ASS. REG. BY: TAXW REF: CULTULU	(000710/Rira3 1 - 01/A
	IGNMENT 740
From: Date:	,
Estimated Cost:	Veh No: SLU 34695 Yr Regn: 2017, NOV  Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD / P/WS / TP RES / OD RES / EVA / INV / MIV	Truck / Trailer or
To Inspect Vehicle No: SLN 3469 J	Make: Subaru XVI-6I . c.c /600
at Workshop m/s motor (mage	Colour WHITE A/C: Insured / Std / NI / NA
of 25, Lanh kee RD	Sp.Reading 71428 T/Radio: Insured / Std / NI / NA
Insured: FCI	Eng/No:
Policy No.	CANO: JFIGTSKC5JG025199.
Claims No.	Gen. Cond: Good   Halp   Poor   Burnt
Sum Insured: Excess:	Steering: Inorder Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: NII / S(RIP) / STD A/Rim or
	Tyre Size: F: 225/brR1
(Policy Condition)	R: 2
Remark: The veh had commenced Its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or .
al. or Market Value:	
AC Accident Rport: Consistent? : Yes or No	
IA / PR Seen: Consistent?: Yes or No	1/201
st. Repairs: days Res.: Yes or No	0.0.A. 25/10/2020 0.0.1. 22/01/2021
m Sum: % · 3 Val.: Yes or No	Survey held at MOTOR (MAHE
A / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	OV.
·	The U/C I Chassis frame I Body Structure affected due to collision
Date / Time Action / Instruction	
Ferrir linet > 21k	
·	
<u>.</u>	
N. T.	
e/Time, File Pass to? Prell. Report	Days Of Repair:
The control of the co	
e/Time, File Return to?	Resurvey No. of Trip: Survey Fee:
	Transportation:
Add F	
	: Interview (\$ ) Photos
Former:	: Tech, Invs (\$ ) others
up Sun / L.G.A: Cp	: Meelieud (%
summing regionals to constructions of constructions (	
<i>.</i>	TOTAL

GE ENTERPRISES PTE. LTD. G KEE ROAD APORE 159097

ESTIMATE

: ACCIDENT/BODY REPAIRS

WORKSHOP

: LENG KEE

CONTACT NO

REFERENCE

: INS/IC/LHI/0001/2021

DATE

: 11-JAN-2021

AVIVA LTD 4 SHENTON WAY #01-01 SGX CENTRE 2 S(068807)

TEL: 68279966

FAX:

WWW.AVIVA.COM.SG

OWNER'S NAME

: DOMINIC WAN WAI SHEN

**ADDRESS** 

: BLK 134 JALAN BUKIT MERAH

#11-1420

S(160134)

TELEPHONE NO

: 9237 2916

TYPE OF CLAIM : THIRD PARTY CLAIM

POLICY NO

: 10949734

VEHICLE NO

: SLU3469J

MODEL CODE

: GT3BKGC

MODEL/YEAR

: SUBARU XV 1.6I-S AWD CVT

ENGINE NO

: FB16YB91476

CHASSIS NO MILEAGE

: JF1GT3KC5JG025199

DATE IN

: 75611 KM

LIABILITY

: 11/01/2021

0.00

EXCESS CLAUSE :

0.00

ESTIMATE BY

: CALVIN TAN CHONG ENG

ACCIDENT DATE : 25/10/2020

Print Date

: 12/01/2021

Print Time

: 11:33:50

ST FOR ACCIDENT VEHICLE REGN NO SLU3469J

#### DAMAGED PARTS & PRICES

/				·	
O PARTS DESCRIPTION	PARTS NUMBER	NETT	LIST	S/NETT	S/LIST REMARKS
1 BUMPER PUNCHING repur	57702FL310	446.40			
SUB TOTAL LESS DISCOUNT ( NETT-20 %)		446.40 89.28	0.00	0.00	0.00
GRAND TOTAL		357.12	0.00	0.00	0.00
OVERALL TOTAL		357.12			

LEGEND: REMARKS( OK ) = APPROVED, REMARKS( X ) = NOT APPROVED

5 07:509 80	NG. CARTITAL	ED: WES DARWES D	R CHARGES FOR ACCIDENT VEHICLE REGN NO SLU3469J		
	الر 00	JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
	1	ZZ/001	TO REPAIR AND REPLACE FRONT BUMPER	1688.00	560
	2	ZZ/002	TO RESPRAY FRONT BUMPER	848.00	420
	3	ZZ/003	SUNDRIES	100.00	560 420 X
			TOTAL LABOUR CHARGES	2620.00	

ESTIMATE FOR VEHICLE REGN NO SLU3469J 2620.00

I ABOUR CHARGES MAL SPARE PARTS CHARGES

357.12

GRAND TOTAL

2977.12 \*

\* All charges do2 not include GST.

#### SURVEYOR'S PARTICULARS

NAME SURVEYED DATE AUTHORIZED DATE : RASUL - HP 90010068 : 22/01/2021 P1200

EXCESS CLAUSE LIABILITY

0.00

REMARKS

0.00

3 days Resurvey a for repair email: rasul @ 1kkauto.com

PLS NOTE: This estimate is based on visual inspection of the affected vehicle. Should we require further labour charges & spare parts in the process of repairs, we shall inform you accordingly.

## 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:

### SINGAPORE ACCIDENT STATEMENT

# MPORTANT NOTICE

Occupation

Date Of Driving Pass

- 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.

	ACCIDENT STATEMENT
Date Of Report	25/10/2020 21:19
Date Of Accident	25/10/2020 09:00
Exact Location Of Accident	LOR 27A GEYLANG
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU3469J
Insured/Policyholder	
Name Of Registered Owner	WAN WAI SHEN DOMINIC
NRIC No	S9200746D
Email Address	DOM_W92@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92372916
Alternative Phone No	Office-92372916
Vehicle Particulars	
Manufacturer	SUBARU
Model	XV 1.6 1600CC
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10949734
Cover Note Number	NA
Driver	
Name of Driver	WAN WAI SHEN DOMINIC
NRIC No	S9200746D
Date Of Birth	07/01/1992

**INDOOR** 

22/09/2017

MALE (LOCAL) +65-92372916 umber OFFICE-92372916 ntact Number DOM\_W92@HOTMAIL.COM Mail Address NA Address Postcode 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 **COLLISION - HEAD TO REAR** Type Of Accident **Weather Conditions CLEAR** Road Surface DRY Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 3 Passenger 1 Name: : WAN KENG SOON Gender: : Male Passenger 2 Name: : DOROTHY LIM 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** I WAS DRIVING SIMS AVE TOWARDS LOR 27A GEYLANG. WHEN I TURNING RIGHT INTO LOR 27A GEYLANG, I SAW VEHICLE B CAME TO A STOP AND I STOPPED IN TIME. SUDDENLY VEHICLE B REVERSING AND KNOCKED ONTO RIGHT FRONT SIDE OF MY VEHICLE AND DRIVE AWAY. NO INJURIES INVOLVED. Attachment(s) Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded? NO

I DETAILS OF OTHER VEHICLE PROPERTY: 118

of Properties

Category

e of Driver

IC/Passport Number

ontact Number

Address

postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

TAXI

#### Sketch Plan

#### **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.
- 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.
- 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.
- 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.
- 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)

Lunderstand, 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:
  - 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 daims;
  - (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

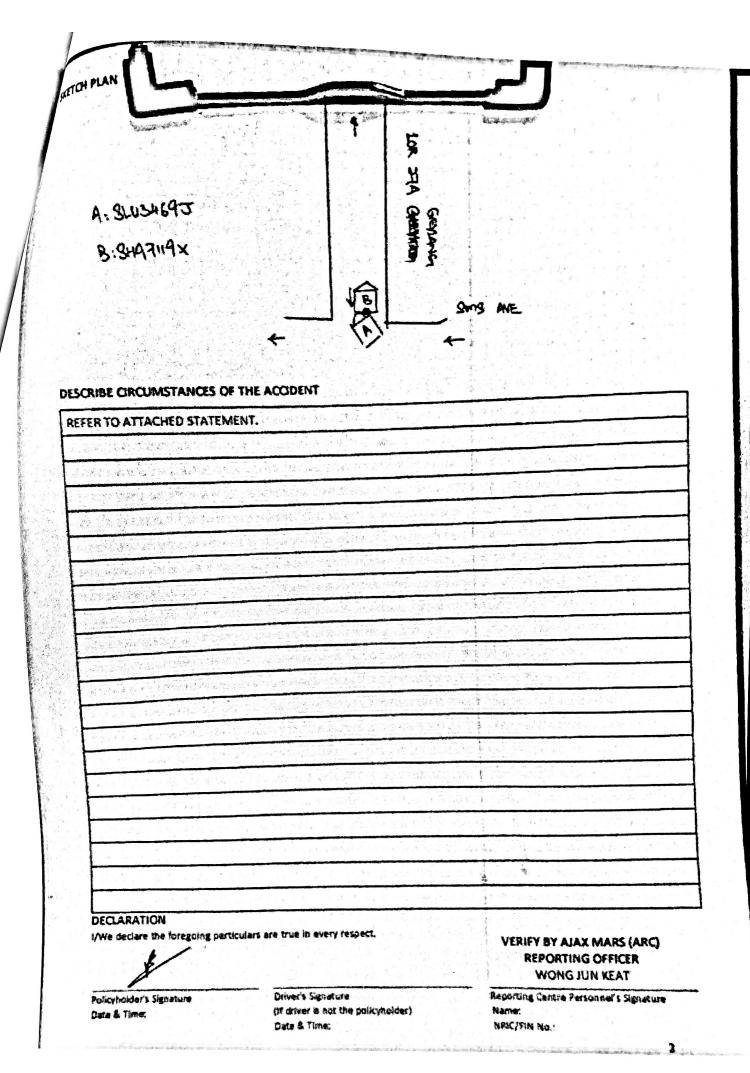
25/10/2020

Date & Time:

Oriver's Signature
(if driver is not the policyholder)
Date & Time:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

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



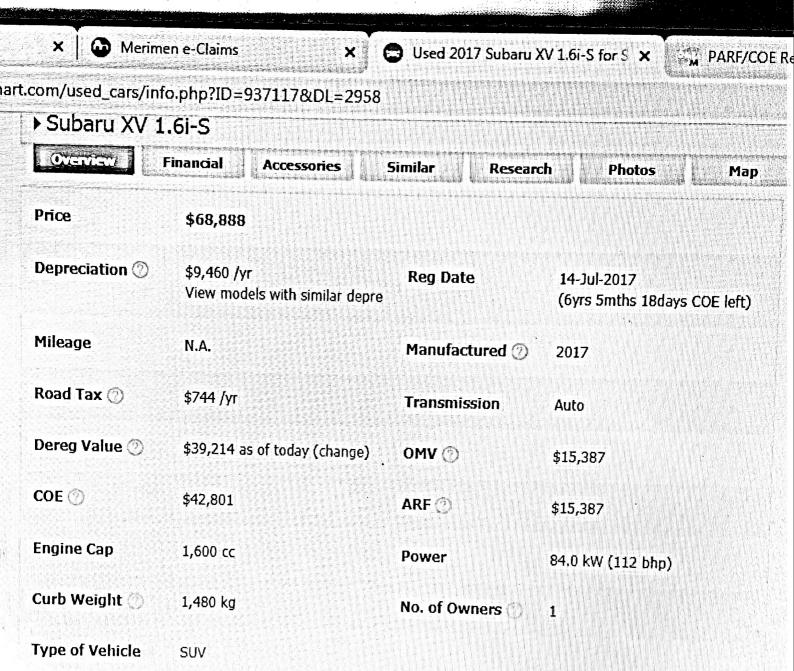
ACCIDENT STATEMENT (2000 characters)

	OR 27A GEYLANG . WHEN I TURNING W VEHICLE B CAME TO A STOP AND I LE B REVERSING AND KNOCKED ONTO IND DRIVE AWAY . NO INJURIES INVOLVED
Taxi Voucher No.:	
DECLARATION  We declare that the above particulars & information provid  VERIFIED BY AJAX MARS REPORTING OFFICER - WONG JUN KEAT	led above are true in every aspect
MARS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
25 October 2020 at 8:10 PM	25 October 2020 at 8:10 PM

# > Back to OneMotoring

# Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	7460
Vehicle No.:	SLU3469)
Vehicle to be Exported:	No
Intended Deregistration Date:	25 Jan 2021
Vehicle Make:	
Vehide Model:	SUBARU
Primary Colour:	XV 1.6I-5AWD CVT White
Manufacturing Year:	2017
Engine No.:	
Chassis No.:	FB16YB91476
Maximum Power Output:	#1GT3KC5/G025199
Open Market Value:	84.0 kW (112 bhp)
Original Registration Date:	\$14,464,00
First Registration Date:	29 Nev 2017
Transfer Count:	29 Nov 2017
Actual ARF Paid	0
era base i la salvata aet pome i españo de la elemango de la los bases los del montenadores dels compressores de la compressore della comp	514,464,00
PARF Eligibility:	Yos
PARF Eligibility Expiry Date:	28 Nov 2027
PARF Rebate Amount:	\$10.848.00
neano continue na proportion de continue en continue e	
COE Expery Date:	28 Nov 2027
COE Category:	A - Car up to 1600cc & 97kW (130b/p)
COE Period(Years):	10
QP Paid:	547,112.00
COE Rebate Amount:	\$32,232.00
Total Rebate Amount:	\$43,080.00



#### **Features**

ABS, SRS Airbags, Keyless Entry, Reverse Cam, AWD, Auto Rain Sensing Wipers, Power Folding Door Mirrors, Dual Zone AC. Knockdown Rear Seats. View specs of the Subaru XV (2011-2017)

#### Accessories

Spare Tyre. Leather Seats, Factory Fitted Audio System, Auto Climate Control, Keyless Entry/Start, Reverse Camera, Bluetooth Feature.

