

(08/11/13) wef

ASS. REC. BY: Paul

REF:

CS/CTI 2100 9422 Rinc

35211

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SMZ 7011Gat Workshop m/s W6KARNES AUTOMOTIVEof 45, LUNH KEE RD

Insured:

CTI YP 2886S

Policy No.

DMCVSNW00069892103

Claims No.

SNM21D205021/C02

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:

336k

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMZ 7011G

Yr Regn:

2021 / MAY

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

Truck / Trailer or

Make:

LAND ROVER RANGE ROVER VELAR 20 c.c 1997

Colour

WHITE

A/C: Insured / Std / NI / NA

Sp. Reading

005636

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

SALYA 2AX4LA293948

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

235/50R20

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.

06/09/21

D.O.I.

08/09/21

Survey held at

W6KARNES

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

O/S REAR

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

Date / Time

Action / Instruction

Repair limit - 209k

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

) S + RS, SI

☐

Interview (\$

) Photos

☐

Tech. Invs (\$

) Others

☐

Weekend (\$

)

Report Format :

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

)

TOTAL

SERVICE ESTIMATE

- C00001 SL: SERVICE SALES - PC
 Mr Ng Choe Jie
 37 Oxley Rise, #04-15

Singapore 238712

Closed by : Paul Ong Qing Yong
 Svc Consultant :
 Remarks : Mr Ng Choe Jie

GST Reg.No:M28920628X
 Inv.No. . : B&P 0 Page 1
 Inv.date. : 07/09/2021
 WIP No. . : 44675
 Veh.In/Out:
 *Tel.No. . : Mobile: 98389754
 Reg.No. . : SMZ7011G
 Reg.date . : 12/05/2021
 Mileage ... : 0
 Chassis No: SALYA2AX4LA293948

Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR FENDER RH, REAR RH DOOR, ETC <i>@1200 x 3.5</i>	0		5000.00	0		5,000.00 <i>3500</i>	S
800	TO SPRAYPAINT ON REAR FENDER RH, RH REAR DOOR. ETC <i>@900 x 2</i>	0		2700.00	0		2,700.00 <i>1800</i>	S
802	TO REPLACE REAR RH QTR GLASS	0		600.00	0		600.00	S
0080	TO INSTALL REAR RH QTR GLASS F	0		280.00	0		280.00	S
802	TO REMOVE, REFIT INTERIOR TRIM CARPET LINING, REAR SEATS. <i>@1.5</i>	0		2000.00	0		2,000.00 <i>1500</i>	S
802	TO REMOVE, REFIT & TRANSFER REAR RH 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
	PANEL - BODY SIDE - <i>blue</i>	1.0	EA	2682.60			2,682.60	S
	GLASS - QUARTER WINDOW <i>plus</i>	1.0	EA	813.50			813.50	S
	ADHESIVE AND SEALER <i>m</i>	2.0	EA	159.50			319.00	S
	D PRIMER GLASS & PM <i>/</i>	1.0	EA	43.30			43.30	S

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- C00001 SL: SERVICE SALES - PC
 Mr Ng Choe Jie
 37 Oxley Rise, #04-15

Singapore 238712

Closed by : Paul Ong Qing Yong
 Svc Consultant :
 Remarks : Mr Ng Choe Jie

Inv.No. . . : B&P 0 Page 2
 Inv.date. : 07/09/2021
 WIP No. . : 44675
 Veh.In/Out:
 *Tel.No. . : Mobile: 98389754
 Reg.No. . : SMZ7011G
 Reg.date. : 12/05/2021
 Mileage . : 0
 Chassis No: SALYA2AX4LA293948

Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
	FILLER CAP AND WARNI <i>repair</i>	1.0	EA	44.60			44.60	S
	HOUSING - FUEL TANK <i>repair</i>	1.0	EA	330.10			330.10	S
	DOOR - REAR - LESS H <i>ba</i>	1.0	EA	3142.50			3,142.50	S
	SEAL - DOOR FRONT AN <i>ba</i>	1.0	EA	194.80			194.80	S
	SEAL - DOOR FRONT AN <i>?</i>	1.0	EA	161.40			161.40	S
	MOULDING - DOOR OUTS <i>?</i>	1.0	EA	301.60			301.60	S
	MOULDING - REAR WHEE <i>?</i>	1.0	EA	109.50			109.50	S
	DOOR- REAR WHEEL ARC <i>sea</i>	1.0	EA	194.80			194.80	S
	HANDLE - DOOR - OUTE <i>?</i>	1.0	EA	411.40			411.40	S
	HANDLE - COVER <i>X</i>	1.0	EA	56.50			56.50	S
	LATCH - REAR DOOR <i>?</i>	1.0	EA	406.00			406.00	S
	COVER - LATCH <i>?</i>	1.0	EA	76.60			76.60	S
	COVER - LATCH SIDE <i>?</i>	1.0	EA	76.60			76.60	S
	SHIELD - SPLASH - WH <i>X</i>	1.0	EA	405.90			405.90	S
	FINISHER - OUTER - P <i>X</i>	1.0	EA	143.20			143.20	S
	FINISHER - OUTER - P <i>X</i>	1.0	EA	125.70			125.70	S
	MOULDING - DOOR WIND <i>X</i>	1.0	EA	199.80			199.80	S

SERVICE ESTIMATE

- C00001
Mr Ng Choe Jie
37 Oxley Rise, #04-15

SL: SERVICE SALES - PC

Singapore 238712

Closed by : Paul Ong Qing Yong
Svc Consultant :
Remarks : Mr Ng Choe Jie

GST Reg.No:M28920628X
Inv.No. . : B&P 0 Page 3
Inv.date. : 07/09/2021
WIP No. . : 44675
Veh.In/Out:
*Tel.No. . : Mobile: 98389754
Reg.No. . : SMZ7011G
Reg.date. : 12/05/2021
Mileage . : 0
Chassis No: SALYA2AX4LA293948

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	3M07333 IMPACT RESIS <i>nee</i>	1.0 EA	84.10			84.10	S
	3M08115 PANEL BONDIN <i>nee</i>	1.0 EA	68.30			68.30	S
	SOUND DEADENING PAD <i>nee</i>	2.0 EA	578.00			1,156.00	S
	2-PART FLEXIBLE FOAM <i>nee</i>	1.0 EA	200.00			200.00	S
	BODY PANEL SEALANT X X	1.0 EA	955.20			955.20	S
	ADHESIVE SEALER FL2 <i>nee</i>	1.0 EA	709.60			709.60	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

Signature:

Date:

Labour Total 11,701.00
Parts Total 13,412.60
Package Total 0.00

Gross Total. 25,113.60

Net..... 25,113.60
GST @ 7.0% 1,757.95
Total..... 26,871.55
Paid..... 0.00
Please Pay.. 26,871.55

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

Rasul
Hp 9001068
7days
08/09/21 @ 1500
Resurvey before paint

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	06/09/2021 16:46 (SGT)
Date of Accident	06/09/2021 13:40 (SGT)
Exact Location of Accident	91 Whampoa Dr, Singapore 320091
Additional Location Information	Carpark at Whampoa Food Centre
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ7011G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG CHOE JIE (HUANG ZUJIE)
NRIC No	SXXXX352H
Email Address	jackncj88@gmail.com
Mobile Phone No	(Phone) +65-98389754
Alternative Phone No	+65-98389754

VEHICLE PARTICULARS

Manufacturer	LandRover
Model	Range rover
Variant	VELAR 2.0P R-Dynamic S
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	1997

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

DRIVER

Birth 20/11/1988
 Indoor
 Driving Pass 27/04/2021
 Experience 5 MONTHS
 Gender Male
 Mobile Number (Phone) +65-98389754
 Phone Number +65-98389754
 Email Address jackncj88@gmail.com
 Address 37 Oxley Rise, #04-15
 Address complement -
 Postcode 238712
 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 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 YP2886S
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver GOH QI RONG
 NRIC No TXXXX349I
 Contact Number (Phone) +65 98522200

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filling.
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: 06/09/21 Time: 1340

Exact Location of Accident

WHAMPON FOOD CENTRE CARPARK

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMZ 7011G

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)

NG HEE JIE (HUNNG ZJIE)

Personal Identification - NRIC (Singaporean/PR)

S8846352H

- FIN/Passport Number

- Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model

Manufacturer LP Model VELAR

Type of Vehicle*

☐ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry
☐ Bus ☐ M/cycle ☐ Others, _____

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 ☒ No (If No, Pls select: ☒ Third Party ☐ Reporting)

Vehicle Category*

☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *

LIBERTY

Type of Policy

☒ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only

Fleet Policy

☐ Yes ☒ No

Policy Number

Motor CI

DRIVER

☒ Same as Insured above

Name of Driver

Personal Identification - NRIC (Singaporean/PR)

- FIN/Passport Number

Date of Birth

20 dd/ 11 mm/ 88 /yy

Driving Date Pass

27 dd/ 04 mm/ 21 /yy

Year of Driving Experience

Year(s)

Month(s)

Occupation

☒ Indoor ☐ Outdoor

Gender

☒ Male ☐ Female

Contact Number / Mobile Phone / Fax No.

9838 9754

Address of Driver	
Email Address	Postcode ()
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 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)	PARK & FOUND DAMAGE
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)	00

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	YP28865
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	GOH DI RONG
Personal Identification - NRIC (Singaporean/PR)	T 0077349I
- FIN/Passport Number	
Contact Number	8982 2309
Address	
Name of Insurance Company	
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 **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.

x 
Policyholder's Signature

Date & Time: 6/sep/21
15:55

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

My car was stationary and parked well within the boundaries of the parking lot. A lorry (vehicle number YP2886S) reversed into the adjacent parking lot and knocked into the right side of my car with multiple damages. The driver of the lorry (Goh Qi Rong T00773491) has admitted that it was his fault and have sent me a whatsapp message confirming ~~it~~ it.

DECLARATION

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

Policyholder's Signature

Date & Time: 6/ Sep/21

16:06

GIARMC SketchPlanForm_V3

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:	352H
Vehicle No.:	SMZ7011G
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Sep 2021
Vehicle Make:	LAND ROVER
Vehicle Model:	RANGE ROVER VELAR 2.0P 250PS R-DYN S S/R
Primary Colour:	White
Manufacturing Year:	2020
Engine No.:	201009Y0085PT204
Chassis No.:	SALYA2AX4LA293948
Maximum Power Output:	184.0 kW (246 bhp)
Open Market Value:	\$66,414.00
Original Registration Date:	12 May 2021
First Registration Date:	12 May 2021
Transfer Count:	0
Actual ARF Paid:	\$91,546.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 May 2031
PARF Rebate Amount:	\$68,659.00
COE Expiry Date:	11 May 2031
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$60,001.00
COE Rebate Amount:	\$58,017.00
Total Rebate Amount:	\$126,676.00

The information contained herein is correct as at 10 Sep 2021

OK

Land Rover Range Rover Velar 2.0A Si4 R-Dynamic HSE Sunroof

[Overview](#)[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

HTS motor

Established since 1989



Price	\$333,777		
Depreciation ?	\$29,420 /yr View models with similar depre	Reg Date	13-Apr-2021 (9yrs 7mths 2days COE left)
Mileage	1,200 km	Manufactured ?	2020
Road Tax ?	\$1,210 /yr	Transmission	Auto
Dereg Value ?	\$118,069 as of today (change)	OMV ?	\$72,853
COE ?	\$52,200	ARF ?	\$103,136
Engine Cap	1,997 cc	Power	184.0 kW (246 bhp)
Cu	1,983 kg	No. of Owners ?	1

[Compare](#)