

ASS. REC. BY:

REF:

LPC/

CS/LPC21009276/Kuf3

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SLW 2745H

at Workshop m/s

of

Insured:

Policy No.

Claims No. 21/21/21/VP05/024920

Sum Insured:

Excess:

4500

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

\$59k

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

09

days

Res.: Yes or No

Lum Sum:

1.3.1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLW 2745H

Yr Regn:

02, 18

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

Truck / Trailer or

Make:

Honda Jazz

c.c

1496

Colour

M.D. Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

36332

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JHMGK 5850 JX 203978

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size:

F:

185/55R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

8 mm

R/Bal.

8 mm

L/Bal.

8 mm

L/Bal.

8 mm

D.O.A.

1/9/21

D.O.I.

3/9/2021

Survey held at

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

Confirmed P/P 12156.10; 9 repair days

(RED \$1558.65; 11%)

Date/Time, File Pass to?

☐

: Prell. Report

1) 7/12 TYPIST

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 9

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

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

Report Format: MER-OD

Lump Sum / I.B.I: (\$ 12156.10

FALCON-AIR
LONPAC INSURANCE BHD
300 BEACH ROAD #17-04/07
THE CONCOURSE 199555
ATTENTION: GERALD POH

Attention: Motor Claim Department

Contact: 62507388 Fax No.: 62962706

Not Authorized
Running 86pam
9 days
Ex @ 4500/

Estimate: ES012233

Date: 02/09/2021
Vehicle Num.: SLW 2745H
Make/Model: HONDA JAZZ CVT-2017/2018
Chassis/Eng#: JHMGK5850JX203974
Accident Date: 01/09/2021
Claim No.:
Reference: O/D
Policy No.: Z21VP05028531

S/N	Quantity	Particular	Unit Price	Amount S\$
PARTS PURCHASED:				
1.	1 PC	BONNET		
2.	2 PCS	BONNET HINGE		
3.	1 PC	RH HEADLAMP		
4.	1 PC	RH HEADLAMP LOWER BRACKET		
5.	1 PC	FRONT GRILLE BASE		
6.	1 PC	RH FRONT GRILLE CHROME		
7.	1 PC	FRONT GRILLE LOGO		
8.	1 PC	FRONT GRILLE TOP CHROME		
9.	1 PC	FRONT BUMPER		
10.	2 PCS	FRONT BUMPER SIDE RETAINER		
11.	1 PC	FRONT BUMPER LOWER GRILLE CENTRE		
12.	1 PC	FRONT BUMPER CENTRE GARNISH		
13.	1 PC	FRONT BUMPER LOWER CENTRE		
14.	1 PC	LH FRONT BUMPER CORNER GARNISH		
15.	1 PC	RH FRONT BUMPER CORNER GARNISH		
16.	1 PC	FRONT BUMPER REINFORCEMENT		
17.	1 PC	RH FOG LAMP		
18.	1 PC	RH FOG LAMP CHROME		
19.	1 PC	RH FOG LAMP GARNISH		
20.	1 PC	TOW COVER		
21.	1 PC	FRONT NUMBER PLATE BASE		
22.	1 PC	RH FRONT FENDER		

NLR d/s?

<i>Ry</i>	280.00	✓
<i>CM</i>	76.00	✓
<i>CM</i>	1,100.00	✓
<i>CM</i>	35.00	✓
<i>CM</i>	195.00	✓
<i>CM</i>	20.00	✓
<i>CM</i>	15.00	✓
<i>CM</i>	115.00	✓
<i>CM</i>	385.00	✓
<i>CM</i>	16.00	✓
<i>CM</i>	165.00	✓
<i>CM</i>	30.00	✓
<i>CM</i>	270.00	✓
<i>CM</i>	50.00	✓
<i>CM</i>	50.00	✓
<i>CM</i>	250.00	✓
<i>CM</i>	120.00	✓
<i>CM</i>	60.00	✓
<i>CM</i>	70.00	✓
<i>CM</i>	10.00	✓
<i>CM</i>	40.00	✓
<i>CM</i>	165.00	✓

CONTINUE / ...

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:



FALCON - AIR

LONPAC INSURANCE BHD
300 BEACH ROAD #17-04/07
THE CONCOURSE 199555
ATTENTION: GERALD POH

Attention : Motor Claim Department

Contact : 62507388 Fax No. : 62962706

Estimate : ES012233

Date : 02/09/2021

Vehicle Num. : SLW 2745H

Make/Model : HONDA JAZZ CVT-2017/2018

Chassis/Eng#: JHMGK5850JX203974

Accident Date : 01/09/2021

Claim No. :

Reference : O/D

Policy No. : Z21VP05028531

S/N	Quantity	Particular	Unit Price	Amount S\$
23.	1 PC	RH FRONT FENDER UNDERSHIELD		70.00 ✓
24.	1 PC	RH FRONT FENDER TOP BRACKET		38.00 ✓
25.	1 PC	RH FRONT FENDER SUPPORT PANEL		80.00 ✓
26.	1 PC	RH FRONT FENDER SUPPORT PANEL EXTENSION		75.00 ✓
27.	1 PC	WIPER WASHER TANK		55.00 ✓
28.	1 PC	WIPER WASHER TANK MOTOR		35.00 ?
29.	1 PC	RH AIR GUIDE		35.00 ?
30.	1 PC	DASHBOARD		600.00 ✓
31.	2 PCS	AIR BAG SENSOR	75.00	150.00 ✓
32.	1 PC	PASSENGER AIR BAG		750.00 ✓
33.	1 PC	STEERING AIR BAG		700.00 ✓
34.	1 PC	SRS AIR BAG ECU		700.00 ✓
35.	1 PC	LH FRONT SEAT BELT		360.00 ✓
36.	1 PC	LH FRONT SEAT BELT BUCKLE		75.00 ?
37.	1 PC	RH FRONT SEAT BELT		360.00 ✓
38.	1 PC	RH FRONT SEAT BELT BUCKLE		75.00 ?
39.	1 PC	STEERING HORN PAD/REEL		210.00 ✓
Total Parts Purchased S\$:				7,885.00
15.00% Of The Above Parts S\$:				1,182.75
Based On Cost Plus S\$:				9,067.75
1.	1 PC	SPECIAL NETT ITEMS : FRONT NUMBER PLATE		45.00 ✓

CONTINUE / ...



FALCON-AIR

LONPAC INSURANCE BHD
300 BEACH ROAD #17-04/07
THE CONCOURSE 199555
ATTENTION: GERALD POH

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Contact: 62507388 Fax No.: 62962706

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Make/Model : HONDA JAZZ CVT-2017/2018

Chassis/Eng# : JHMGK5850JX203974

Accident Date : 01/09/2021

Claim No. :

Reference : O/D

Policy No. : Z21VP05028531

S/N	Quantity	Particular	Unit Price	Amount S\$
2.	20 PCS	ASSORTED CLIPS	<i>Am</i> 3.00	60.00 ✓
		Special Nett Total S\$:		105.00
		LABOUR :		
		TO FOCUS HEADLAMP AND CHECK LIGHT SYSTEM		50.00 <i>20%</i>
		TO REMOVE/REFIX AIR CON CONDENSER, PIPE		
		VACUUM AND TOP UP AIR CON GAS		120.00 <i>100%</i>
		TO REMOVE/REPLACE DASHBOARD		400.00 <i>250%</i>
		TO REMOVE/REPLACE AIR BAG SYSTEM		300.00 <i>200%</i>
		TO DISMANTLE/INSTALL METER PANELS, RADIO, STEERING,		300.00 <i>180%</i>
		AIR CON CONTROL WIRINGS		350.00 <i>750%</i>
		TO COMPUTER RESET AIR BAG FUNCTIONS AND ECU		400.00 <i>250%</i>
		TO CUT-OUT/RE-WELD RH FRONT FENDER SUPPORT PANEL,		
		REPAIR MAIN SUPPORT, FRONT CHASSIS, LH FRONT FENDER, RH		
		FRONT DOOR INCLUDING KNOCKING AND REPLACEMENT OF PARTS		900.00 <i>800%</i>
		SPRAY PAINTING INNER/OUTER ACCIDENT DAMAGED AREAS		1,400.00 <i>1000%</i>
		Labour Total S\$:		4,220.00

E. & O.E.

Total S\$: 13,392.75

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for FALCON AIR AUTO SERVICES PTE LTD

The quotation was prepared from visual inspection. Further materials and labour charges may be required when repair commences. We will advise you accordingly.

FALCON - AIR AUTO SERVICES PTE LTD
(a subsidiary of Falcon-Air Holdings Pte Ltd)

Head Office : Blk 176 Sin Ming Drive #01-06/07/13, #05-17 Sin Ming Autocare S(575721) Tel: 6452-0880 / 6458-0880 Fax: 6454-7862
Tel: 6788-7997 Fax: 6788-7997 • No 8 Pandan Loop (Blk 1/Blk K) S(128226) Tel: 6779-5665 Fax: 6779-1110

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	725F
Vehicle Details	
Vehicle No.:	SLW2745H
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Sep 2021
Vehicle Make:	HONDA
Vehicle Model:	JAZZ 1.5 CVT
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	L15B33111743
Chassis No.:	JHMGK5850JX203974
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$16,223.00
Original Registration Date:	05 Feb 2018
First Registration Date:	05 Feb 2018
Transfer Count:	0
Actual ARF Paid:	\$16,223.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 Feb 2028
PARF Rebate Amount:	\$12,167.00
Intended COE Rebate Details	
COE Expiry Date:	04 Feb 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$41,400.00
COE Rebate Amount:	\$26,576.00
Total Rebate Amount:	\$38,743.00

The information contained herein is correct as at 03 Sep 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	02/09/2021 13:38 (SGT)
Date of Accident	01/09/2021 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	X-JUNCTION AT TAMPINES AVE 5 AND TAMPINES AVE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW2745H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WOON LI YING ANGELIQUE
NRIC No	SXXXX725F
Email Address	jadem72@gmail.com
Mobile Phone No	(Phone) +65-97632425
Alternative Phone No	+65-97632425

VEHICLE PARTICULARS

Manufacturer	Honda
Model	JAZZ 1.5 CVT
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1498

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z21VP05028531
Cover Note Number	-

DRIVER

Name of Driver	DYLAN CHRISTOPHER GOH HSIEN CHUN
NRIC No	TXXXX157G

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 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 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 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 sited outside of Singapore, for one or more of the above Purposes.

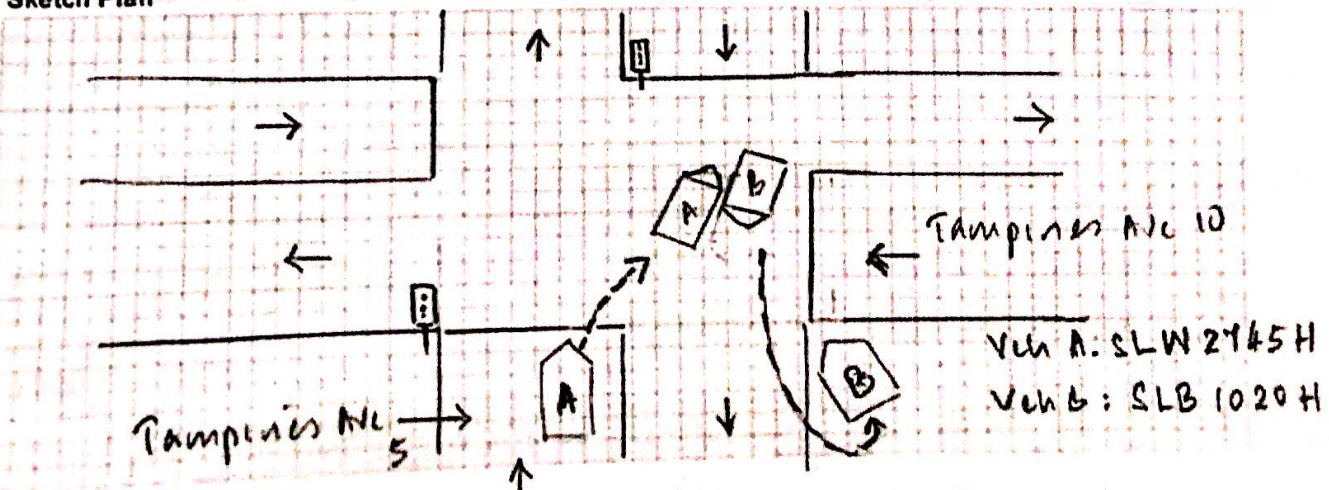


x Angli
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





NRIC No: T0206157G



Name

DYLAN CHRISTOPHER GOH HSIEN
CHUN

Race

CHINESE

Date of birth

07-03-2002

Sex

M

Country/Place of birth
SINGAPORE



Date of issue

04-08-2017

APT BLK 540 SERANGOON NORTH AVENUE 4 #10-08
SINGAPORE 550540

NRIC No: T0206157G

Date: 15/12/2017



SINGAPORE
POLICE FORCE

TRAFFIC POLICE - SINGAPORE
CLASS 3 AUTO DRIVING TEST REPORT

CANDIDATE ID NO : T0206157G
NAME OF CANDIDATE : DYLAN CHRISTOPHER GOH HSIEN CHUN
TEST CENTRE : CDC
TEST DATE : 27/8/2021 10:15 AM
PASSING GRADE : Accumulation of less than 20 demerit points with no immediate failure mistake.

Dear Sir/Madam

Congratulations! You have performed well in your driving test. However, we still urge you to improve on the mistakes listed below and we require you to observe all traffic rules and be a safe and courteous driver on the road. A qualified CLASS 3 AUTO driving licence will be issued to you and we would like to extend a warm welcome to you to the motoring society.

If you do not have an existing Singapore Qualified Driving Licence (QDL), please apply for your QDL online via <https://www.police.gov.sg>. Before you apply for your QDL online, please ensure that you have taken a digital photograph at the driving centre where you had passed your practical test.

If you have an existing valid Singapore Qualified Driving Licence (QDL) for another class of licence, please request for the driving tester to paste the endorsement sticker of all the valid class(es) of your driving licence at the back of your photo card driving licence.

Remarks from the tester

NIL

Mistakes made during the test

Demerit Item Description	Location	Pts	Count	Free Count	Immediate Failure Count	Awarded Pts
Strike Kerb	In Circuit - Narrow Course (Directional Change)	10	1	0	0	10
Fail to signal/Give wrong signal at circuit	KUTC - Circuit	2	1	2	0	0
Fail to adjust mirror before driving	Ubi Ave 3 X Ubi Rd 3	2	1	0	0	2
Fail to keep left (road hogging)	Eunos Link	6	1	0	0	6