ASSET DE BY: TOUGHT MET CC4/A	492/005492/11/993
ASTATES DI	ASSIGNMENT
From: Date: Estimated Cost: OD / F/ 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)	Veh No: SJR 1225 H Yr Regn: 2017 Oct. Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Make: Monda Odyssey. c.c 2356. Colour Gwy. AC: Insured / Std / NI / NA Sp.Reading / DO/29 T/Radio: Insured / Std / NI / NA Eng/No: C/No: SHMR C/S 9064 (20568) Gen. Cond: Good / Fair / Poor / Burnt
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
Remark: The veh had commenced its repair at the time of inspection Bal. or Market Value: IDAC Accident Rport: GIA / PR Seen: Est. Repairs: Lum Sum: CA / REV / REP. / 24 HRS Date / Time Action / Instruction N/S N/S N/S N/S N/S N/S N/S N/	R: O/S 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 D.O.A. D.O.I. 6 / 2 / Survey held at Des. of Damages : Frt Rear / O/S / N/S / U/C / Rooftop or IN / OUT The U/C / Chassis frame / Body Structure affected due to collision.
Date/Time, File Pass to? : Preli. Report	Days Of Repair: Resurvey No. of Trip: Survey Fee:



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

SJB 1225 H HONDA ODYSSEY

Make/Model Chassis No.

JHMRC1890HC203683

No.	Description	Unit	U	nit Price	Amoun	:
	Parts Replacment					
1	TAILGATE	1			\$ bt/	-
2	TAILGATE WINDSCREEN MOULDING	1	\$	119.50	\$ 191	119.50
3	TAILGATE WIPER MOTOR	1	\$	642.00	\$ X	642.00
4	TAILGATE OUTER GARNISH	1			\$ 019	-
5	TAILGATE LOGO - HONDA	1	\$	57.00	\$ 14	57.00
6	TAILGATE CENTER GARNISH - ODYSSEY	1			\$ con	
7	TAILGATE LAMP L+R	2			\$ ang	-
8	TAILGATE HANDLE OPENER	1	\$	136.00	\$ × com	136.00
9	TAILGATE NUMBER PLATE LAMP L+R	2	\$	65.00	\$ X	130.00
10	TAILGATE LOCK	1			\$ 66-	-
	TAILGATE LOCK CATCH	1	\$	42.00	\$ ×	42.00
12	TAILGATE INNER TRIM	1	\$	225.00	\$ cm	225.00
13	TAILGATE HINGE L+R	1	\$	51.00	\$ ×	51.00
14	TAILGATE DAMPER L+R	1	\$	175.00	\$ ×	175.00
15	TAILGATE WEATHERSTRIP	1	\$	153.00	\$ his	153.00
16	TAIL LAMP L+R	2	\$	360.00	\$ cit	720.00
17	TAIL LAMP LOWER BRACKET L+R	2	\$	42.00	\$ 🕅	84.00
18	TAIL LAMP PANEL L+R	1	\$	202.00	\$ 📉	202.00
19	REAR SIDE BUMPER L+R	2			\$ de	-
20	REAR SIDE BUMPER RETAINER L+R	2			\$ de-	(+
21	REAR BUMPER	1			\$de	-
22	REAR BUMPER REVERSE SENSOR SET	4			\$ m-	-
23	REAR BUMPER REFLECTOR L+R	2	\$	98.00	\$ wt/	196.00
24	REAR BUMPER REFLECTOR GARNISH L+R	2			\$ de	=
25	REAR BUMPER RETAINER L+R	2	\$	51.00	\$ de	102.00
26	REAR BUMPER BRACKET	1	\$	89.00	\$ ₩	89.00
27	REAR BUMPER UNDERCOVER	1	\$	302.00	\$ ×	302.00
28	REAR FENDER L+R	2			\$ 💢	7.0
29	REAR FENDER INNER TRIM L+R	2	\$	518.00	\$ de	1,036.00
30	REAR FENDER COWLING L+R	2	\$	192.00	\$ 🕊	384.00
31	END PANEL	1			\$ hl/	-
32	END PANEL TOP GARNISH	1	. \$	255.00	\$ de	255.00
33	FLOOR PANEL	1			\$ Par 64(-
34	FLOOR PANEL TOP-BOARD WIT	1	. \$	473.00	\$ X	473.00
	EXHAUST PIPE	1			\$ 📈	-
36	EXHAUST MOUNTING SET	2	\$	32.00	\$ K	64.00
37	EXHAUST HEAT SHIELD	1	. \$	108.00	\$ *	108.00

Total	\$ 5,745.50
Less 20%	\$ 1,149.10
Total	\$ 4,596.40

	S/Nett Items				
1	TAILGATE WINDSCREEN SEALANT	1	150	\$ 60001	150.00
2	TAILGATE SPOILER CLIPS	1	100	\$ X	100.00
3	TAILGATE INNER TRIM CLIPS	1	100	\$ 20 mer -	100.00
4	TAIL LAMP CLIPS	1	50	\$ 20 ne	50.00
5	TAIL LAMP PANEL SEALANT	2	120	\$ ×	240.00
6	REAR BUMPER CLIPS	1	100	\$ 40 mg/	100.00
7	REAR FENDER SEALANT	1	250	\$ ×	250.00
8	REAR FENDER INNER TRIM CLIPS	2	100	\$ 30n4-	200.00
9	REAR FENDER COWLING CLIPS	2	100	\$ 20 ne/	200.00
10	END PANEL SEALANT	1	200	\$ 40 nei	200.00
11	END PANEL TOP GARNISH CLIPS	1	100	\$ (vue -	100.00
12	FLOOR PANEL SEALANT	1	300	\$ X	300.00
			Total	\$	1,990.00

	LABOUR				
1	PANEL BEATING ON AFFECTED AREAS	1	2400	\$ 9001000	2,400.00
2	SPRAY PAINT ON AFFECTED AREAS	1	1800	\$ 1200	1,800.00
3	TO RNR REAR EXHAUST	1	250	\$ 80	250.00
4	TO CHECK WIRING AND TAIL LAMP FUNCTION	1	150	\$ 7 700	150.00
5	TO CHECK WIRING AND TAILGATE LAMP FUNCTION	1	150	\$ 35000	150.00
6	TO RNR REAR INNER TRIM AND UPHOISTERY	1	400	\$ 60.	400.00
7	TO CHECK WHEEL ALIGNMENT AND ADJUST	1	250	\$ 🗵	250.00
8	TO RNR UNDERCARRIAGE	1	250	\$ ×	250.00
9	TO CHECK WHEEL BALANCING	1	250	\$ 8	250.00
10	TO CHECK WATER LEAK	1	150	\$ 30	150.00
11	TO RNR FUEL TANK	1	250	\$ >	250.00
12	TO PERFORM DIAGNOSTIC AND CLEAR FAULTS	1	600	\$ K	600.00
13	TO RNR REAR TAILGATE MECHANISM	1	350	\$ 60	350.00
14	TO RNR REAR REVERSE SENSOR AND CHECK FUNCTION	1	150	\$ 50	150.00
15	TO PERFORM RUST PROOFING	1	200	\$ 40	200.00
				1	

Taythi 97495749
WP 6/x/71 @ 315pm
1/5 Mining appruepar
tenfth @/hhanpoon.

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 subjest 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:	687C
Vehicle Details	
Vehicle No.:	SJB1225H
Vehicle to be Exported:	No
Intended Deregistration Date:	31 May 2021
Vehicle Make:	HONDA
Vehicle Model:	ODYSSEY 2.4 EXV-S CVT SR
Primary Colour:	Purple
Manufacturing Year:	2017
Engine No.:	K24W72041329
Chassis No.:	JHMRC1890HC203683
Maximum Power Output:	129.0 kW (172 bhp)
Open Market Value:	\$30,986.00
Original Registration Date:	09 Oct 2017
First Registration Date:	09 Oct 2017
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$35,381.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	08 Oct 2027
PARF Rebate Amount: Intended COE Rebate Details	\$26,535.00
COE Expiry Date:	08 Oct 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$49,189.00
COE Rebate Amount:	\$31,258.00

The information contained herein is correct as at 03 May 2021

Total Rebate Amount:

\$57,793.00

SM0M2153000C / MOVA AUTOMOTIVE PTE LTD [159722] ENTRY DATE & TIME: 03/05/2021 15:55 (SGT) SUBMITTED BY: Suann VERSION: 1 (03/05/2021 15:55 (SGT))



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 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** Additional Location Information Country/State of Loss

03/05/2021 15:55 (SGT) 01/05/2021 12:00 (SGT) Singapore LOWER DELTA ROAD BEFORE BUKIT PURMEI Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJB1225H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

No TAN SUAN FOONG SXXXX687C EVANTANSF@GMAIL.COM (Phone) +65-97373569 +65-97373569

VEHICLE PARTICULARS

Manufacturer 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

Odyssey

Honda

Private use

No - Claiming third party Private car Auto 2400

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

Aviva Ltd Comprehensive No 10782408

DRIVER

Name of Driver NRIC No

TAN SUAN FOONG SXXXX687C

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

11/11/1971 Indoor 24/02/1994 27 YEARS AND 3 MONTHS Male (Phone) +65-97373569 +65-97373569 EVANTANSF@GMAIL.COM 151 CAVENAGH RD #02-153 229628 Yes

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?

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? Was there any video captured by Car Camera? Was there any audio recorded?

Chain Collision Clear

Dry

No

No

Yes

1

No

No

No

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Yes No

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
Contact Number
Address
Address complement

SLG2636Z

.

-

Private car

-

Accident report SM0M2153000C

Page 2 of 9

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

-

FRONT & REAR

-

-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

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)

SMY9150E

_

_

Private car

-

_

-

-

FRONT PORTIONS

-

722

SKETCH PLAN

IMPORTANT NOTICE

- 1. Flease 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.
- 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 flability 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 (GM) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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)

l 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' 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;
- (ii) 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) 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature of driver is not the policyholder) / Date & Wiffessed by Reporting Centre Resonnel

Sketch Plan

Phicle A:578125H

VPhicle B:51626362

Vehicle C:511491505

Describe Circumstances of the Accident	
On the stated date	and time, I was trappling along
the stated location on	my reliace H. As my reliable slower
dong for the traffer 11	1941 1 Suddenly felt on impact from
my vehicle rear volvice to	had callided into my vehicle rear
portion with his vehicle	front. When I alighted to check!
	in a 3 car chain collision and
I realised I was involved I was the first rehicl	P. CHAM COMISION GAD
Declaration	
We declare the foregoing particulars are true in every respe-	
the street of th	CI.
//	01

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

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre Personnel