

ASS. REC. BY: 7/20/20REF: CL4/FC121000271/Rlea3

568P

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SLR 3494Bat Workshop n/s DINH AUTOof 31, CORPORATION RDInsured: FCI

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: 61K

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLR 3494BYr Regn: 2017 / AugType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: BYD E6H

c.c. _____

Colour: WHITE

A/C: Insured / Std / NI / NA

Sp. Reading: 44861

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LL00K40RS91018912Gen. 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: 225/65R17

R: _____

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

TOYO / YOKO or ROADSTONE

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 16/12/2020D.O.I. 08/01/2021Survey held at DINH AUTO

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

N/S FR

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

Date / Time

Action / Instruction

Repair limit - 7K

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / L&F: _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

06/01/2021 13:58

OWNER'S PARTICULARS

JOB-NO: 85008860

NAME: SEV PTE LTD (Fleet)

CONTACT:

Page 1 of 1

ADDRESS: 152 UBI AVENUE 4

SINGAPORE (408826)

rakshan-rai@sev.com.sg

VEHICLE DETAILS

LICENSE NO: SLR3494B

TRANS: AUTO

CHASSIS: LC0CE4DB5G1018912

MAKE / MODEL: BYD / e6

ENGINE: BYDTYC90B115000107

OWNER'S INSURER: AVIVA Ltd.

JOB-CODE: TP

SA: Ding Auto User 1

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	MARK UP	MARKUP PRICE	IND	SUR.DISP	REV PRICE
<u>LABOUR</u>							
1 STRAIGHT AND PANEL BEAT ACCIDENT AREA	1.00	450.00	0.00	450.00		Y	250
2 RESPRAY FRONT BUMPER	1.00	250.00	0.00	250.00		Y	200
3 RESPRAY FRONT FENDER LH	1.00	250.00	0.00	250.00		Y	200
4 RESPRAY FRONT WHEEL RIM LH	1.00	200.00	0.00	200.00		Y	X
TOTAL:		1,150.00	0.00	1,150.00			
<u>MATERIALS</u>							
1 REPAIR FRONT BUMPER <i>Repair</i>	1.00	0.00	0.00	0.00		Y	
2 REPAIR FRONT FENDER LH <i>Repair</i>	1.00	0.00	0.00	0.00		Y	
TOTAL:		0.00	0.00	0.00			
TOTAL PARTS & LABOUR :		1,150.00	0.00	1,150.00			

EXCESS/LOADING:\$\$ 0.00

No. Of Day:

2 days

RE-SURVEY ~~BEFORE~~ AFTER PAINTING

PART-BY-PART OR LUMP SUM: \$\$

DATE OF SURVEY: 08 / 01 / 2021 @ 1050

SURVEYED BY:

Rai

CONTACT NO:

9001068

FAX NO:

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED

DAuto001

Ding Auto User 1

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

LKK Auto Consultants hereby certify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged panel during resurvey

- 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:

G-STAR-WI-ET-001-02-Rev00



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 17/12/2020 15:17 (SGT)
Date of Accident 16/12/2020 14:00 (SGT)
Exact Location of Accident Near 09-01 Collyer Quay, Singapore
Additional Location Information INFRONT OCEAN FINANCIAL CENTRE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR3494B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SEVAK LIMITED
Company Reg No 1XXXXX568R
Email Address rakshan-rai@sev.com.sg
Mobile Phone No (Phone) +65-81565506
Alternative Phone No (Home) +65-81565506

VEHICLE PARTICULARS

Manufacturer Byd
Model E6h
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
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 Aviva
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 20000621-00043
Cover Note Number -

DRIVER

Name of Driver MANEESH TRIPATHI
NRIC No SXXXX405I
Date Of Birth 20/03/1963
Occupation Indoor



Date Of Driving Pass	04/08/2001
Driving experience	19 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81565506
Alt. Phone Number	-
Email Address	rakshan-rai@sev.com.sg
Address	18 MARGATE ROAD
Address complement	-
Postcode	438058
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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 - Change/cross lane
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

REFER TO THE ATTACHMENT

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

Vehicle Registration Number	SHA8681G
Vehicle Manufacturer	Hyundai
Vehicle Model	I40
Vehicle Variant	-
Vehicle Colour	Yellow
Vehicle Category	Taxi
Name of Driver	FAN WAI YENG
NRIC No	SXXXX244H
Contact Number	(Phone) +65-97859448
Address	-
Address complement	-
Postcode	-

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

First Capital

-

FRONT RHT

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SKETCH PLAN

IMPORTANT NOTICE

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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.

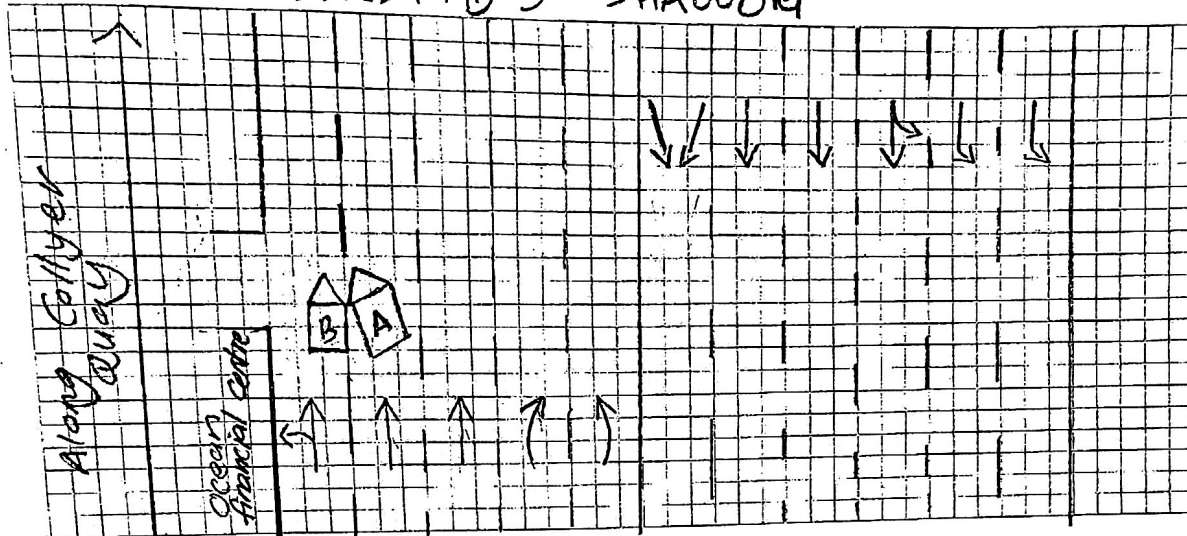
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

A - SLR3494B B - SHA8681G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- ① I was driving ~~from~~ towards Fullerton Hotel with OCEAN FINANCIAL Centre on my left side. (Collyer Quay Rd)
I was in the second lane as that road has lot of traffic (around 1:45 - 2pm) and wanted to get into the parking of OCEAN FIN Centre.
- ② My speed was 5-6 km per hour or slower!
The taxi on my left was stationary on very very slow too. My indicator (left) was ON & blinking for a long time, to show I want to turn.
- ③ I was waiting for the taxi to ~~pan~~ or give way so I could enter the parking.
The lane had both → straight and → turn left markings if I remember well. So I had the right!
- ④ Suddenly the taxi no (SHA8681G) driven by Mr. FAN accelerated and SHOT forward glaring & driving very aggressively and swerved & grazed my EV/Car, intentionally.
- ⑤ I tried my best to avoid. Hence ~~caused~~ a major damage. He was rude and brash as he drove, and impolite. ⑥ Later I also found HE HAS "WEAK EYES" HE TOLD ME as he was taking a picture/photo of my LICENCE.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

GIARMC SketchPlanForm_V3

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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	568R
Vehicle No.:	SLR3494B
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Jan 2021
Vehicle Make:	BYD
Vehicle Model:	E6H
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	-
Chassis No.:	LC0CE4DB5G1018912
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$48,677.00
Original Registration Date:	11 Aug 2017
First Registration Date:	11 Aug 2017
Transfer Count:	1
Actual ARF Paid:	\$30,148.00
Information for PARF Rebate	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	10 Aug 2027
PARF Rebate Amount:	\$22,611.00
Information for COE Rebate	
COE Expiry Date:	10 Aug 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$46,778.00
COE Rebate Amount:	\$30,808.00
Total Rebate Amount:	\$53,419.00

The information contained herein is correct as at 09 Jan 2021

OK

White



Merimen e-Claims



Used 2017 BYD e6 Electric for Sale



PARF/COE

armart.com/used_cars/info.php?ID=954288&DL=1398

BYD e6 Electric

Overview

Financial

Accessories

Similar

Research

Photos

Map

Price	\$64,800	Fuel Type	Electric
Depreciation	\$8,630 /yr View models with similar depre	Reg Date	20-Dec-2017 (6yrs 11mths 10days COE left)
Mileage	N.A.	Manufactured	2017
Road Tax	\$743 /yr	Transmission	Auto
Dereg Value	\$36,181 as of today (change)	OMV	\$34,073
COE	\$41,617	ARF	\$9,703
Engine Cap	N.A.	Power	90.0 kW (120 bhp)
Curb Weight	2,420 kg	No. of Owners	1
Type of Vehicle	MPV		

Features

Fully Electric 90kW Electric Motor Producing 121 Bhp, 450 Nm Torque. Approx 400km Range Full Charge In 2 Hours.

Accessories

Keyless Start/Stop And Entry, Original Factory Audio Set, Reverse Parking Sensor.

D

O

Hours Charge Time, Approx 400 Km Range. Buy With An Additional Peace Of Mind With Agent

