(08/11/13) wef

ASS. REC. BY: Jasul

REF: CS/TP 21007494/Rtf3

7144

CS/CWF21007494/Rtf3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SLQ25542

at Workshop m/s WEARNES

of 45, LENGKEE RD

Insured: TP

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.**

N/S	O/S

Bal. or Market Value: 167K

IDAC Accident Rport: 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: SLQ25542 Yr Regn: 2017 Jun

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

Make: JAGUAR XJ 2.0 T SSWB SR c.c 1999

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

Sp.Reading 49218 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: SAJAC12M8GPW018669

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: 275/40ZR19

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.	19/06/21	D.O.I.	23/07/21

Survey held at WEARNES

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

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

Date / Time Action / Instruction

Repair 1.n.f - 64K

SUBMIT PRELI REPORT, OWNER CONVERT TO OD CLAIM

Our fees for the inspection and survey report recommendation on the cost of repair is $300/- excluding gst.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 7

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) ___S + RS ___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

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

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:

Rasul
Hp 90010068
6-7 days
23/07/21 @1000
Resvy before paint

4YC

WEARNES

SERVICE ESTIMATE

90321 - C00001 SL: SERVICE SALES - PC
Mr Ong Tiong Guan
27 Lynwood Grove

Singapore 358675

GST Reg.No:M28920628X
Inv.No. . : B&P 0 Page 1
Inv.date. : 01/07/2021
WIP No. . : 30678
Veh.In/Out:
*Tel.No. . : Mobile: 92206290
Reg.No. . : SLQ2554Z
Reg.date .: 30/06/2017
Mileage ..: 0
Chassis No: SAJAC12M8GPW01869

Closed by .... : Paul Ong Qing Yong
Svc Consultant :
Remarks ..... : Mr Ong Tiong Guan

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE FRT LH DOOR, @1300 REPAIR REAR LH DOOR, LH REAR FENDER, REAR BUMPER, ETC	0	5000.00	0		5,000.00 / 3250	S
800	TO SPRAYPAINT ON FRT LH DOOR, REAR LH DOOR, @1000 REAR LH FENDER, REAR BUMPER, ETC	0	4500.00	0		4,500.00 / 4000	S
802	TO REMOVE, REFIT & TRANSFER FRT LH DOOR PARTS	0	500.00	0		500.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	621.00	0		621.00	S
	DOOR PANEL FRT LH V5 bt	1.0 EA	9890.70			9,890.70	S
	SEAL-DOOR ne	1.0 EA	929.50			929.50	S
	SOUND DEADENING PAD ne	1.0 EA	578.00			578.00	S
	BUMPER NUT XF ne	15.0 EA	4.50			67.50	S

		Gross Total.	22,086.70
Labour Total	10,621.00	Net.....	22,086.70
Parts Total	11,465.70	GST @ 7.0%	1,546.07
Package Total	0.00	Total.....	23,632.75
		Paid.....	0.00
		Please Pay..	23,632.75

GST: S=StdRated; O=OutOfScope; Z=ZeroRated

Your NCD will be affected due to late reporting

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	22/06/2021 16:30 (SGT)
Date of Accident	19/06/2021 11:00 (SGT)
Exact Location of Accident	Near 477 Upper Serangoon Rd, Singapore
Additional Location Information	T-Junction of Sommerville Rd & Upp Serangoon Rd
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ2554Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Ong Tiong Guan
NRIC No	SXXXX774G
Email Address	muyoucun@yahoo.com
Mobile Phone No	(Phone) +65-92206290
Alternative Phone No	+65-92206290

VEHICLE PARTICULARS

Manufacturer	Jaguar
Model	Xj
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	1999

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1700023779
Cover Note Number	-

DRIVER

Of Birth	05/12/1958
upation	Indoor
e Of Driving Pass	31/01/1978
iving experience	43 YEARS AND 5 MONTHS
ender	Male
Mobile Number	(Phone) +65-92206290
Alt. Phone Number	+65-92206290
Email Address	muyoucun@yahoo.com
Address	27 Lynwood Grove
Address complement	-
Postcode	358675
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	Collided into Bicyclist
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	WIFE
Gender	Female

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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

of Driver	-
ct Number	-
ess	-
ess complement	-
code	-
surance Company Name	-
ture Of Damage	-
Details of property damaged in accident	-
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 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 lodgment 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.

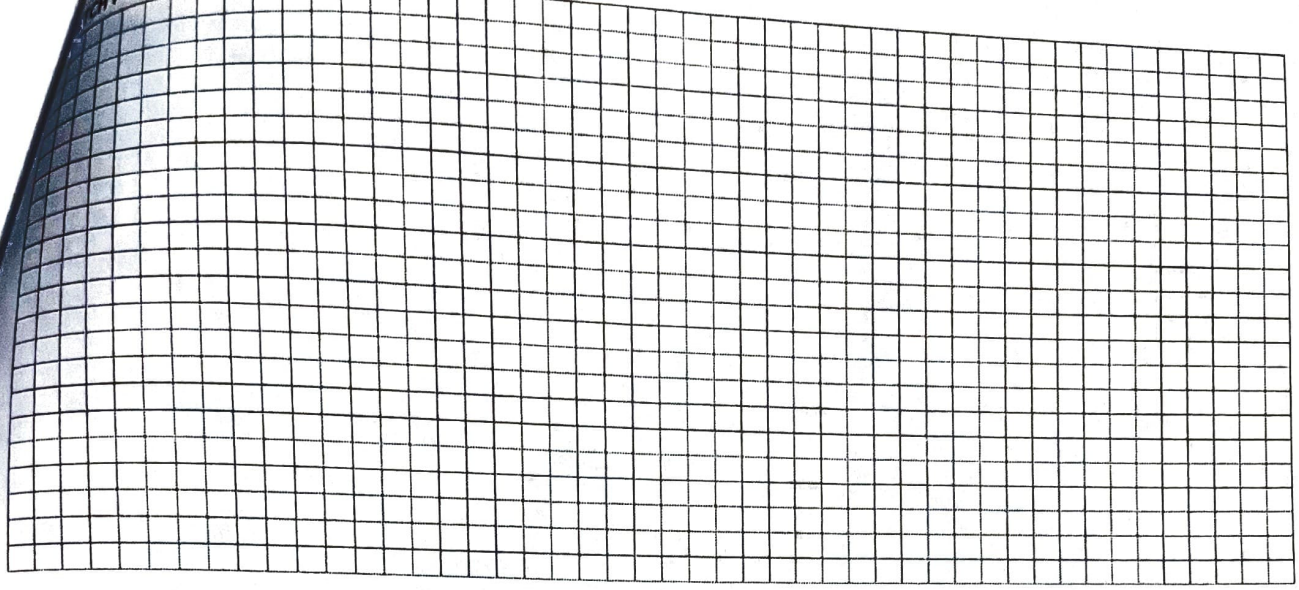
   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

   (e) the information so collected under (d) above may be shared / disclosed:

   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The car was stopped trying to make a left turn for Sumang Rd to Seranjoon road. A delivery bicycle for Deliveroo bumped the bicycle to the left side of the car, which was stationary.

According to the cyclist, the rider, she could not control the bicycle and unable to stop. She made a police report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	774G
Vehicle No.:	SLQ2554Z
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Jul 2021
Vehicle Make:	JAGUAR
Vehicle Model:	XJ 2.0 TSSSWB SR
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	0160740443382O4PT
Chassis No.:	SAJAC12M8GPW01869
Maximum Power Output:	177.0 kW (237 bhp)
Open Market Value:	$68,828.00
Original Registration Date:	30 Jun 2017
First Registration Date:	30 Jun 2017
Transfer Count:	0
Actual ARF Paid:	$95,891.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Jun 2027
PARF Rebate Amount:	$71,918.00
COE Expiry Date:	29 Jun 2027
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	$52,000.00
COE Rebate Amount:	$30,853.00
Total Rebate Amount:	$102,771.00

The information contained herein is correct as at 23 Jul 2021

OK

Jaguar XJ 2.0A TSS Premium Luxury SWB Sunroof

FASTER AUTO TRADING
飞 达 贸 易

Price	**$159,800**		
Depreciation	$18,630 /yr View models with similar depre	**Reg Date**	18-Jan-2017 (5yrs 5mths 25days COE left)
Mileage	57,000 km (12.6k /yr)	**Manufactured**	2015
Road Tax	$1,212 /yr	**Transmission**	Auto
Dereg Value	$113,931 as of today (change)	**OMV**	$79,478
COE	$50,389	**ARF**	$115,061
Engine Cap	1,999 cc	**Power**	177.0 kW (237 bhp)
Curb Weight	1,804 kg	**No. of Owners**	1