88. REC. BY: Tay JUL REF: 05/07/21004	000/7/6/5.
ASSIC	GNMENT
rom: Date:	Veh No: SMM 1923H. Yr Regn: 2019 Bune.
Office and the second s	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
stimated Cost:	Truck / Trailer or
DITPIWS ITP RES I OD RES I EVA I INV I MV	Make: Honder Pit. c.c 1317
o Inspect Vehicle No:	Colour Blue A/C: Insured / Std / NI / NA
Workshop m/s	7) Section Insured Std NI NA
	Sp. Reading 10 122
sured;	Eng/No: GK 31347396
olicy No.	The state of the s
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: (9) / 50/kg J
(Policy Condition)	
Remark: The veh had commenced its / N/S O/S	BS / DUN EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM! /
repair at the time of inspection.	TOYOTYOKO or
Bal. or Market Value: 4 6 GK.	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. R/Bal. mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm L/Bal. mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 2653/21
% 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OU	JT Productive affected due to collision
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
; Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
Add i	Fee: : Site Insp (\$)s+Rssi
2)	: Interview (\$) Photos
Repetiformat:	:Tech. Invs (\$) Others
Lump Sum (I.B.): (%	:Weelend (\$)
BECELOTE TO THE PARTY OF THE PA	TOTAL



AP AUTOMOTIVE SERVICES PTE LTD ROC: 202022890H BLOCK 9006 TAMPINES STREET 93 #01-202 SINGAPORE 528840 TEL: 6784 4465 FAX: 6787 4886

Estimation

Date

Vehicle

HONDA FIT

Make/Model Chassis No.

GK31347396

SMM 1923 H

No.	Description		Unit Price		Amount	
	Parts Replacment				70. 1 mg/m	
1	BONNET LOCK	1	\$	97.50	\$ 🛚	97.50
	BONNET HINGE SET	2	\$	58.00	\$ X	116.00
	HEADLAMP LH	1	\$	1,023.40	\$ 000-	1,023.40
	HEADLAMP BRACKET LH	1	\$	52.10	\$ cm	52.10
	FRONT GRILLE ASSY	1	\$	455.00	\$ long	455.00
- 7.	FRONT GRILLE TOP CHROME	1	\$	281.00	\$ ever	281.00
	FRONT GRILLE LOWER CHROME	1	\$	230.80	\$ cry	230.80
	FRONT BUMPER RETAINER LH	1	\$	27.50	\$ de	27.50
	FRONT BUMPER REINFORCEMENT BAR	1	\$	299.90	\$ X	299.90
	FRONT BUMPER BEAM	1			\$ 9	-
	FRONT BUMPER UNDERCOVER	1	\$	158.00	\$ de	158.00
	FRONT FENDER LH	1	\$	462.70	s be	462.70
	FRONT FENDER QUARTER WINDOW MOULDING LH	1	\$	149.00	\$ >	149.00
	FRONT FENDER COWLING LH	1	\$	108.80	\$ Inv	108.80
	FRONT SUPPORT PANEL	1	\$	512.00	\$RX	512.00
	FRONT SUPPORT PANEL TOP GARNISH	1	\$	35.00	\$ 🛚	35.00
	FRONT ABSORBER LH	1	\$	254.10	\$?	254.10
	FRONT LOWER ARM LH	1	. \$	198.70	\$?	198.70
2000	FRONT KNUCKLE ARM LH	1	. \$	289.60	\$?	289.60
	FRONT KNUCKLE BEARING LH	1	\$	118.00	\$?	118.00
	1 FRONT BEARING HUB LH		\$	145.10	\$ 7	145.10
_	2 FRONT DRIVE SHAFT LH		\$	961.50	\$ X	961.50
100	3 FRONT TIE ROD LH		1 \$	132.40	\$ 🗷	132.40
	4 FRONT TIE ROD END LH		1 \$	90.50	\$ 🗡	90.50
	5 FRONT DOOR LH		1		RY REPAIR	
	6 FRONT DOOR SIDE MIRROR ASSY LH		1 \$	519.50	sdist phopo	519.50
	7 FRONT DOOR CHECKER LH		1 \$	52.10	\$ K	52.10
	8 FRONT DOOR WEATHERSTRIP LH		1 \$	229.70	\$ 0	229.70
	9 ROCKER PANEL LH		1		REPAIR	}
-	J NOCKEN TAILEE ET		T	Total	\$	6,999.90
				Less 20%	\$	1,399.98
_				Total	\$	5,599.92

S/Nett Items				
1 BONNET CARBON FIBRE	1	6000	\$ Cra 1200	6,000.00
2 BONNET TOP GARNISH	1	800	\$ 🗙	800.00

	AARNICH CTICVER	1	400	\$ 🗷	400.00
	SARNISH STICKER	1	250	\$ K	250.00
	LOGO - HONDA	1		\$ 1 new 60	200.00
	LOWER CHROME STICKER	1		\$ h/	4,000.00
	R 7- 0	1		\$ ×	600.00
	ER GRILLE			\$ 20/ 100	250.00
	ER GARNISH LH	1		\$ cre- 120	1,200.00
	ER FOG LAMP LH	1		\$ *	150.00
	ER FOG LAMP STICKER LH	1	150	5 × 200 cm	450.00
	ER FOG LAMP GARNISH LH	1	450	-	
	ER LOWER	1	3500	\$ cm / 750	3,500.00
	ER LOWER RUBBER SEAL	1	250	\$ 100 50	250.00
	ER CLIPS	1	100	\$ 30 ml	100.00
	BER PLATE	1	180	\$ *	180.00
	ER COWLING CLIPS	1	100		100.00
Н	ER QUARTER WINDOW SEALANT LH	1	120	\$ X	120.00
	ORT PANEL TOP GARNISH CLIPS	1	100	\$ ×	100.00
	SIDE MIRROR COVER LH	1	1500	\$ cua - 250	1,500.00
		1	3500	\$ cra / 150	3,500.00
	EL SIDE SKIRT LH	1	100	\$ new 30	100.00
	EL SIDE SKIRT CLIPS LH	1	300	\$ xa4/100	300.00
	R WINDOW STICKER LH	1	500	\$ 🗷	500.00
	R VISOR LH	1	800	1/10	00.008
	LH				4,500.00
	H	1			18,200.00
	LH	1			4500 \$ CM

	LABOUR				11	2 200 00
1	PANEL BEATING ON AFFECTED AREAS	1	200000000000000000000000000000000000000	\$	600	2,000.00
2.5	SPRAY PAINT ON AFFECTED AREAS	1	1400	\$	800	1,400.00
	TO RNR FRONT FENDER QUARTER WINDOW	1	250	\$	×	250.00
	TO CHECK WIRING AND HEADLAMP FOCUS	1	150	\$	730.	150.00
	TO CHECK WIRING AND FOG LAMP FUNCTION	1	150	\$	7	150.00
11.00	TO RNR INNER TRIM AND UPHOISTERY	1	400	\$	×	400.00
	TO CHECK WATER LEAK	1	150	\$	×	150.00
	TO PERFORM DIAGNOSTIC AND CLEAR FAULTS	1	600	\$	\times	600.00
	TO CHECK WHEEL ALIGNMENT AND ADJUST	1	250	\$	go repr	250.00
	TO RNR UNDERCARRIAGE	1	250	\$	150%	6 250.00
	TO CHECK WHEEL BALANCING	1	250	\$	30'	250.00
	TO RNR FRONT DOOR MECHANISM	1	400	\$	N 60	400.00
		1	300	\$	50-	300.00
	TO RNR FRONT DOOR SIDE MIRROR	1	300	\$	30	300.00
14	TO PERFORM RUST PROOFING		5.5.5			
			Total Labour	Ś		6,850.00

Taught 97415749

NP 26/3/218 Spm

Lls Besning after repoir

66 days

the Repairer of the following:

Parts Replacement Amount \$

- 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:

700 1000

23,799.92

30,649.92

SM0M213O0001 / MOVA AUTOMOTIVE PTE LTD [159722] ENTRY DATE & TIME: 24/03/2021 09:29 (SGT) SUBMITTED BY: Nitha VERSION: 1 (24/03/2021 09:29 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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.

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 Date of Accident **Exact Location of Accident** ditional Location Information Country/State of Loss

24/03/2021 09:29 (SGT) 22/03/2021 23:56 (SGT) Bras Basah, Singapore JUNCTION OF BRAS BASAH ROAD & BEACH ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMM1923H

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address Mobile Phone No

Alternative Phone No

MUHAMMAD AMIN BIN MOHAMED KOTHARISA

SXXXX632F

aminkotharisaa@gmail.com (Phone) +65-92703250

+65-92703250

VEHICLE PARTICULARS

nufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Honda

FIT 1.3 GF CVT

Private use

No - Claiming third party

Private car

Auto

1317

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

ERGO Insurance Pte. Ltd.

Comprehensive

DMPG20006805

DRIVER

Name of Driver

NRIC No

MUHAMMAD AMIN BIN MOHAMED KOTHARISA

SXXXX632F



Date Of Birth Occupation

Date Of Driving Pass Driving experience

Gender Mobile Number

Alt. Phone Number **Email Address**

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other material or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

PASSENGER 1

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

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Was there any audio recorded?

08/10/1991 Indoor 19/12/2014

6 YEARS AND 3 MONTHS

(Phone) +65-92703250

+65-92703250

aminkotharisaa@gmail.com 516 SERANGOON NORTH AVE 4

#04-244 550516

Yes

No

Collision - Change/cross lane

Clear Dry

No

2 Yes

No Yes 2

No

MUHAMMAD LUQMAN BIN LAMRI

Male

No

No

WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

Yes

Vehicle Registration Number Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour

SMT7048H

Accident report SM0M213O0001

 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

INJURED PERSONS DETAILS

INJURED 1

No. Of Passenger (Including Driver)

Name of injured person MUHAMMAD AMIN BIN MOHAMED KOTHARISA

Address

Address Complement
Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle? SMM1923H

Were seat belts worn?

So this injured conveyed to hospital by ambulance?

No

INJURED 2

Name of injured person MUHAMMAD LUQMAN BIN LAMRI

Address Complement -

Post Code -

Approximate Age Years Old -

Injuries Sustained -

Injured person in which vehicle? SMM1923H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

No

SKETCH PLAN

IMPORTANT NOTICE

- Rease report correctly the details of the addition speed up the claims process.
- 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 palicy 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.
- 5. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurence Association of Singapore (GIA) for prohiving 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 end to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Funderstand, 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 date/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 hourers 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 retaining 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 making 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) at insurer(s) who have insured vehicle(s) involved in this pecident and the insurers' law yers/law fires, resylore 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 law yers/law firms), which may be siled outside of Singapore, for one or more of the above Purposes.

perting Centre Driver's Signature (if driver is not the policyholder) / Date Witnessell Policyholder's Signature / Date & Time Sketch Plan Perch Rd B A

Describe Circumstances of the Accident
On 22-03.20-1 at about 11:56 pm, I was takeling a me Direction
of Ems Rasah Rd Towards Exach Rd. Upu modules the Purchan and about
to turn to my left all it a sudden it felt an hard japace on
mp lett. Then I realised a which shit toast had collided onto mp
Tell ade Rant pution. I had a video fectore that capture the whole
salve.

Declaration

IWe declare the foregoing particulars are true in every respect.

Folicyholder's Signature / Date & Time Oriver's Signature (if driver is not the policyholder) / Cate & Time

Witnesser Astrict orting Centing

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

632F

Vehicle Details

Vehicle No.:

SMM1923H

Vehicle to be Exported:

No

Intended Deregistration Date:

30 Apr 2021

Vehicle Make:

HONDA

Vehicle Model:

FIT 1.3 GF CVT

Primary Colour:

Blue

Manufacturing Year:

2019

Engine No.:

L13B1456395

Chassis No.:

GK31347396

Maximum Power Output:

73.0 kW (97 bhp)

Open Market Value:

\$16,011.00

Original Registration Date:

20 Jun 2019

First Registration Date:

20 Jun 2019

Transfer Count:

0

Actual ARF Paid:

\$6,011.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

19 Jun 2029

PARF Rebate Amount:

\$4,508.00

Intended COE Rebate Details

COE Expiry Date:

19 Jun 2029

COE Category:

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

COE Period(Years):

10

QP Paid:

\$26,999.00

COE Rebate Amount:

\$21,966.00

Total Rebate Amount:

\$26,474.00

The information contained herein is correct as at 23 Mar 2021