

ASS. REC BY:

Taufman

REF.

CS/CTI 21004856/TJUGS

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:

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:

SGK 47487

Yr Regn:

2020, Aug.

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

Truck / Trailer or

Make:

Honda Fit

c.c.

1317

Colour

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

8569

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

GK 33433258

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:

175/70R14

R:

~ ~

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

2/4/21

Survey held at

AP Auto

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?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / Hourly

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Wash (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Other:

TOTAL

Estimation

Date
Vehicle
Make/Model
Chassis No.

SGK 4748 J
HONDA FIT
GK33433258

No.	Description	Unit	Unit Price	Amount
	Parts Replacment			
1	TAILGATE	1	\$ 898.50	\$ X 898.50
2	TAILGATE WINDSCREEN MOULDING	2	\$ 41.50	\$ X 83.00
3	TAILGATE LAMP RH	1	\$ 397.20	\$ X 397.20
4	TAILGATE LOGO - HONDA	1	\$ 59.20	\$ X 59.20
5	TAILGATE EMBLEM - FIT	1	\$ 65.95	\$ X 65.95
6	TAILGATE LOCK	1	\$ 127.60	\$ X 127.60
7	TAILGATE WEATHERSTRIP	1	\$ 105.75	\$ X 105.75
8	TAIL LAMP RH	LHX 2	\$ 440.30	\$ RH 880.60
9	TAIL LAMP PANEL RH	1	\$ 112.00	\$ RH 112.00
10	REAR BUMPER	1	\$ 510.90	\$ de 510.90
11	REAR BUMPER CENTER GARNISH	1	\$ 97.90	\$ X 97.90
12	REAR BUMPER LOWER GARNISH RH	1	\$ 39.80	\$ X 39.80
13	REAR BUMPER RETAINER RH	LHX 2	\$ 80.70	\$ RH 161.40
14	REAR FENDER RH	1	\$ 631.00	\$ de 631.00
15	REAR FENDER WINDOW MOULDING RH	1	\$ 71.60	\$ de 71.60
16	REAR FENDER INNER TRIM RH	1	\$ 249.60	\$ X 249.60
17	REAR FENDER COWLING RH	1	\$ 156.90	\$ de 156.90
18	REAR DOOR RH	1		\$ X -
19	REAR DOOR LOCK RH	1	\$ 295.90	\$ X 295.90
20	REAR DOOR LOCK CATCH RH	1	\$ 52.00	\$ X 52.00
21	REAR DOOR WEATHERSTRIP RH	1	\$ 203.20	\$ X 203.20
22	REAR DOOR INNER WEATHERSTRIP RH	1	\$ 175.80	\$ de 175.80
23	REAR ABSORBER RH	1	\$ 198.00	\$ X 198.00
24	REAR BEARING HUB RH	1	\$ 295.00	\$? 295.00
25	REAR AXLE	1	\$ 857.20	\$ X 857.20
			Total	\$ 6,726.00
			Less 20%	\$ 1,345.20
			Total	\$ 5,380.80

	S/Nett Items			
1	TAILGATE WINDSCREEN SEALANT	1	150	\$ X 150.00
2	TAILGATE INNER TRIM CLIPS	1	100	\$ X 100.00
3	TAIL LAMP CLIPS	1	50	\$ 50.00
4	TAIL LAMP PANEL SEALANT	1	120	\$ X 120.00
5	REAR BUMPER CLIPS	1	100	\$ 30 100.00
6	REAR BUMPER REVERSE SENSOR SET	1	300	\$ X 300.00

7	REAR FENDER SEALANT	1	250	\$ 60	250.00
8	REAR FENDER WINDOW SEALANT	1	120	\$ 40	120.00
9	REAR FENDER INNER TRIM CLIPS	1	100	\$ X	100.00
10	REAR FENDER COWLING CLIPS	1	100	\$ 10	100.00
Total				\$	1,390.00

LABOUR					
1	PANEL BEATING ON AFFECTED AREAS	1	1200	\$ 800	1,200.00
2	SPRAY PAINT ON AFFECTED AREAS	1	800	\$ 800	800.00
3	TO RNR REAR WINDSCREEN	1	400	\$ X	400.00
4	TO RNR REAR FENDER WINDOW	1	300	\$ 60	300.00
5	TO CHECK WIRING AND TAIL LAMP FUNCTION	1	150	\$ 730	150.00
6	TO CHECK WIRING AND TAILGATE LAMP FUNCTION	1	150	\$ 5	150.00
7	TO RNR REAR INNER TRIM AND UPHOISTERY	1	400	\$ 60	400.00
8	TO CHECK WATER LEAK	1	150	\$ 30	150.00
9	TO RNR FUEL TANK	1	250	\$ X	250.00
10	TO PERFORM DIAGNOSTIC AND CLEAR FAULTS	1	600	\$ X	600.00
11	TO RNR REAR TAILGATE MECHANISM	1	350	\$ X	350.00
12	TO RNR REAR REVERSE SENSOR AND CHECK FUNCTION	1	150	\$ 30	150.00
13	TO PERFORM RUST PROOFING	1	400	\$ 30	400.00

Total Labour	\$	5,300.00
Parts Replacement Amount	\$	6,770.80
Total Amount	\$	12,070.80

Tauplin 97495149
 WP, 20/4/21 @ 450pm.
 e/s Resurvey after repair
 Tempate @ 1/1/2020.
 6-7 days

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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

004F

Vehicle Details

Vehicle No.:

SGK4748J

Vehicle to be Exported:

No

Intended Deregistration Date:

01 May 2021

Vehicle Make:

HONDA

Vehicle Model:

FIT 1.3GF CVT

Primary Colour:

Silver

Manufacturing Year:

2019

Engine No.:

L13B3947676

Chassis No.:

GK33433258

Maximum Power Output:

73.0 kW (97 bhp)

Open Market Value:

\$16,357.00

Original Registration Date:

13 Aug 2020

First Registration Date:

13 Aug 2020

Transfer Count:

0

Actual ARF Paid:

\$6,357.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

12 Aug 2030

PARF Rebate Amount:

\$4,767.00

Intended COE Rebate Details

COE Expiry Date:

12 Aug 2030

COE Category:

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

COE Period(Years):

10

QP Paid:

\$33,000.00

COE Rebate Amount:

\$30,622.00

Total Rebate Amount:

\$35,389.00

The information contained herein is correct as at 15 Apr 2021

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	16/04/2021 11:40 (SGT)
Date of Accident	15/04/2021 09:30 (SGT)
Exact Location of Accident	100 Dairy Farm Rd, Dairy Farm Nature Park, Singapore 679057
Additional Location Information	DAIRY FARM HEAVY VEHICLE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK4748J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KHOO YENG HUAW
NRIC No	SXXXX004F
Email Address	KEVINLAU7569@GMAIL.COM
Mobile Phone No	(Phone) +65-93835918
Alternative Phone No	(Home) +65-93835918

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118544901
Cover Note Number	-

DRIVER

Name of Driver	KHOO YENG HUAW
NRIC No	SXXXX004F

Date Of Birth	29/08/1955
Occupation	Indoor
Date Of Driving Pass	28/04/1995
Driving experience	26 YEARS
Gender	Male
Mobile Number	(Phone) +65-93835918
Alt. Phone Number	(Home) +65-93835918
Email Address	KEVINLAU7569@GMAIL.COM
Address	APT BLK 621 SENJA ROAD #04-120
Address complement	-
Postcode	670621
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Major/Minor Rd
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 ATTACHED

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 1

Vehicle Registration Number	PC7559D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KHOO YENG HUAW
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SGK4748J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.
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)**

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")

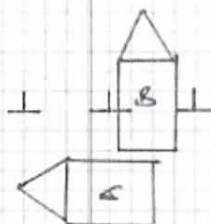
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A = SGK 4748 J
B = PC 7559 D

Declaration

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel