

(08/11/13) wef
ASS. REC. BY: John

REF: CC6/CT121005354/R1e93

3009

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SMD 30055

at Workshop m/s: Automotive Repair Ctr

of 38, WINDLASS 1ND PK #05-18

Insured: CTI

Policy No. _____

Claims No. _____

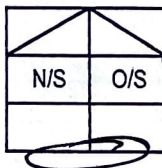
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value: 78K

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMD 30055 Yr Regn: 2018 / Aug

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

Truck / Trailer or

Make: Honda HRV 1-5DX CVT c.c. 1496

Colour: Brown A/C: Insured / Std / NI / NA

Sp. Reading: 045082 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHMRU1810JX200317

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: 215/60R16

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. 30/04/21 D.O.I. 04/05/21

Survey held at Automotive Repair Ctr

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

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

Date / Time Action / Instruction

Repair limit - 39K

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Photos

Others

TOTAL

Report Format : _____

Lump Sum / I.B.I: (\$) _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

**Automotive Repair Centre Pte Ltd**

CO. Reg. No. : 201312913C

GST 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. : EST2104-093

DATE : 30-Apr-2021

POLICY NO. : FWD PNPV2019-00011461-01

VEHICLE REG. NO. : SMD30055

VEHICLE MAKE : HONDA HRV 1.5 DX CVT

TO Motor Claim Department
 China Taiping Insurance (Singapore) Pte. Ltd
 3 Anson Road, #15-00 Springleaf Tower
 Singapore 079909
 Tel: 6389 6116, Fax: 6222 1033

FOR SURVEYOR

ESTIMATE REPAIR COST

NO.	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
SPARE PARTS				
1	Rear Bumper <i>de</i> ✓	1	\$ 880.00	\$ 880.00
2	Rear Bumper Clip <i>re</i> ✓	10	\$ 5.00	\$ 50.00
3	Rear Bumper Retainer RH <i>X</i>	1	\$ 30.00	\$ 30.00
4	Rear Bumper Retainer LH <i>f</i>	1	\$ 30.00	\$ 30.00
5	Rear Bumper Reflector RH <i>f</i>	1	\$ 150.00	\$ 150.00
6	Rear Undercover Cover <i>de</i> ✓	1	\$ 280.00	\$ 280.00
7	Rear Tailgate Door <i>bu</i> ✓	1	\$ 1,080.00	\$ 1,080.00
8	Rear Tailgate Door Lock <i>f</i>	1	\$ 280.00	\$ 280.00
9	Rear Tailgate Door Rubber Seal <i>re</i> ✓	1	\$ 120.00	\$ 120.00
10	Rear HRV Emblem <i>re</i> ✓	1	\$ 80.00	\$ 80.00
11	Rear Honda Emblem <i>re</i> ✓	1	\$ 80.00	\$ 80.00
12	Rear i-Vtec Emblem <i>re</i> ✓	1	\$ 80.00	\$ 80.00
13	Rear Spare Tire Board Cover <i>f</i>	1	\$ 350.00	\$ 350.00
14	Rear Tools Sponge Box/Tray <i>cm</i> ✓	1	\$ 250.00	\$ 250.00
15	Rear / End Panel Garnish <i>de</i> ✓	1	\$ 200.00	\$ 200.00
16	Rear End Panel <i>bt</i> ✓	1	\$ 480.00	\$ 480.00
17	Rear Floor Panel <i>bu</i> ✓	1	\$ 800.00	\$ 800.00
18	Rear Windscreen Molding <i>re</i> ✓	1	\$ 100.00	\$ 100.00
19	Rear Buzzer <i>cm</i> ✓	1	\$ 110.00	\$ 110.00
20	Rear Exhaust <i>f</i>	1	\$ 560.00	\$ 560.00
21	Rear Exhaust Rubber Mount <i>f</i>	2	\$ 40.00	\$ 80.00
Total Spare Parts				\$ 6,070.00
SPECIAL NETT				
22	Rear Windscreen Sealant <i>re</i> ✓	1	\$ 40.00	\$ 40.00
23	Reverse Sensor <i>re</i> ✓	1	\$ 200.00	\$ 200.00
Total Special Nett				\$ 240.00
LABOUR				
24	Spray Painting Whole Rear include Blending	1	\$ 1,000.00	\$ 800 1,000.00
25	Replace Rear including Fitting, Cut, Weld and Re-align	1	\$ 1,000.00	\$ 800 1,000.00
26	Remove and Refit Rear Bumper Reverse Sensor	1	\$ 80.00	\$ 60 80.00
27	Remove and Refit Rear Exhaust Pipe and Silencer, Re-align	1	\$ 80.00	\$ X 80.00



Automotive Repair Centre Pte Ltd

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#05-18, Singapore 757700

Tel: 64688834 Fax: 64622278

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TO Motor Claim Department

China Taiping Insurance (Singapore) Pte. Ltd

3 Anson Road, #15-00 Springleaf Tower

Singapore 079909

Tel: 6389 6116, Fax: 6222 1033

FOR SURVEYOR

Rasul
Hp 90010068
04/05/2021 @ 1130
9 days
45
Resurvey after repair

ESTIMATE REPAIR COST

NO.	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
28	Transfer Door Fitting and Window Mechanism to New Door	1	\$ 80.00	\$ 60 80.00
29	Remove and Refit Rear Windscreen	1	\$ 120.00	\$ 120.00
30	Apply Rust Proofing on Replaced/Repaired Panel	1	\$ 100.00	\$ 80 100.00
31	Check and Rectify Electrical Wiring	1	\$ 30.00	\$ X 30.00

Estimate prepared by: Raymond Tan

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.

Total Labour \$ 2,490.00

Amount Before Excess \$ 8,800.00

Add GST @ 7% 616.00

Total Amount Payable \$ 9,416.00

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

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 30/04/2021 16:57 (SGT)
Date of Accident 30/04/2021 08:31 (SGT)
Exact Location of Accident SLE, Singapore
Additional Location Information SLE TOWARD TO BKE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD3005S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GAN GUANG (YAN GUANG)
NRIC No SXXXX300I
Email Address raygan1990@hotmail.com
Mobile Phone No (Phone) +65-93843859
Alternative Phone No +65-93843859

VEHICLE PARTICULARS

Manufacturer Honda
Model HRV
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? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number PNPV2019-00011461-01
Cover Note Number -

DRIVER

Name of Driver TEY HUI PING, SERNEE
NRIC No SXXXX694G

Date Of Birth 20/03/1992
 Occupation Indoor
 Date Of Driving Pass 10/12/2018
 Driving experience 2 YEARS AND 4 MONTHS
 Gender Female
 Mobile Number (Phone) +65-91265605
 Alt. Phone Number -
 Email Address raygan1990@hotmail.com
 Address BLK 804 WOODLANDS STREET 81 #06-35
 Address complement -
 Postcode 730804
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Spouse
 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 - Head to Rear
 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) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name DAUGHTER
 Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Woodlands Division Headquarters
 Police Station Phone No (Phone) +65-18004660000
 Police Station Address 1 Woodlands St 12 Singapore 738622
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN/TP REPORT

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJV5924S
 Vehicle Manufacturer Toyota
 Vehicle Model -

Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	(Phone) +65-82980907
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	DAUGHTER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMD3005S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

ROADWITNESS

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 willful 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 privity 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.

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 processed 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 the accident (all insurer(s) who have insured vehicle(s) involved in the accident shall be collectively referred to as the "Insurers"), the Insurers' law enforcement 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.

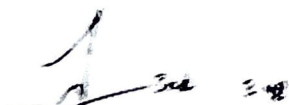
(iv) administering my claims (including the making of correspondence, statements, receipts, reports or notices to me, which shall include disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of any dispatched packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

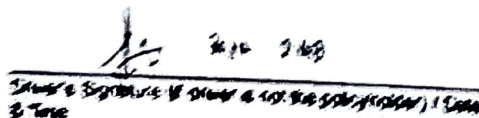
(b) all insurers, and their insurers' members, involved in the accident and the Insurers' law enforcement firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law enforcement firms), which may be third parties of Singapore, for one or more of the above Purposes.



Insurer's Signature Date 3

Time

Sketch Plan


Driver's Signature (If driver is not the policyholder) Date 3

Time


Witness's Signature Date 3

Time



A8SMD30055
R: SAV59245


3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.


Describe Circumstances of the Accident

Refer To TP report

Declaration

We declare the foregoing particulars are true in every respect.

 30/4 2:48 pm
Policyholder's Signature / Date & Time

 30/4 2:48 PM
Driver's Signature (If driver is not the policyholder) / Date & Time

 
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



L/20210430/7021

1 of 2

POLICE REPORT (NP299)

Report No. L/20210430/7021

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

| | | | | | |
|--|--|--|-----------|-----------------------------|-----------------|
| Date/Time Report Made
30/04/2021 15:01 | | Vide Report No. | | Station Diary No. | |
| Name Of Informant
TEY HUI PING, SERENE | | Address
203 PETIR ROAD #08-669 SINGAPORE 670203 | | | |
| ID Type / ID No.
NRIC NO / S9209694G | | Contact No.
Home/Office: | | Mobile:
91265605 | |
| Nationality
SINGAPORE CITIZEN | | Email Address
THPSERENE@GMAIL.COM | | | |
| Occupation
Other government associate professionals nec | | Sex
Female | Age
29 | Date of Birth
20/03/1992 | Race
Chinese |
| Institution/School Name | | Language
English | | | |
| Date/Time Of Incident
30/04/2021 08:30 - 30/04/2021 09:00 | | Location Of Incident
SELETAR EXPRESSWAY | | | |

Brief details.

My car was hit at the booth by another driver. My 11month old daughter had a bruise on her forehead. It happened along SLE towards BKE.

| Subjects Involved | | | |
|-------------------|--------|--|--|
| Suspect | | | |
| Person Name | Jenny | | |
| Gender | Female | | |

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:

30/04/2021 15:01

Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



L/20210430/7021

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210430/7021

| | | | |
|---------------|--|------------------------|--|
| Victim | | | |
| Person Name | TEY HUI PING, SERENE | | |
| ID Type | NRIC NO | ID No | S9209694G |
| Gender | Female | Age | 29 |
| Race | Chinese | Language | English |
| Occupation | Other government associate professionals nec | Address | 203 PETIR ROAD #08-669
SINGAPORE 670203 |
| Mobile No | 91265605 | Is Informant A Victim? | Yes |
| | | | |
| Person Name | Aerith gan | | |
| ID Type | OTHERS / Birth certificate | ID No | T2015314D |
| Gender | Female | Age | 1 |
| Race | Chinese | | |
| | | | |
| Person Name | TEY HUI PING, SERENE (Informant) | | |
| | | | |

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:

30/04/2021 15:01

Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------|--------------------------------------|
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 3001 |
| Vehicle No.: | SMD30055 |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 05 May 2021 |
| Vehicle Make: | HONDA |
| Vehicle Model: | HRV 1.5 DX CVT |
| Primary Colour: | Brown |
| Manufacturing Year: | 2018 |
| Engine No.: | L15B5670318 |
| Chassis No.: | JHMRU1810JX200317 |
| Maximum Power Output: | 96.0 kW (128 bhp) |
| Open Market Value: | \$19,612.00 |
| Original Registration Date: | 13 Aug 2018 |
| First Registration Date: | 13 Aug 2018 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$19,612.00 |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 12 Aug 2028 |
| PARF Rebate Amount: | \$14,709.00 |
| COE Expiry Date: | 12 Aug 2028 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$32,699.00 |
| COE Rebate Amount: | \$23,768.00 |
| Total Rebate Amount: | \$38,477.00 |

The information contained herein is correct as at 05 May 2021

OK

Honda HR-V 1.5A DX

[Overview](#)[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

1axis

Price **\$77,800**

Depreciation **\$9,500 /yr**
View models with similar depre.

Reg Date 09-Jul-2018
(7yrs 2mths 3days COE left)

Mileage 41,232 km (14.6k /yr)

Manufactured 2018

Road Tax \$682 /yr

Transmission Auto

Dereg Value \$38,816 as of today (change)

OMV \$19,096

COE \$34,110

ARF \$19,096

Engine Cap 1,496 cc

Power 96.0 kW (128 bhp)

Curb Weight 1,185 kg

No. of Owners 1

Type **Compare** SUV