

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD TP WS TP RES OD RES EVA INV MV
 To Inspect Vehicle No: SMK 181Z
 at Workshop m/s WEARNES AUTOMOTIVE
 of 249, ALEXANDRA RD
 Insured: CTI SMR 5669P
 Policy No. DMPCSNW00097652100
 Claims No. SNM21D204917/C2
 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: 166k
 IDAC Accident Rport: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 3 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMK 181Z Yr Regn: 2017 / July
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Volvo XC90TS Momentum A c.c 1969
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 84685 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: 4VILF10ACH1187723
 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: 275/35R22
 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. 01/09/21 D.O.I. 18/02/21
 Survey held at WEARNES

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time _____ Action / Instruction
Repair limit - 77k

Confirmed P/P \$ 9,292.30 , 3 repair days.
 (RED \$4408.50; 32%)

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) 27/10 TYPIST
 Date/Time, File Return to?
 2) _____

Days Of Repair: 3
 Resurvey No. of Trip: 1

Survey Fee:	_____
Transportation:	_____
_____ S + RS, _____ SI	_____
Photos	_____
Others	_____
TOTAL	_____

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

Report Format : TP

Lump Sum / I.B.I: (\$ 9,292.30)

SERVICE ESTIMATE

- C00001 SL: SERVICE SALES - PC

Mr Joshua Ng
Blk508B Yishun Avenue 4
#13-62

Singapore 762508

Closed by : Richmond Ho
Svc Consultant :
Remarks : Mr Joshua Ng

GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 1
Inv.date. : 02/09/2021
WIP No. . : 43900
Veh.In/Out: 01/09/2021
*Tel.No. . : Mobile: 94793995
Reg.No. . : SMK181Z
Reg.date . : 28/07/2017
Mileage .. : 0
Chassis No: YV1LF10ACH1187723

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE FRONT BUMPER, FRT GRILL, FRT LOWER SPOILER, ETC	0	1700.00	0		1,700.00 S	850
800	TO PUTTY SPRAY PAINT ON FRT BUMPER, ETC	0	1700.00	0		1,700.00 S	1125
R06	TO INSTALL FRONT NUMBER PLATE INCLUDE HOLDER	0	60.00	0		60.00 S	/
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	510.00	0		510.00 S	/
	V039841726/BUMPER CO <i>SEA</i>	1.0 EA	2670.30			2,670.30 S	
	BUMPER SPOILER CTR X <i>SEA</i>	1.0 EA	323.10			323.10 S	
	BUMPER SPOILER FRT L <i>SEA</i>	1.0 EA	323.10			323.10 S	
	BUMPER SPOILER FRT R X	1.0 EA	323.10			323.10 S	
	BUMPER BRACKET FRT L ?	1.0 EA	91.60			91.60 S	
	BUMPER BRACKET FRT R X ?	1.0 EA	91.60			91.60 S	
	BUMPER BRACKET FRT L ?	1.0 EA	91.60			91.60 S	
	BUMPER BRACKET FRT R ?	1.0 EA	91.60			91.60 S	

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

SERVICE ESTIMATE

- C00001
 Mr Joshua Ng
 Blk508B Yishun Avenue 4
 #13-62

SL: SERVICE SALES - PC

GST Reg.No: M28920628X

Singapore 762508

Inv.No. . : B&P 0 Page 2
 Inv.date. : 02/09/2021
 WIP No. . : 43900
 Veh.In/Out: 01/09/2021
 *Tel.No. . : Mobile: 94793995
 Reg.No. . : SMK181Z
 Reg.date. : 28/07/2017
 Mileage . : 0
 Chassis No: YV1LF10ACH1187723

Closed by : Richmond Ho
 Svc Consultant :
 Remarks : Mr Joshua Ng

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	RADIATOR GRILLE T5 X <i>ca</i>	1.0 EA	1260.10			1,260.10	S
	BUMPER GRILLE LH CHR <i>ca</i>	1.0 EA	366.70			366.70	S
	BUMPER GRILLE RH CHR <i>ca</i>	1.0 EA	366.70			366.70	S
	NUMBER PLATE RETAINE <i>ca</i>	1.0 EA	63.30			63.30	S
	WIPER GRILLE CLIP XC <i>ca</i>	10.0 EA	8.30			83.00	S
	BUMPER GRILLE LOWER <i>ca</i>	1.0 EA	231.70			231.70	S
	PROTECTING PLATE FRT <i>ca</i>	1.0 EA	742.90			742.90	S
	BUMPER RAIL FRT XC90 ?	1.0 EA	1544.30			1,544.30	S
	BLIND RIVET 4.0*21 <i>ca</i>	10.0 EA	4.10			41.00	S
	BUMPER CLIP 8x8,5 <i>ca</i>	10.0 EA	6.80			68.00	S
	BUMPER INSTALLING MT <i>ca</i>	1.0 EA	96.50			96.50	S
	D ADHESIVE CHEMICA <i>ca</i>	1.0 EA	797.60			797.60	S
	EXPANDING NUT XC40 1 <i>ca</i>	10.0 EA	6.30			63.00	S

Labour Total 3,970.00
 Parts Total 9,730.80
 Package Total 0.00

Gross Total. 13,700.80
 Net..... 13,700.80
 GST @ 7.0% 959.06
 Total..... 14,659.85
 Paid..... 0.00
 Please Pay.. 14,659.85

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

ca
 Hp 9001068
 3 days
 18/09/21 @ 1130
 Regy before part

TOTAL
 Weekend

ANGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident Date: 01/09/2021 Time: 0740
 Exact Location of Accident B11C 506 YOSHUN AVE 4 MSCD

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK181Z

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.) Ng Guan Tee
 Personal Identification - NRIC (Singaporean/PR) S8807677Z
 - FIN/Passport Number
 - Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model Manufacturer VOLW Model XO90
 Type of Vehicle*
 Saloon MPV CRV Van Lorry
 Bus M/cycle Others, _____

Exact Purpose for which vehicle was being used at time of accident SCHE
 Are you claiming under your own insurance policy for repair to your vehicle?
 Yes No (If No, Pls select: Third Party Reporting)
 Vehicle Category*
 Private Commercial Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company * ALFA ASIA PACIFIC
 Type of Policy Comprehensive Third Party Fire & Theft TP Only
 Fleet Policy Yes No
 Policy Number 1900 241845
 Motor CI

DRIVER

Same as Insured above
 Name of Driver Ng Guan Tee Joshua
 Personal Identification - NRIC (Singaporean/PR) S8807677Z
 - FIN/Passport Number
 Date of Birth 19 dd/ 02 mm/ 1988 yy
 Driving Date Pass 22 dd/ 01 mm/ 2021 yy
 Year of Driving Experience
 Year(s) Month(s)
 Occupation Indoor Outdoor
 Gender Male Female
 Contact Number / Mobile Phone / Fax No. 9479 3995

Address of Driver	BK 508B YISHUN AVF 4	Postcode (762508)
	#13-62	
Email Address	Jeshing91988@gmail.com	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	OWNER	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	DAMAGED WITH PARKING		
Weather Conditions	<input checked="" type="radio"/> Clear	<input type="radio"/> Raining	<input type="radio"/> Others, _____
Road Surface	<input checked="" type="radio"/> Dry	<input type="radio"/> Wet	<input type="radio"/> Others, _____

OTHER INFORMATION

Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Was any body injured in the accident?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Was there any video captured by Car Camera?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Number of Passengers (Including Driver)	0	

DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	<input type="radio"/> Yes	<input type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name		
Police Station Address		
Police Station Contact	Tel No.	Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes	<input type="radio"/> No (If Yes, against whom?)

DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	SMR 5669 P
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	SIMON SEOW MOO-SHIN.
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	83287132.
Address	
Name of Insurance Company	APENA
Nature of Damage	
No. of Passenger (Including Driver)	

(Note - Please use page 6 if you need to add more vehicles)

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 reputate 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 Traffic Police Department for Investigation.
6. This report will be forwarded by the insurers to 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

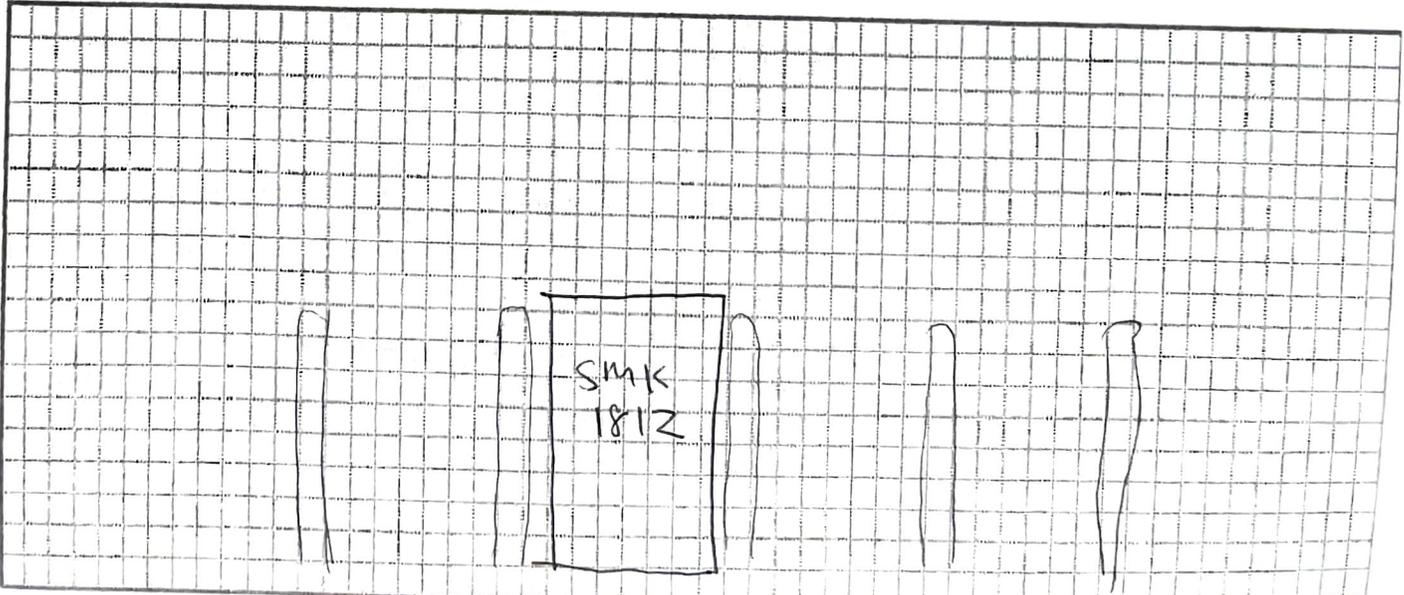
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

My car was parked yesterday at the carpark and this morning around 0740 when I was going to my car, I found out that the front bumper & grill was damaged together with the car plate.

IMPORTANT NOTE

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

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

Witnessed by Reporting Centre Personnel

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	01/09/2021 14:42 (SGT)
Date of Accident	01/09/2021 07:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 506 YISHUN AVE 4 MSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK181Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG GUAN TEE
NRIC No	SXXXX677Z
Email Address	joshuang1988@gmail.com
Mobile Phone No	(Phone) +65-94793995
Alternative Phone No	+65-94793995

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	Xc90
Variant	T5 - Momentum
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	1969

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900241845
Cover Note Number	-

DRIVER

Name of Driver	NG GUAN TEE
NRIC No	SXXXX677Z

Birth	19/02/1988
Location	Indoor
Driving Pass	22/01/2007
Driving experience	14 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94793995
Phone Number	+65-94793995
Email Address	joshuang1988@gmail.com
Address	BLK 508B YISHUN AVE 4 #13=62
Address complement	-
Postcode	762508
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	Hit and run / Vandalism / Damaged whilst parked
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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

REFER TO SKETCH PLAN

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	SMR5669P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SIMON SEOW WOO SHIN
Contact Number	(Phone) +65-83287132
Address	-
Address complement	-

Company Name -
Of Damage -
Is of property damaged in accident -
Of Passenger (Including Driver) -
-

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	677Z
Vehicle No.:	SMK181Z
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Oct 2021
Vehicle Make:	VOLVO
Vehicle Model:	XC90 T5 MOMENTUM (A) AWD
Primary Colour:	Grey
Manufacturing Year:	2017
Engine No.:	B4204T232075447
Chassis No.:	YV1LF10ACH1187723
Maximum Power Output:	187.0 kW (250 bhp)
Open Market Value:	\$57,852.00
Original Registration Date:	28 Jul 2017
First Registration Date:	28 Jul 2017
Transfer Count:	1
Actual ARF Paid:	\$76,134.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Jul 2027
PARF Rebate Amount:	\$57,100.00
COE Expiry Date:	27 Jul 2027
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$54,616.00
COE Rebate Amount:	\$31,400.00
Total Rebate Amount:	\$88,500.00

The information contained herein is correct as at 19 Oct 2021

OK

Volvo XC90 T5 Momentum

Overview

Financial

Accessories

Similar

Research

Photos

Map

Price

\$188,800

Depreciation ⓘ

\$22,160 /yr

[View models with similar depre](#)

Reg Date

31-Jul-2018

(6yrs 9mths 11days COE left)

Mileage

59,000 km (18.3k /yr)

Manufactured ⓘ

2018

Road Tax ⓘ

\$1,176 /yr

Transmission

Auto

Dereg Value ⓘ

\$78,737 as of today (change)

OMV ⓘ

\$58,308

COE ⓘ

\$31,001

ARF ⓘ

\$76,955

Engine Cap

1,969 cc

Power

187.0 kW (250 bhp)

Curb Weight ⓘ

2,037 kg

No. of Owners ⓘ

1

Type of Vehicle

SUV