SS. REC. BY: Sun Pin	KEF: CC4/111	21001591/ba3
		ASSIGNMENT OSIGN IONIZ
From:	Date:	Veh No: SLN 33985 Yr Regn: 28/04 /2017
Estimated Cost:		Type: M.Can / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / E		Truck / Trailer or
To Inspect Vehicle No:		Make: Chevrolet Orlando 14 c.c 1362
at Workshop m/s		Colour Grey A/C: Insured / Std / NI / NA
of		Sp.Reading 91801 T/Radio: Insured / Std / NI / NA
Insured:		Eng/No:
Policy No.		C/No: KLIYA7589HK616378
Claims No.		Gen. Cond: Good / Poor / Burnt
Sum Insured:	Excess:	Steering: In order / Jammed / Leaked / Burnt or
(Client's Record)		Brake: In order / Jammed / Leaked / Burnt or
Make of Veh:	·	Modi: Nil / STD A/Rim or
		Tyre Size: F: 215/60 R16
(Policy Condition)		R: 215/60 R16
Remark: The veh had commenced		
repair at the time of insp	pection.	TOYO/YOKO or Hankook
Bal. or Market Value:		<u>Front</u> <u>Rear</u>
IDAC Accident Rport:	Consistent? : Yes or No	R/Bal, 6 mm R/Bal. 6 mr
GIA / PR Seen:	Consistent?: Yes or No	L/Bal. 6 mm L/Bal. 6 mi
Est. Repairs:days	Res.: Yes or No	
Lum Sum: %	3 Val.: Yes or No	
CA REV REP. 24 HR	.S	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
	Vehicle	e: IN / OUT
Date:Person Con		The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruct	lion	
mv 60,000	^	
PV. 45,4		
NV: 14/52		
		·
Date/Time, File Pass to?	Preli. Report	Days Of Repair:
\	Final Report	Resurvey No. of Trip: Survey Fee:
1) Date/Time, File Return to?	, mar ropore	Transportation:
		Add Fee: : Site Insp (\$)_s+Rs_si
. 2)		: Interview (\$) Photos
		7 1 1000
Rep erit Formal :		: Tech. Invs (\$) Others

© SINGAPORE ACCIDENT STATEMENT

1. Freese report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
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

3. Information provided must be as truthful and accurate as possible. Any willium inisrepresentation of withouting of material race may allow insurance companies of repeats a companies.

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 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

01/02/2021 11:57 (SGT)

Date of Submission 30/01/2021 21:57 (SGT) Date of Accident Exact Location of Accident TPE, Singapore FLITER LANE TO LOYANG AVE Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SLN3398S

Chevrolet

Vehicle Registration Number INSURED/POLICYHOLDER Is company? ABDUL MALIK BIN HARON Name Of Registered Owner _____ SXXXX445E NRIC No malik.pacino@gmail.com Email Address (Phone) +65-98260012 Mobile Phone No +65-98260012 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Orlando Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Direct Asia Type of Coverage Comprehensive Fleet Policy Policy Number MT/00608451/01 Cover Note Number

DRIVER

ABDUL MALIK BIN HARON Name of Driver NRIC No SXXXX445E Date Of Birth 14/11/1968 Occupation Outdoor

ate Of Driving Pass	04/11/1996 24 YEARS AND 2 MONTHS
riving experience	Male
Gender	(Phone) +65-98260012
Nobile Number	+65-98260012
It. Phone Number	ulino@gmail.com
mail Address	22 WOODLANDS CRESCENT #03-3
Address	22 WOODLANDS CRESSES
Address complement	•
Postcode	738082
- the driver the policyholder?	Yes
if No, Relationship of the Driver with the Insured	•
Dana Dalina Our Othor Vanicies	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
	-
Insurance Company of Other Vehicle Owned by Driver	-
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 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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
PASSENGER 1	
PASSENGER I	
	WIFE
Name	
	WIFE Female
Name Gender	
Name Gender PASSENGER 2	Female
Name Gender PASSENGER 2	Female CHILD 1
Name Gender PASSENGER 2	Female
Name Gender PASSENGER 2	Female CHILD 1
Name Gender PASSENGER 2 Name Gender PASSENGER 3	Female CHILD 1
Name Gender PASSENGER 2 Name Gender PASSENGER 3	Female CHILD 1 Male
Name Gender PASSENGER 2 Name Gender PASSENGER 3	Female CHILD 1 Male CHILD 2
Name Gender PASSENGER 2 Name Gender PASSENGER 3	Female CHILD 1 Male CHILD 2
Name Gender PASSENGER 2 Name Gender PASSENGER 3 Name Gender DETAILS OF POLICE ACTION	Female CHILD 1 Male CHILD 2 Female
Name Gender PASSENGER 2 Name Gender PASSENGER 3 Name Gender DETAILS OF POLICE ACTION	Female CHILD 1 Male CHILD 2 Female
Name Gender PASSENGER 2 Name Gender PASSENGER 3 Name Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Was pating of intended Prosecution given?	Female CHILD 1 Male CHILD 2 Female No
Name Gender PASSENGER 2 Name Gender PASSENGER 3 Name Gender DETAILS OF POLICE ACTION	Female CHILD 1 Male CHILD 2 Female No
Name Gender PASSENGER 2 Name Gender PASSENGER 3 Name Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	Female CHILD 1 Male CHILD 2 Female No
Name Gender PASSENGER 2 Name Gender PASSENGER 3 Name Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Man police of intended Prosecution given?	Female CHILD 1 Male CHILD 2 Female No
Name Gender PASSENGER 2 Name Gender PASSENGER 3 Name Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	Female CHILD 1 Male CHILD 2 Female No
Name Gender PASSENGER 2 Name Gender PASSENGER 3 Name Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT	Female CHILD 1 Male CHILD 2 Female No
Name Gender PASSENGER 2 Name Gender PASSENGER 3 Name Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN ATTACHMENT(S)	CHILD 1 Male CHILD 2 Female No No -
Name Gender PASSENGER 2 Name Gender PASSENGER 3 Name Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment?	Female CHILD 1 Male CHILD 2 Female No No No -
Name Gender PASSENGER 2 Name Gender PASSENGER 3 Name Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN ATTACHMENT(S)	Female CHILD 1 Male CHILD 2 Female No No No -

DETAILS OF OTHER VEHICLE PROPERTY 1

GBG8507S Vehicle Registration Number Nissan Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Goods vehicle Vehicle Category Name of Driver SXXXX412E NRIC No 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 Formmust 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 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.
- 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' law yers/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' law yers/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.

Policyboldier's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Rersonnel

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date Rersonnel

A* SLN 33985

B* C7 B C3 85075

TPE (filter lane)

We declare the foregoing particulars are true in every respect,

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Automotive Repair Centre Pte Ltd

CO. Reg. No. : 201312913C

Estimate

38 Woodlands Industrial Park E1

#05-18, Singapore 757700

Tel: 64688834 Fax: 64622278

E-mail: info@automotiverepaircentre.com.sg

ESTIMATE NO.: EST2102-029

DATE: 2-Feb-2021

POLICY NO.: MT/00608451/01

VEHICLE REG. NO. : SLN3398S

VEHICLE MAKE: CHEVROLET / ORLANDO 1.4AT

Motor Claim Department

India International Insurance Pte Ltd

64 Cecil Street, #04-#05 IOB Building

Singapore 049711

Tel: 6347 6100 Fax: 6224 4174 / 6225 7743

FOR SURVEYOR	

ESTIMATE REPAIR COST

NO.	DESCRIPTION	OUANTITO					
	SPARE PARTS	QUANTITY		JNIT COST	1	TOTAL COST	
1	Rear Bumper / per		_		it.		
2	Rear Bumper Clips / IVP (1	.\$	1,100.00	\$	1,100.0	00
3	Rear Bumper Potainer DU	10	\$	5.00	\$	50.0	ю
4	Poor Pure Pure Pure Pure Pure Pure Pure Pur	1	\$	20.00	\$	20.0	Ю
5	Rear Bumper Reflector LH 2	1	\$	20.00	\$	20.0	d
6	Rear Reinforcment 2	1	\$	40.00	\$	40.0	0
7	Rear Rumper Lawren	1	\$	700.00	\$	700.0	0
8	Pear Ston / Pearson	1	\$	450.00	\$	450.00	7
	Real Stop/ Reverse Lamp	1	\$	180.00	\$	180.00	7
	SPECIAL NETT		Total	Spare Parts	\$	2,560.00	,
9							1
	Rear Reverse Sensor / Short	1	\$	200.00	\$.	200.00	1
	LABOUR		Total S	Special Nett	\$	200.00	1
10	Spray painting (Rear Whole Bumper)						1
11	Repair and Refit Accident Affected Areas	1	\$	300.00	\$	300.00	L
12	Remove and Refit Rear Reverse Sensor	1	\$	400.00	\$	400.00	3
13	Check and Rectify Electrical Wiring	1 (5	100.00	\$	100.00	3
timate	prepared by: Oscar Pong	1 \$		50.00	<u> </u>	50.00	1

ate prepared by: Oscar Pong The above is an estimate based on our inspection and does not cover any additional parts or labour which may be required after work has been started. Occasionally, worn or damaged parts are discovered which may not be evident on the first inspection. Because of this, the above price are not guaranteed.

50.00 30 Total Labour \$ 850.00 **Amount Before Excess** 3,610.00 Add GST @ 7% 252.70 Total Amount Payable \$ 3,862.70

Repair day - 3 days.

After pain photo

Signature:

Acknowledged by Repairer

is subject to final approval from Insurance Company • Supplementary item(s) must be resurveyed and

- No illegal modification(s) is allowed
- Third party survey is on a "Without Prejudice" basis
 - Parts prices are subject to confirmation
 - To display damaged part(s) during resurvey
 - To resurvey before/after spray painting the Repairer of the following: **LKK Auto Consultants** hence notify

Jun Pin (2441) 18/02/2021 TP withy prejudice.

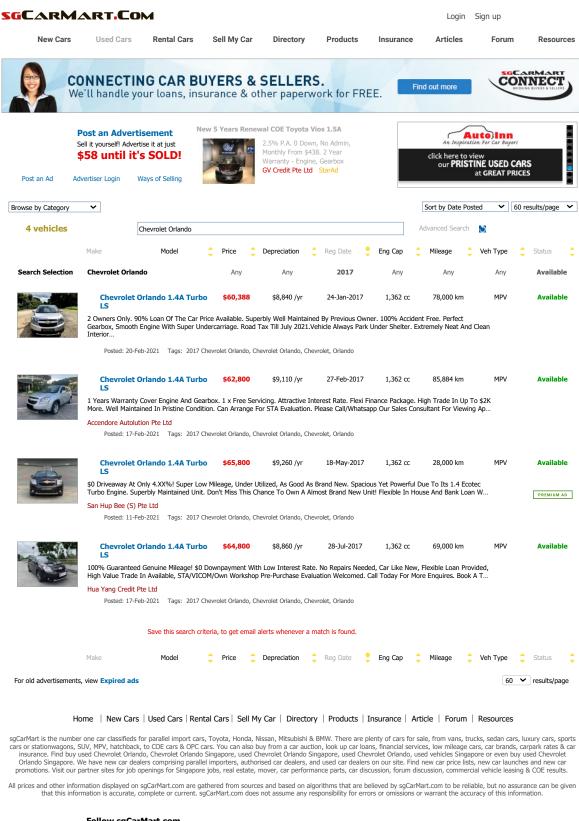
Page 1 of 1

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	445E
Vehicle Details	
Vehicle No.:	SLN3398S
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Feb 2021
Vehicle Make:	CHEVROLET
Vehicle Model:	ORLANDO 1.4AT TURBO
Primary Colour:	Grey
Manufacturing Year:	2016
Engine No.:	B14NET163190650
Chassis No.:	KL1YA7589HK610378
Maximum Power Output:	103.0 kW (138 bhp)
Open Market Value:	\$15,795.00
Original Registration Date:	28 Apr 2017
First Registration Date:	28 Apr 2017
Transfer Count:	0
Actual ARF Paid:	\$15,795.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Apr 2027
PARF Rebate Amount:	\$11,846.00
Intended COE Rebate Details	
COE Expiry Date:	27 Apr 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$54,406.00
COE Rebate Amount:	\$33,625.00
Total Rebate Amount:	\$45,471.00

The information contained herein is correct as at 22 Feb 2021



Follow sgCarMart.com

About Us | Careers | Contact Us | Sitemap Terms of Service | Privacy Policy | Personal Data Protection Statement ©2004-2021 sgCarMart, Singapore. All rights reserved.