

ASS. REC. BY:

REF:

LPC/210092761Ku

C

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

Falcon

of

Insured:

Policy No.

Claims No.

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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

09

days

Res.: Yes or No

Lum Sum:

1. B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

6/10 812156-10 Confirmed

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

Report Format :

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

Veh No:

SLW 274511

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 203974

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

185/55R16

R:

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

TOYO / YOKO or

Front

R/Bal.

8

mm

Rear

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

1/19/21

D.O.I.

3/9/2021

Survey held at

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.



FALCON - AIR AUTO SERVICES PTE LTD

Co. Reg. No.: 199501140D
GST Reg. No.: 199501140D

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**Repairing 842aim**9 days**Ex @ 450dp*

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		

n/s R d/s Dis

<i>Ry</i>	280.00	<i>✓</i>
<i>CM</i>	76.00	<i>✓</i>
<i>CM</i>	1,100.00	<i>✓</i>
<i>CM</i>	35.00	<i>✓</i>
<i>CM</i>	195.00	<i>✓</i>
<i>nd</i>	20.00	<i>✓</i>
<i>nn</i>	15.00	<i>✓</i>
<i>sn</i>	115.00	<i>✓</i>
<i>Tn</i>	385.00	<i>✓</i>
<i>Dis</i>	8.00	<i>✓</i>
<i>Dis</i>	16.00	<i>✓</i>
<i>nd</i>	165.00	<i>✓</i>
<i>Dis</i>	30.00	<i>✓</i>
<i>Dis</i>	270.00	<i>✓</i>
<i>sn</i>	50.00	<i>✓</i>
<i>CM</i>	50.00	<i>✓</i>
<i>Ry</i>	250.00	<i>✓</i>
<i>ng CM</i>	120.00	<i>✓</i>
<i>nd</i>	60.00	<i>✓</i>
<i>CM</i>	70.00	<i>✓</i>
<i>Dis</i>	10.00	<i>✓</i>
<i>nd</i>	40.00	<i>✓</i>
<i>Blu</i>	165.00	<i>✓</i>

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 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

Branches : Tampines St 93 Blk 9006 #01-200 S(528840) Tel: 6789-7997 Fax: 6788-7997 • No 8 Pandan Loop (Blk 1/Blk K) S(128226) Tel: 6779-5665 Fax: 6779-1110
Website: www.falconair.com.sg Email: email@falconair.com.sg



FALCON-AIR AUTO SERVICES PTE LTD

Co. Reg. No.: 199501140D

GST Reg. No.: 199501140D

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	Dr 70.00	✓
24.	1 PC	RH FRONT FENDER TOP BRACKET	R 38.00	✓
25.	1 PC	RH FRONT FENDER SUPPORT PANEL	R 80.00	✓
26.	1 PC	RH FRONT FENDER SUPPORT PANEL EXTENSION	R 75.00	✓
27.	1 PC	WIPER WASHER TANK	new 55.00	✓
28.	1 PC	WIPER WASHER TANK MOTOR	CM 35.00	✓
29.	1 PC	RH AIR GUIDE	new 35.00	✓
30.	1 PC	DASHBOARD	T 600.00	✓
31.	2 PCS	AIR BAG SENSOR	new 75.00 150.00	✓
32.	1 PC	PASSENGER AIR BAG	new 750.00	✓
33.	1 PC	STEERING AIR BAG	u 700.00	✓
34.	1 PC	SRS AIR BAG ECU	new 700.00	✓
35.	1 PC	LH FRONT SEAT BELT	T 360.00	✓
36.	1 PC	LH FRONT SEAT BELT BUCKLE	new 75.00	X
37.	1 PC	RH FRONT SEAT BELT	T 360.00	✓
38.	1 PC	RH FRONT SEAT BELT BUCKLE	new 75.00	X
39.	1 PC	STEERING HORN PAD/REEL	new 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	new 45.00	✓

CONTINUE / ...

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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	3.00	60.00
		Special Nett Total S\$:		105.00
		LABOUR :		
		TO FOCUS HEADLAMP AND CHECK LIGHT SYSTEM		50.00
		TO REMOVE/REFIX AIR CON CONDENSER, PIPE		120.00
		VACUUM AND TOP UP AIR CON GAS		400.00
		TO REMOVE/REPLACE DASHBOARD		300.00
		TO REMOVE/REPLACE AIR BAG SYSTEM		300.00
		TO DISMANTLE/INSTALL METER PANELS, RADIO, STEERING,		350.00
		AIR CON CONTROL WIRINGS		400.00
		TO COMPUTER RESET AIR BAG FUNCTIONS AND ECU		900.00
		TO CUT-OUT/RE-WELD RH FRONT FENDER SUPPORT PANEL,		1,400.00
		REPAIR MAIN SUPPORT, FRONT CHASSIS, LH FRONT FENDER, RH		
		FRONT DOOR INCLUDING KNOCKING AND REPLACEMENT OF PARTS		
		SPRAY PAINTING INNER/OUTER ACCIDENT DAMAGED AREAS		
		Labour Total S\$:		4,220.00

E. & O.E.

Total S\$:

13,392.75

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.

> 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 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 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' 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;

(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 firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

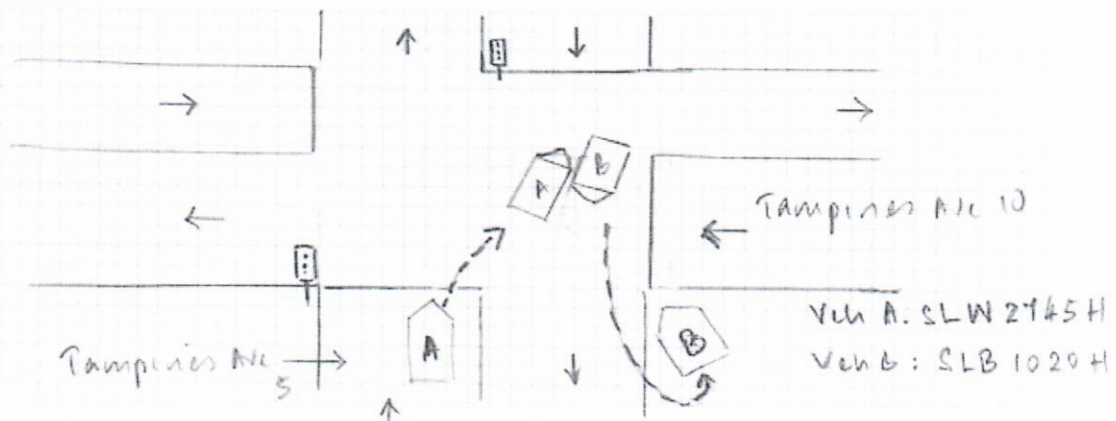
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

x Ami
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





**SINGAPORE
POLICE FORCE**



T/20210901/2103

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

1 of 3

Report No: T/20210901/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/09/2021 21:14	Vide Report No.: G/20210901/0191	Station Diary No.: 38
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Informant's Particulars

Name of Informant: DYLAN CHRISTOPHER GOH HSIEN CHUN		Address: APT BLK 540 SERANGOON NORTH AVENUE 4 #10-95 SINGAPORE 550540	
ID Type / ID No.: NRIC NO / T0206157G		Contact No.: Home/Office: Mobile: 92280405	
Nationality: SINGAPORE CITIZEN		Email: dylanchrisgoh192@gmail.com	
Sex: Male	Age: 19	Date of Birth: 07/03/2002	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Student		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/09/2021 19:00	Type of Location: X-Junction
Location: TAMPINES AVENUE 10				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLB1020H	Car					1
SLW2745H	Car					1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210901/2103

3 of 3

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

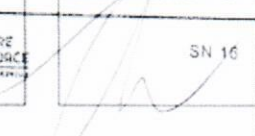
Report No: T/20210901/2103

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report F / Sr Staff Sgt ONG ZHEN ZUO	Signature Of Informant: <i>Ng</i>
Signature Of Interpreter: Not applicable	Date/Time: 01/09/2021 21:14
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt ABDUL RAHIM BIN SAULIM Contact No.: 65476437	Classification Of Case: SN 16
Authentication Stamp NP168	 SIGNATURE