CC4/ Alg 21006767/7,993 ASSIGNMENT SLP3962l Yr Regn: 2017, June. Veh No: Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover Estimated Cost: Truck / Trailer or OD / TP / WS / TP RES / OD RES / EVA / INV / MV Shuttle Make: To Inspect Vehicle No: Insured / Std / NI / NA Colour at Workshop m/s T/Radio: Insured / Std / NI / NA Sp.Reading Eng/No: Insured: C/No: Policy No. Gen. Cond: Good / Fair / Poor / Burnt Claims No. Steering: Inorder / Jammed / Leaked / Burnt or Excess: Sum Insured: Brake: Inorder / Jammed / Leaked / Burnt or (Client's Record) Modi: Nil / \$/Rim / STD A/Rim or F: \_\_185/6015. Make of Veh: Tyre Size: (Policy Condition) BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / OIS Remark: The veh had commenced its Day ton repair at the time of inspection. TOYO / YOKO or . 458K. Rear Front Bal, or Market Value: R/Bal. R/Bal. Consistent?: Yes or No IDAC Accident Rport: L/Bal. L/Bal. mm Consistent?: Yes or No GIA / PR Seen: D.O.I. D.O.A. Res.: Yes or No days Est. Repairs: 3 Val.: Yes or No Survey held at Lum Sum: Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or WP CA / REV / REP. / 24 HRS Aller MS Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. Person Contacted: Action / Instruction Date / Time Days Of Repair: Date/Time, File Pass to? : Preli. Report Survey Fee: Resurvey No. of Trip: : Final Report Transportation: Date/Time, File Return to? \_S + RS.\_\_SI Add Fee: : Site Insp (\$ : Interview (\$ Photos Tech, Invs (\$ Others Repear Format: Weellend (\$ Lump Sum / LEA: (% 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

SLP 3962 C

Make/Model Chassis No. **HONDA SHUTTLE** GK81100198

No.	Description		Unit	U	nit Price	Amount
	Parts Replacment					
1	TAILGATE	701/14	1			\$ 발기
2	TAILGATE WINDSCREEN MOULDING	noi	1	\$	127.00	\$ 127.00
3	TAILGATE LAMP L+R	K	2			\$ -
4	TAILGATE OUTER GARNISH	×	1	\$	345.00	\$ 345.00
5	TAILGATE CHROME	K	1	\$	386.00	\$ 386.00
6	TAILGATE LOGO - HONDA	nel/	1	\$	79.00	\$ 79.00
7	TAILGATE HANDLE SWITCH	X	1	\$	268.00	\$ 268.00
8	TAILGATE LOCK	K	1			\$ -
9	TAILGATE LOCK CATCH	×	1	\$	76.00	\$ 76.00
10	TAILGATE INNER TRIM	ina/	1	\$	238.00	\$ 238.00
11	TAILGATE HINGE SET	X	1	\$	190.00	\$ 190.00
12	TAILGATE DAMPER SET	Х	1	\$	360.00	\$ 360.00
13	TAILGATE WEATHERSTRIP	7	1	\$	150.00	\$ 150.00
14	TAIL LAMP L+R	1 Mover RHX	2			\$ -
15	TAIL LAMP PANEL L+R	LHRY RHX	2	\$	214.00	\$ 428.00
16	REAR BUMPER	de/	1			\$ -
17	REAR BUMPER REFLECTOR L+R	Lymus RHX	2	\$	71.00	\$ 142.00
18	REAR BUMPER REFLECTOR GARNISH L+R	Lyms-Ryx	2			\$ -
19	REAR BUMPER REFLECTOR SPONGE L+R	LHON- RHX	2			\$ -
20	REAR BUMPER REVERSE SENSOR L+R	LHAM RMX	2	\$	173.00	\$ 346.00
21	CONTRACTOR	×	1	\$	86.00	\$ 86.00
22	REAR BUMPER RETAINER L+R	LHde - RHX	2	\$	80.00	\$ 160.00
23	REAR BUMPER BRACKET	HU/ RHX	1	\$	105.00	\$ 105.00
24	REAR BUMPER UNDERCOVER	×	1	\$	472.00	\$ 472.00
25	REAR FENDER LH	Rose bt	1			\$ T-V
26	REAR FENDER INNER TRIM L+R	de Ryx	2			\$ =
27	REAR FENDER COWLING L+R	le RHX	2	\$	106.00	\$ 212.00
28	END PANEL	6+/	1			\$ (F
29	END PANEL TOP GARNISH	de/	1	\$	134.00	\$ 134.00
30	REAR SMART LOCK ANTENNA	×	1	\$	195.00	\$ 195.00
31	REAR BUZZER	cra	1	\$	146.00	\$ 146.00
32	SPAREWHEEL PANEL	RT.	1			\$ -
33	SPAREWHEEL PANEL TOP BOARD	di	1			\$ -
34	SPAREWHEEL PANEL TOOLS SPONGE	de	1	\$	144.00	\$ 144.00
35	SPAREWHEEL PANEL ACCESSORIES TRAY	de	1	\$	411.00	\$ 411.00
36	SPAREWHEEL PANEL ACCESSORIES TRAY FR	ONT COVER de/	1	\$	179.00	\$ 179.00
						\$ 5,379.00

Less 20%	\$ 1,075.80
Total	\$ 4,303.20

	S/Nett Items				
1	TAILGATE WINDSCREEN SEALANT	1	150	\$ 50,4	150.00
2	TAILGATE INNER TRIM CLIPS	1	100	\$ 20	100.00
3	TAIL LAMP CLIPS	1	50	\$ 20.	50.00
4	TAIL LAMP PANEL SEALANT	1	120	\$ X	120.00
5	REAR NUMBER PLATE	1	120	\$ X	120.00
6	REAR BUMPER CLIPS	1	100	\$ 30 mg -	100.00
7	REAR FENDER SEALANT	1	250	\$ ×	250.00
8	REAR FENDER WINDOW SEALANT	1	200	\$ ×	200.00
9	REAR FENDER INNER PANEL SEALANT	1	250	\$ X	250.00
10	REAR FENDER INNER TRIM CLIPS	1	200	\$ 20	200.00
11	REAR FENDER COWLING CLIPS	1	100	\$ 20	100.00
12	REAR WHEELHOUSE SEALANT	1	200	\$ ×	200.00
13	END PANEL SEALANT	1	200	\$ 20.	200.00
14	END PANEL TOP GARNISH CLIPS	1	100	\$ 20-	100.00
15	SPAREWHEEL PANEL SEALANT	1	300	\$ X	300.00
			Total	\$	2,190.00

	LABOUR				1000	1200
1	PANEL BEATING ON AFFECTED AREAS	1	2400	\$	RED	2,400.00
2	SPRAY PAINT ON AFFECTED AREAS	1	1600	\$	1000	1,600.00
3	TO RNR REAR WINDSCREEN	1	350	\$	120.	350.00
4	TO RNR REAR EXHAUST	1	250	\$	X	250.00
6	TO CHECK WIRING AND TAILLAMP FUNCTION	1	150	\$	7-20	150.00
7	TO CHECK WIRING AND TAILGATE LAMP FUNCT	ION 1	150	\$	53	150.00
8	TO RNR REAR INNER TRIM AND UPHOISTERY	1	400	\$	60.	400.00
9	TO CHECK WHEEL ALIGNMENT AND ADJUST	1	250	\$	K.	250.00
10	TO RNR UNDERCARRIAGE	1	250	\$	X	250.00
11	TO CHECK WATER LEAK	1	150	\$	×	150.00
12	TO RNR FUEL TANK	1	250	\$	×	250.00
13	TO PERFORM DIAGNOSTIC AND CLEAR FAULTS	1	600	\$	×	600.00
14	TO RNR REAR TAILGATE MECHANISM	1	350	\$	60-	350.00
15	TO RNR REAR REVERSE SENSOR AND CHECK FUNCTION	1	150	\$	30.	150.00
16	TO PERFORM RUST PROOFING	1	400	\$	40	400.00
			Total Labour	ć		7 700 00

Total Labour \$ 7,700.00 Parts Replacement Amount 6,493.20 **Total Amount** \$ 14,193.20

# 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:

## > Back to OneMotoring

# Enquire PARF/COE Rebate for Registered Vehicle

-	V	e	hi	C	le	O	W	n	er	P	a	r	ti	C	u	la	rs	;

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

Singapore NRIC

769J

SLP3962C

No

31 Jul 2021

HONDA

SHUTTLE 1.5G CVT

Black

2016

L15B5000221

GK81100198

97.0 kW (130 bhp)

\$17,828.00

02 Jun 2017

02 Jun 2017

0

\$7,828.00

Yes

01 Jun 2027

\$5,871.00

01 Jun 2027

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

10

\$46,489.00

\$27,131.00

\$33,002.00

The information contained herein is correct as at 14 Jun 2021

SV0L216F0007 / VICOM LTD (VAC) - Kaki Bukit [415933] ENTRY DATE & TIME: 15/06/2021 15:03 (SGT) SUBMITTED BY: Siti Fadhlon Abdul Kader VERSION: 1 (15/06/2021 15:03 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. Please 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

5. Into matter provided must be as truthed and accorde as possible to 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

15/06/2021 15:03 (SGT) 14/06/2021 10:30 (SGT) Singapore AYE TO CLEMENTI AVENUE 6 Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

INSURED/POLICYHOLDER

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

Alternative Phone No

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

INSURANCE COMPANY

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

DRIVER

Name of Driver NRIC No

Accident report SV0L216F0007

SLP3962C

No EDMOND GOH SZE KUAN SXXXX769J makaar@singnet.com.sg (Phone) +65-98426024 +65-98426024

Honda

HONDA / SHUTTLE 1.5G CVT

Private use

No - Claiming third party

Private car Auto 1498

NTUC Income Insurance Co-operative Ltd Comprehensive No 5100988551-03

EDMOND GOH SZE KUAN SXXXX769J

Date Of Birth
Occupation
Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
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

REFER ATTACHED;

ATTACHMENT(S)

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

15/07/1976 Indoor 28/06/2006 15 YEARS Male

(Phone) +65-98426024 +65-98426024

makaar@singnet.com.sg 35 TOH TUCK ROAD

-596713 Yes

-

No

Collision - Head to Rear

Clear Dry

No

2 No -Yes 2

No

YEO Female

No No

No

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Yes

No

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category SMU7407A Mercedes

MERCEDES BENZ / E200 SEDAN EXCLUSIVE (R18 LED)

-

Private car



Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	ŧ-
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 GA 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 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 awyers/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 (irms, 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 (if driver is not the policyholder) / Date

IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305

Email: vackb@vicom.com.sg Witnessed by Reporting Centre

Sketch Plan

& Time

Describe Circumstances of the Accident	
my unicle is slowing dos	en impact from my vehicle rear, I step id vehicle B. I to Jop and collided
traffic, Suddenly I feel	an innert from the the morning
out and check and realist	ed which Bill to the de lear, I ster
anto my vehicle rear.	10 Tob and colliary
7	
eclaration	

I'We declare the foregoing particulars are true in every respect

IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305

Email: vackb@vicom.com.sg

Giver's Signature (# driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel