

ASS. REC. BY: Tan JiahREF: CS/EG/21010053/T. u f3.

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: GBG 2745K

at Workshop m/s _____

of _____

Insured: SKQ 8062Z

Policy No. _____

Claims No. CDMPG21001818

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: \$4466

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or NoLump Sum: 20 % 3 Val.: Yes or NoCA / REV / REP. / 24 HRS W1

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Mr ChanVeh No: GBG 2745K Yr Regn: 2017 July

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

Truck / Trailer or

Make: Peugeot Partner c.c. 1560Colour: white A/C: Insured / Std / NI / NASp. Reading: 114634 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF37BBHYMGJ891311

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NI / S/Rim / STD A/Rim orTyre Size: F: 195/65R15R: 22

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

TOYO / YOKO or Falken

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 29/7/210345Survey held at EM-1 AutoDes. of Damages: Front / 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 L/S \$3350, 3 repair days

(RED \$2414.40; 42%)

Date/Time, File Pass to?

☐

: Preli. Report

1) 2/12 TYPIST

☐

: Final Report

Date/Time, File Return to?

2) _____

Report Format: TPLump Sum / L.S. \$ \$3350Days Of Repair: 3Resurvey No. of Trip: 2

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

Photos

Others

TOTAL

EM-1 AUTO PTE LTD

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/P) 6457 5776 (F)

Email Address: em1autopteltd@gmail.com

COMPANY / GST REG. NO. : 201316380R

Vehicle Number : **GBG 2745K**
Vehicle Model : **PEUGEOT PARTNER L2**
Accident Date : **16.09.2021**
Original Reg Date : **04.07.2017**

Date : **29.09.2021**
Chassis : **VF37FBHYMGJ891311**
TP Ins. **ERGO**

ESTIMATE

1	1 pc	Front Bumper		
2	1 pc	Front Bumper Side Retainer		
3	1 pc	Front Bumper Clip		
4	1 pc	Front Bumper Reinforcement		
5	1 pc	Front Bumper Sponge		
6	2 pcs	Front Bumper Side Pad	RXX LH cut	
7	1 pc	Front Grille		
8	1 set	Front Grille Clips		
9	1 pc	Front Grille Badge		
10	1 pc	Front Grille Surround Garnish		
11	2 pcs	Headlamps	RXX LH-?	

Less 10% _____

Special Netts

1	1 pc	Front Number Plate with Holder		45.00
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Labour charge

Panel Beating		400	800.00
Spray painting		200	600.00
Check Wiring		30	30.00

Tanpin 97495749
29/9/21 R 1545
c/s Resurvey after repair
3 days
tanpin e1hhaust.com

1,475.00
Less 20% 295.00
Lump sum 1,180.00

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:

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:

Company

Owner ID:

081R

Vehicle Details

Vehicle No.:

GBG2745K

Vehicle to be Exported:

No

Intended Deregistration Date:

17 Sep 2021

Vehicle Make:

PEUGEOT

Vehicle Model:

PARTNER L2 1.6 AT

Primary Colour:

White

Manufacturing Year:

2016

Engine No.:

10JBHW3009200

Chassis No.:

VF37FBHYMGJ891311

Maximum Power Output:

-

Open Market Value:

\$19,245.00

Original Registration Date:

04 Jul 2017

First Registration Date:

04 Jul 2017

Transfer Count:

0

Actual ARF Paid:

\$963.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

03 Jul 2027

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

PQP Paid:

\$25,169.00

COE Rebate Amount:

\$14,583.00

Total Rebate Amount:**\$14,583.00**

The information contained herein is correct as at 17 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	18/09/2021 12:36 (SGT)
Date of Accident	16/09/2021 13:50 (SGT)
Exact Location of Accident	Butterfly Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG2745K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	STEMA FURNITURE & RENOVATION PTE LTD
Company Reg No	1XXXXX081R
Email Address	ivin.l@hotmail.com
Mobile Phone No	(Phone) +65-96861015
Alternative Phone No	+65-96861015

VEHICLE PARTICULARS

Manufacturer	Peugeot
Model	Partner
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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MS007725-R02
Cover Note Number	-

DRIVER

Name of Driver	IVIN ONG HONG CHUAN
NRIC No	SXXXX710G

Date Of Birth	02/05/1994
Occupation	Outdoor
Date Of Driving Pass	24/02/2014
Driving experience	7 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96861015
Alt. Phone Number	-
Email Address	ivin.l@hotmail.com
Address	BLK 176C EDGEFIELD PLAIN #11-178
Address complement	-
Postcode	823176
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Head to Rear
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?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT, REF NO: E/20210916/7034

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKQ8062Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	(Phone) +65-96155645
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 claim 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.



Policyholder's Signature
Date & Time:

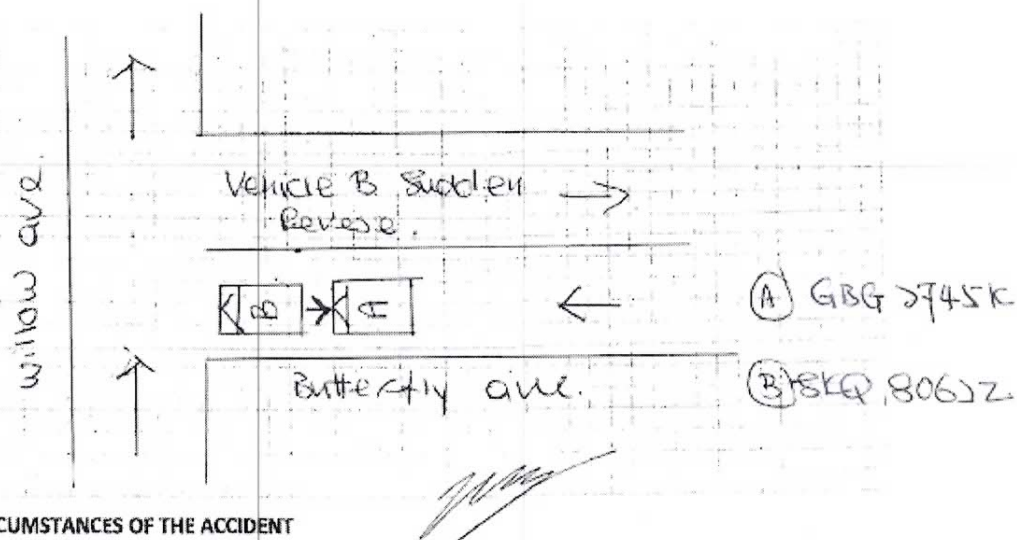


Driver's Signature
(if driver is not the policyholder)
Date & Time:

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Reporting Centre Personnel's Signature
Name:
NRIC/IN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report no E/20210916/7734

Vehicle A : GBG 2745K

Vehicle B : SKQ 8062Z

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:

~~CITY AUTO PTE LTD~~

Blk 8 Sin Ming Road
#01-58/60/62, Sin Ming Ind Est
Singapore 575643
Tel: 6453 1234 Fax: 6453 7944
(Claims Section)

Reporting Centre Personnel's Signature
Name: _____
NHC/FIN No.: _____



**SINGAPORE
POLICE FORCE**



E/20210916/7034

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Report No. E/20210916/7034

Date/Time Report Made 16/09/2021 19:26	Vide Report No.	Station Diary No.
Name Of Informant VIN ONG HONG CHUAN	Address 176C EDGEFIELD PLAIN #11-178 SINGAPORE 823176	
ID Type / ID No. NRIC NO / S9414/10G	Contact No. Home/Office:	Mobile: 96861015
Nationality SINGAPORE CITIZEN	Email Address VIN.L@HOTMAIL.COM	
Occupation Project Manager	Sex Male	Age 27
Institution/School Name	Date of Birth 02/05/1994	Race Chinese
Date/Time Of Incident 16/09/2021 13:50 - 16/09/2021 13:55	Location Of Incident BUTTERFLY AVENUE	

Brief details.

On 16/09/2021 at about 1353hrs, I was driving my company vehicle GBG2745K along Butterfly Avenue towards Willow Avenue near to Cedar Girl's Secondary School.

Is a T-junction and I was behind vehicle SKQ8062Z a White colour Toyota. Our vehicle are in stationary stop and I was waiting for SKQ8062Z to move off.

Suddenly, I saw the vehicle SKQ8062Z suddenly reverse quite fast and I immediately press my vehicle horn to alert the driver. However, the driver could not stop in time and hit against the front portion of my

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Signature Of Interpreter:
Not applicable

Date/Time:
16/09/2021 19:26

Officer In-Charge Of Case:

Classification Of Case:



**SINGAPORE
POLICE FORCE**



E/20210916/7034

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20210916/7034

vehicle.

We stepped out of our vehicle to make a check. I spotted that there were some damages found on the front portion of my vehicle.

The driver address himself as Bobby and gave his contact number as follow: 96155645. He told me that he thought that there was no vehicle behind him. Thus, he just reverse which subsequently hit onto my vehicle.

I told him that I will inform my company about the matter. My company will decide to private settle the matter or claim from insurance and he acknowledged.

I am lodging this report for my company actions.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Signature Of Interpreter:
Not applicable

Date/Time:
16/09/2021 19:26

Officer In-Charge Of Case:

Classification Of Case: