

ASS. REC. BY: Taufikh REF: 08/CT/21009802/Tiqc

**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. SNM21D205300/C02  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SML8096D Yr Regn: 2016 / Feb.  
 Type:  M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Jaguar XE 2.0 140 c.c 1999  
 Colour: Black A/C: Insured / Std / NI / NA  
 Sp. Reading: 59639 ~~29629~~ T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: S A J A B 4 A N 1 6 - A 9 3 3 4 2 7  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Mod: Nil / S/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 225/45R18  
 R: \_\_\_\_\_

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.

|     |     |
|-----|-----|
| N/S | O/S |
|     |     |

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Continental

Bal. or Market Value: \$76K  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 4 days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS WP-  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Front Rear  
 R/Bal. 6 mm R/Bal. 6 mm  
 L/Bal. 6 mm L/Bal. 6 mm  
 D.O.A. \_\_\_\_\_ D.O.I. 24/9/21@1315  
 Survey held at Vin's Auto.  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
Frt N/S, u/c.  
 The U/C / Chassis frame / Body Structure affected due to collision.

| Date / Time        | Action / Instruction                                      |
|--------------------|---|
| 01/10/21 @ 12.50pm | revised to Jacqueline Tan by email.                       |
|                    | Taufikh finalised LS \$7900, 4 days. (Red \$6876.63, 48%) |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |

Date/Time, File Pass to?  : Preli. Report  
 1) 29/04 Typist  : Final Report  
 Date/Time, File Return to?  
 2) \_\_\_\_\_  
 Report Format: MER-TP  
 Lump Sum / ~~48%~~ 7900

Days Of Repair: 4  
 Resurvey No. of Trip: 1  
 Add Fee:  : Site Insp (\$ \_\_\_\_\_ )  
 : Interview (\$ \_\_\_\_\_ )  
 : Tech. Invs (\$ \_\_\_\_\_ )  
 : Weekend (\$ \_\_\_\_\_ )  
 Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 S + RS: \_\_\_\_\_  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_  
 TOTAL \_\_\_\_\_

# Vin's

## Estimated Cost of Repair

**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:

**Vin's Motor Pte Ltd**  
 160 Sin Ming Drive  
 #03-03 Sin Ming Autocity  
 Singapore 575722  
 Tel : 6453 2121 Fax : 6459 9795  
 GST Registration No. 199906067G

**Attention To :** China Taiping Insurance  
 (Singapore) Pte Ltd  
 3 Anson Road  
 #15-00 Springleaf Tower  
 Singapore 079909

### Claim Details

**Case Ref. No. :** TP/092021/4999  
**Date :** 24-09-2021  
**Accident Date :** 17-09-2021

### Vehicle Details

**Make & Model :** Jaguar XE 2.0 I4D TSS  
**Chassis No :** SAJAB4AN1GA933427  
**Registration No :** SML8096D

### Third Party Vehicle Details

**Registration No :** PC6341X

| S/N                  | Description                                 | Qty   | Amount (S\$)            |
|----------------------|---|-------|-------------------------|
| 1                    | FRONT LH HEADLAMP                           | 1.00  | <i>enq ✓</i> \$3,667.30 |
| 2                    | FRONT BUMPER                                | 1.00  | <i>de ✓</i> \$2,180.00  |
| 3                    | FRONT BUMPER LH SIDE RETAINER               | 1.00  | <i>de ✓</i> \$68.00     |
| 4                    | FRONT LH FENDER                             | 1.00  | <i>Ry ✓</i> \$920.00    |
| 5                    | FRONT LH FENDER INNER SHIELD                | 1.00  | <i>x</i> \$410.20       |
| 6                    | FRONT LH FENDER INNER SHIELD CLIPS @ \$2.70 | 10.00 | <i>x</i> \$27.00        |
| 7                    | FRONT LH WHEEL SPORT RIM                    | 1.00  | <i>cut ✓</i> \$2,271.40 |
| 8                    | FRONT LH WHEEL SHOCK ABSORBER               | 1.00  | <i>x</i> \$693.10       |
| 9                    | FRONT LH WHEEL KNUCKLE ARM                  | 1.00  | <i>?</i> \$2,048.90     |
| 10                   | FRONT LH WHEEL KNUCKLE ARM BEARING          | 1.00  | <i>?</i> \$815.60       |
| 11                   | FRONT LH WHEEL LOWER ARM                    | 1.00  | <i>x</i> \$739.20       |
|                      |   |       | \$13,840.70             |
| <b>Discount -10%</b> |   |       | <b>(\$1,384.07)</b>     |
|                      |   |       | \$12,456.63             |
| 12                   | FRONT LH WHEEL TYRE                         | 1.00  | <i>x</i> \$280.00       |
| 13                   | TO CHECK WHEEL ALIGNMENT                    | 1.00  | <i>80</i> \$120.00      |
| 14                   | TO REMOVE AND REFIX FRONT UNDERCARRIAGE     | 1.00  | <i>150?</i> \$280.00    |
| 15                   | TO DIAGNOSE ELECTRICAL COMPONENTS           | 1.00  | <i>50</i> \$180.00      |
| 16                   | TO REPAIR DAMAGES                           | 1.00  | <i>500</i> \$680.00     |
| 17                   | TO SPRAY PAINTING                           | 1.00  | <i>500</i> \$780.00     |

**Subtotal w/o GST: \$14,776.63**

*Taiphin 97495749*  
*wp 24/9/21 @ 1315 04 days*  
*taiphin@lkkauto.com*  
*L/S Resurvey after repair*

Issued by Raymond Teo

This is a computer-generated document. No signature is required.



Jaguar : XE : Rear Wheel Drive : Eco, Comfort : 2015- (X760)  
 4-Wheel Total Alignment

Front : Left

| Actual | Before | Specified Range |
|--------|--------|-----------------|
| -2°27' | -2°27' | -1°07' 0°23'    |
| 7°23'  | 7°23'  | 6°40' 8°10'     |
| -0°25' | -0°26' | 0°07' 0°14'     |
| 11°18' | 11°18' |                 |
| 8°50'  | 8°50'  |                 |
|        |        |                 |

Front : Right

| Actual | Before | Specified Range |
|--------|--------|-----------------|
| -0°53' | -0°53' | -1°07' 0°23'    |
| 7°36'  | 7°36'  | 6°40' 8°10'     |
| -0°08' | -0°08' | 0°07' 0°14'     |
| 9°43'  | 9°43'  |                 |
| 8°50'  | 8°50'  |                 |
|        |        |                 |

Camber  
 Caster  
 Toe  
 SAI  
 Included Angle  
 Turning Angle Diff.

Front

| Actual | Before | Specified Range |
|--------|--------|-----------------|
| -1°34' | -1°34' | -0°45' 0°45'    |
| -0°13' | -0°13' | -0°54' 0°54'    |
| 1°35'  | 1°35'  |                 |
| -0°34' | -0°34' | 0°14' 0°28'     |
|        |        |                 |

Cross Camber  
 Cross Caster  
 Cross SAI  
 Total Toe  
 Cross Turn Diff.

Rear : Left

| Actual | Before | Specified Range |
|--------|--------|-----------------|
| -0°58' | -0°58' | -1°40' -0°10'   |
| 0°08'  | 0°08'  | -0°01' 0°11'    |

Rear : Right

| Actual | Before | Specified Range |
|--------|--------|-----------------|
| -1°15' | -1°15' | -1°40' -0°10'   |
| 0°10'  | 0°09'  | -0°01' 0°11'    |

Camber  
 Toe

Rear

| Actual | Before | Specified Range |
|--------|--------|-----------------|
| 0°17'  | 0°17'  | -0°45' 0°45'    |
| 0°17'  | 0°17'  | 0°03' 0°17'     |
| -0°01' | -0°01' | -0°04' 0°04'    |

Cross Camber  
 Total Toe  
 Thrust Angle

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars     |                    |
|-------------------------------|--------------------|
| Owner ID Type:                | Singapore NRIC     |
| Owner ID:                     | 966Z               |
| Vehicle Details               |                    |
| Vehicle No.:                  | SML8096D           |
| Vehicle to be Exported:       | No                 |
| Intended Deregistration Date: | 24 Sep 2021        |
| Vehicle Make:                 | JAGUAR             |
| Vehicle Model:                | XE 2.0 I4D TSS     |
| Primary Colour:               | Green              |
| Manufacturing Year:           | 2015               |
| Engine No.:                   | 151103W0350204DTD  |
| Chassis No.:                  | SAJAB4AN1GA933427  |
| Maximum Power Output:         | 132.0 kW (177 bhp) |
| Open Market Value:            | \$42,903.00        |
| Original Registration Date:   | 16 Feb 2016        |
| First Registration Date:      | 16 Feb 2016        |
| Transfer Count:               | 1                  |
| Actual ARF Paid:              | \$42,065.00        |
| Intended PARF Rebate Details  |                    |
| PARF Eligibility:             | Yes                |
| PARF Eligibility Expiry Date: | 15 Feb 2026        |
| PARF Rebate Amount:           | \$29,445.00        |
| Intended COE Rebate Details   |                    |
| COE Expiry Date:              | 15 Feb 2026        |
| COE Category:                 | E - Open Category  |
| COE Period(Years):            | 10                 |
| QP Paid:                      | \$44,001.00        |
| COE Rebate Amount:            | \$16,976.00        |
| <b>Total Rebate Amount:</b>   | <b>\$46,421.00</b> |

The information contained herein is correct as at 24 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              | 17/09/2021 15:48 (SGT)          |
| Date of Accident                | 17/09/2021 09:10 (SGT)          |
| Exact Location of Accident      | 45 Thomson Rd, Singapore 307584 |
| Additional Location Information | -                               |
| Country/State of Loss           | Singapore                       |

## DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SML8096D |
|-----------------------------|----------|

### INSURED/POLICYHOLDER

|                          |                       |
|--------------------------|-----------------------|
| Is company?              | No                    |
| Name Of Registered Owner | ONG TZE WEI JUSTIN    |
| NRIC No                  | SXXXX966Z             |
| Email Address            | ongjustin92@gmail.com |
| Mobile Phone No          | (Phone) +65-90255352  |
| Alternative Phone No     | +65-90255352          |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Jaguar                    |
| Model  | XE 2.0 I4D TSS            |
| Variant  | -                         |
| 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   | 1999                      |

### INSURANCE COMPANY

|                           |               |
|---------------------------|---------------|
| Name of Insurance Company | Aviva Ltd     |
| Type of Coverage          | Comprehensive |
| Fleet Policy              | No            |
| Policy Number             | 11004761      |
| Cover Note Number         | -             |

### DRIVER

|                |                    |
|----------------|--------------------|
| Name of Driver | ONG TZE WEI JUSTIN |
| NRIC No        | SXXXX966Z          |

|  |                                   |
|--|-----------------------------------|
| Date Of Birth  | 07/07/1975                        |
| Occupation   | Indoor                            |
| Date Of Driving Pass   | 21/01/1998                        |
| Driving experience   | 23 YEARS AND 8 MONTHS             |
| Gender   | Male                              |
| Mobile Number  | (Phone) +65-90255352              |
| Alt. Phone Number  | +65-90255352                      |
| Email Address  | ongjustin92@gmail.com             |
| Address  | BLK 275A BISHAN STREET 24 #32-122 |
| Address complement   | -                                 |
| Postcode   | 571275                            |
| 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   | Collision - Change/cross lane |
| 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)   | 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**

REFER TO THE 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 | PC6341X              |
| Vehicle Manufacturer        | -                    |
| Vehicle Model               | -                    |
| Vehicle Variant             | -                    |
| Vehicle Colour              | -                    |
| Vehicle Category            | Commercial vehicle   |
| Name of Driver              | ROSLINOR BIN MAZLAN  |
| NRIC No                     | SXXXX488G            |
| Contact Number              | (Phone) +65-87557037 |
| Address                     | -                    |

Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

**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.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

