

ASS. REC. BY: Tan JihREF: CS/CT/21008158/T17

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.

N/S	O/S

Bal. or Market Value: \$100K

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 WP

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMU 824A Yr Regn: 2020, JulyType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Freed c.c. 1496Colour: White A/C: Insured / Std / NI / NASp. Reading: 6585 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 6B73117051Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 185/65R15R: 185/65R15BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Towador

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 9/8/21Survey held at AP Auto

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

Frt o/s

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

Date / Time Action / Instruction

accepted the COR of \$3,700.00 and 5 repair days.

red: 14130; 79%

Date/Time, File Pass to?

☐ : Preli. Report

1) _____

☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / L.B.A. (\$) _____

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

TOTAL

Estimation

Date
Vehicle
Make/Model
Chassis No.

SMU 824 A
HONDA FREED
GB73117051

No.	Description	Unit	Unit Price	Amount
	Parts Replacment			
1	BONNET <i>X</i>	1	\$	-
2	BONNET LOCK <i>X</i>	1	\$	-
3	HEADLAMP RH <i>?</i>	1	\$	-
4	HEADLAMP BRACKET RH <i>?</i>	1	\$	-
5	FRONT GRILLE ASSY <i>X</i>	1	\$	-
6	FRONT GRILLE CENTER CHROME <i>X</i>	1	\$	-
7	FRONT GRILLE TOP GARNISH <i>X</i>	1	\$	-
8	FRONT GRILLE LOGO - HONDA <i>X</i>	1	\$	-
9	FRONT BUMPER <i>ok</i>	1	\$	-
10	FRONT BUMPER LOWER <i>X</i>	1	\$	-
11	FRONT BUMPER RETAINER RH <i>ok</i>	1	\$	-
12	FRONT BUMPER FOG LAMP GARNISH RH <i>?</i>	1	\$	-
13	FRONT BUMPER REINFORCEMENT BAR <i>X</i>	1	\$	-
14	FRONT BUMPER SPONGE <i>X</i>	1	\$	-
15	FRONT BUMPER UNDERCOVER <i>?</i>	1	\$	-
16	FRONT FENDER RH <i>ok</i>	1	\$	-
17	FRONT FENDER QUARTER WINDOW MOULDING RH <i>X</i>	1	\$	-
18	FRONT FENDER EMBLEM RH <i>ok</i>	1	\$	-
19	FRONT FENDER COWLING RH <i>?</i>	1	\$	-
20	FRONT SUPPORT PANEL <i>X</i>	1	\$	-
21	FRONT SUPPORT PANEL TOP GARNISH <i>X</i>	1	\$	-
22	FRONT DOOR RH <i>ok</i>	1	\$	-
23	FRONT DOOR WEATHERSTRIP RH <i>X</i>	1	\$	-
24	FRONT ABSORBER RH <i>X</i>	1	\$	-
25	FRONT LOWER ARM RH <i>X</i>	1	\$	-
26	FRONT KNUCKLE RH <i>?</i>	1	\$	-
27	FRONT KNUCKLE BEARING RH <i>?</i>	1	\$	-
28	FRONT BEARING HUB RH <i>X</i>	1	\$	-
29	FRONT DRIVE SHAFT RH <i>X</i>	1	\$	-
30	FRONT TIE ROD RH <i>X</i>	1	\$	-
31	FRONT TIE ROD END RH <i>X</i>	1	\$	-
32	FRONT STABILIZER LINK RH <i>X</i>	1	\$	-
			Total	\$ -
			Less 20%	\$ -
			Total	\$ -

	S/Nett Items				
1	FRONT BUMPER CLIPS		1	100	\$ 30 100.00
2	FRONT FENDER CLIPS		1	100	\$ 20 X 100.00
3	FRONT FENDER QUARTER WINDOW SEALANT		1	80	\$ X 80.00
4	FRONT FENDER COWLING CLIPS		1	100	\$ 20 100.00
5	FRONT SUPPORT PANEL TOP GARNISH CLIPS		1	100	\$ X 100.00
6	FRONT RIM RH		1	3000	\$ out 3,000.00
7	FRONT TYRE RH		1	400	\$ X 400.00
				Total	\$ 3,880.00

	LABOUR					
1	PANEL BEATING ON AFFECTED AREAS		1	1400	\$ 600	1,400.00
2	SPRAY PAINT ON AFFECTED AREAS		1	1200	\$ 600	1,200.00
3	TO RNR FRONT FENDER QUARTER WINDOW		1	250	\$ X	250.00
4	TO CHECK WIRING AND HEADLAMP FOCUS		1	150	\$ 30	150.00
5	TO RNR INNER TRIM AND UPHOLSTERY		1	400	\$ X	400.00
6	TO CHECK WHEEL ALIGNMENT AND ADJUST		1	250	\$ 80	250.00
7	TO RNR UNDERCARRIAGE		1	250	\$ 150?	250.00
8	TO CHECK WHEEL BALANCING		1	250	\$ 30	250.00
9	TO CHECK WATER LEAK		1	150	\$ X	150.00
10	TO RNR FRONT AIR CON CONDENSOR AND TOP UP GAS		1	300	\$ X	300.00
11	TO RNR FRONT RADIATOR		1	250	\$ X	250.00
12	TO PERFORM DIAGNOSTIC AND CLEAR FAULTS		1	600	\$ X	600.00
13	TO PERFORM RUST PROOFING		1	400	\$ 30	400.00
14	TO RNR FRONT DOOR MECHANISM		1		\$ X	-
				Total Labour	\$	5,850.00
				Parts Replacement Amount	\$	3,880.00
				Total Amount	\$	9,730.00

Tamplin 9749544
'WP' 4/8/71 @ 530 pm
c/s Resing after eprie
tamplin e lchantown
05 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:	494D
Vehicle Details	
Vehicle No.:	SMU824A
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Aug 2021
Vehicle Make:	HONDA
Vehicle Model:	FREED HYBRID 1.5G AUTO
Primary Colour:	White
Manufacturing Year:	2020
Engine No.:	LEB7219853
Chassis No.:	GB73117051
Maximum Power Output:	101.0 kW (135 bhp)
Open Market Value:	\$29,003.00
Original Registration Date:	28 Jul 2020
First Registration Date:	28 Jul 2020
Transfer Count:	0
Actual ARF Paid:	\$22,605.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Jul 2030
PARF Rebate Amount:	\$16,953.00
Intended COE Rebate Details	
COE Expiry Date:	27 Jul 2030
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$30,012.00
COE Rebate Amount:	\$26,728.00
Total Rebate Amount:	\$43,681.00

The information contained herein is correct as at 02 Aug 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	31/07/2021 16:41 (SGT)
Date of Accident	30/07/2021 10:45 (SGT)
Exact Location of Accident	Kitchener Rd, Singapore
Additional Location Information	KITCHENER ROAD, SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU824A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	JOHN TAN KIT YONG
NRIC No	SXXXX494D
Email Address	JOHNTANKH71@GMAIL.COM
Mobile Phone No	(Phone) +65-90266318
Alternative Phone No	(Home) +65-66937537

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00007292100
Cover Note Number	-

DRIVER

Name of Driver	JOHN TAN KIT YONG
NRIC No	SXXXX494D



Date Of Birth	19/03/1961
Occupation	Outdoor
Date Of Driving Pass	31/10/1983
Driving experience	37 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90266318
Alt. Phone Number	(Home) +65-66937537
Email Address	JOHNTANKH71@GMAIL.COM
Address	APT BLK 635 VEERASAMY ROAD #06-158
Address complement	-
Postcode	200635
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	Side Swipe
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 vehicle 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

AS PER ATTACHED SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP7446X
Vehicle Manufacturer	Mitsubishi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Commercial vehicle
Name of Driver	AHMED KOWSER
Passport No/FIN	GXXXX167U
Contact Number	(Phone) +65-91338297
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
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

JOHN TAN KIT YONG
APT BLK 635 VEERASAMY ROAD #06-158
-
200635
60
-
SMU824A
Yes
No

SKETCH PLAN

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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.
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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 based 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
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Sketch Plan




ACCIDENT 30/07/21 1045

I was traveling along Kitchener Rd and waiting turn to
Jalan Besar suddenly, the lorry beside my car which
suddenly, the lorry right drove straight and hit on my car.

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

are true in every respect.

7-2021  3pm

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

Witnessed by Reporting Centre
Personnel