40

Labour

No.	Labour Description	Price (SGD)
1	To dismantle / renew the accident damaged portion, to panel beating, reshape, straighten, orientate and align repair / replacement parts.	\$ 1,200.00
2	Carry out spray painting on affected area, FRT DOOR RH, RR DOOR RH, RR FENDER RH, RR BUMPER, RH ROCKER PANEL	\$ 1,200.00
3	To disconnect front wire harness of electrical component to facilitate repairs, reconnect and check electrical function after	\$ 120.00
4	Remove and refix seat cushion/upholstery & roof lining to facilitate repairs	\$ 200.00
5	To remove and refix reverse sensor and conduct test	\$ 120.00
6	To conduct water leakage test after repairs of vehicle	\$ 80.00
7	To conduct anti rust of under carriage tuff coat	\$ 80.00
8	Transfer of internal mechanism from old door panel to new door panel	\$ 200.00
9	To apply door sealant to door	\$ 80.00
10	Remove and replace RHR under carriage parts	\$ 400.00
11	To conduct 4 wheel alignment	\$ 180.00
12	To remove and refit fuel tank to facilitate accident repair	\$ 200.00
13	To remove and refix rear quarter glass	\$ 180.00
14	To conduct reset of ABS light on	\$ 350.00
15	To perform engine diagnosis reset faulty code	\$ 350.00

600.

600.

60

60.

30.

X

730.

60.

40.

150? plus

80 -

X

X

X

200? plus for part

Labour Total : \$ 4,940.00

Others**Other Description**

No.	Other Description	Price (SGD)
1	10 FENDER INNERSHIELD CLIP	\$ 40.00
2	10 RR BUMPER CLIP	\$ 40.00
3	1 RR TYRE RH	\$ 400.00
4	10 RR FENDER WHEELARCH CLIP	\$ 40.00
5	1 RR QUARTER GLASS SEALANT	\$ 65.00
6	1 RR QUARTER GLASS INNER SEAL	\$ 45.00
7	1 RR QUARTER GLASS SOLAR FILM	\$ 180.00

10.

30.

int ✓ 90%

10.

X

X

X

Other Total: 810.00

TOTAL: 22,117.40

GRAND TOTAL : 22,117.40

NB: THIS IS ONLY AN ESTIMATE AND SHOULD ADDITIONAL WORK BE FOUND NECESSARY TO BE CARRIED OUT IN THE COURSE OF REPAIRS, EXTRA MATERIALS AND LABOUR COST WILL BE CHARGED ACCORDINGLY WHICH HOWEVER, YOU WILL BE INFORMED PRIOR TO ACTION TAKEN. PARTS PRICES ARE SUBJECT TO CHANGES.

Yours faithfully

Service Advisor
Kelvin Chew

LKK Auto Assistants 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:

Tanjiun 97495749 / 67418437
WP 4/1/21 @ 330pm.
Lumpsum, Resurvey after repair
6 days
Tanjiun @ lkkauto.com

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

399N

Vehicle Details

Vehicle No.:

SMW2414B

Vehicle to be Exported:

No

Intended Deregistration Date:

23 Dec 2020

Vehicle Make:

OPEL

Vehicle Model:

GRANDLAND X F12XHT AT

Primary Colour:

Red

Manufacturing Year:

2020

Engine No.:

10TMA30043680

Chassis No.:

W0VZRHNS4L6024671

Maximum Power Output:

96.0 kW (128 bhp)

Open Market Value:

\$27,554.00

Original Registration Date:

10 Nov 2020

First Registration Date:

10 Nov 2020

Transfer Count:

0

Actual ARF Paid:

\$20,576.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

09 Nov 2030

PARF Rebate Amount:

\$15,432.00

Intended COE Rebate Details

COE Expiry Date:

09 Nov 2030

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$35,990.00

COE Rebate Amount:

\$35,557.00

Total Rebate Amount:

\$50,989.00

The information contained herein is correct as at 23 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	23/12/2020 13:43 (SGT)
Date of Accident	22/12/2020 11:37 (SGT)
Exact Location of Accident	Braddell Rd, Singapore
Additional Location Information	BRADDELL ROAD TOWARDS CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW2414B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HITACHICAPITAL ASIA PACIFIC PTE LTD
Company Reg No	1XXXXX399N
Email Address	kelvincm.chang@hcspl.com.sg
Mobile Phone No	(Phone) +65-92983192
Alternative Phone No	(Office) +65-92983192

VEHICLE PARTICULARS

Manufacturer	Opel
Model	Grandland
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	Axa
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VPA/P2413025
Cover Note Number	-

DRIVER

Name of Driver	FADHLYANNA CHOO SZILIN BINTE MOHAMMED FAIZAL
NRIC No	SXXXX273D
Date Of Birth	18/06/1992
Occupation	Indoor

Date Of Driving Pass	18/01/2013
Driving experience	7 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92214573
Alt. Phone Number	-
Email Address	fadhlyanna@hotmail.com
Address	140 BISHAN ST 12
Address complement	-
Postcode	570140
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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	Side Swipe
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

SIGNAL TO CHANGE LANE , THE OTHER PARTY ALSO CHANGE LANE AND HIT MY REAR

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA968H
Vehicle Manufacturer	Hyundai
Vehicle Model	Elantra
Vehicle Variant	-
Vehicle Colour	Yellow
Vehicle Category	Taxi
Name of Driver	BAHARI
Contact Number	(Phone) +65-90049314
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

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

IMPORTANT NOTICE

1. Please fill in correctly the details of the accident happening to the insured vehicle.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be 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. 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 its copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

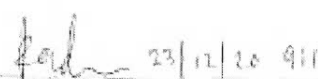
I understand, acknowledge, agree and consent that


- (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 insurers 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 parcels); 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.

HITACHI CAPITAL ASIA PACIFIC PTE. LTD.

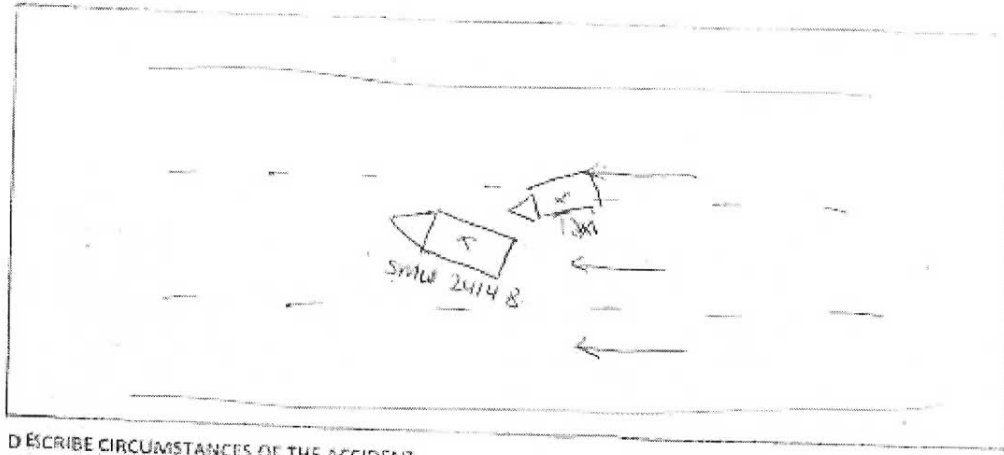

KELVIN CHANG
Manager
Vehicle Solutions
Total Vehicle Solutions Department

Policyholder's Signature
Date & Time:

 23/12/20 9:15
Driver's Signature
(If driver is not the policyholder)
Date & Time


Reporting Centre Personnel's Signature
Name
Date & Time

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While travelling along Braddell Rd heading towards CTE, I signalled to change to the centre lane, I checked my blindspot and proceeded to change lane as there was no car behind. Once I was in the lane, I felt a bump on the car and realised that a taxi, SH12968H had hit me on the back while trying to change lane from the right most lane. This resulted in both our car sustaining damages.

DECLARATION

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

NITACHI CAPITAL ASIA PACIFIC PTE. LTD.

KELVIN CHANG
Manager
Vehicle Solutions
Total Vehicle Solutions Department

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

ID No./ID Card No.