

08/11/13) wef

ASS. REC. BY: Amu

REF:

CCY/1121011283/Riga3

SSOH

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SBL 30B

at Workshop m/s MOVA

of BUKIT MERAH

Insured: III

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value: 70K

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

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

REPAIR LIMIT - 30K

Veh No:

SBL 30B

Yr Regn: 2016 / MCH

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

Truck / Trailer or

Make:

VOLKSWAGEN GOLF 1.4TSI R-L S/R

Colour:

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

38001

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WVW ZZZANZH WU19037

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:

225/35R19

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.

27/10/21

D.O.I.

16/11/21

Survey held at

MOVA (BM)

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

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

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 (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

): S + RS, SI

) Photos

) Others

Report Format :

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



Main Office : No. 22, Jalan Kilang, Singapore 159419
Tel: 6476 3333 Fax: 6271 5891

Service Centre : Block 100B, Bukit Merah Lane 3,
#01-04/06/08/116, Singapore 159722
Tel: (65) 6476 3333 (8 Lines) Fax: (65) 6270 8314
www.mova.com.sg
GST Reg. No: M2-0088864-2

Mova Spray Centre
2K Oven Spray Painting System

Power-M Automotive Pte Ltd
Specialise In Car Air-con Services,
Car Audio & Hi-Fi System.

Hilton Car Rental Centre

Hilton Auto Trading
Dealing In New/Used Cars, Hire Purchase & Insurance.



TP INSURER:
UNKNOWN

India International Insurance Pte Ltd (HQ)

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	27/10/2021
Vehicle Reg. No.:	SBL30B	Driveable?	
Party At Fault:	UNKNOWN		
Make/Model:	VOLKSWAGEN GOLF, 1.4 1.4 TSI R-LINE AT SR (A)	Vehicle Reg. Date:	18/08/2016
Vehicle Colour:	GREY		
Engine No:	CZD246356	Chassis No:	WWWZZZAUZHW019037
Odometer:	0 KM		
Paint Type:			
List Item Discount:	10.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	MOVA AUTOMOTIVE PTE LTD (BUKIT MERAH)		

COST OF CLAIMS

	Amount
Parts	2,715.70
Miscellaneous Items	11.00
Labour	1,260.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	3,986.70
+ GST 7.00% (\$\$)	279.07
Nett Amount (\$\$)	4,265.77

This claim is handled by: JACELYN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

AIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 03 Nov 2021)
 Parts: 144 VOLKSWAGEN GOLF 1.4 1.4 TSI R-LINE AT SR (A) (Catalogue:Merimen Singapore 1.0)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: (Unsubmitted, no print-code for SBL30B)
 Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
 Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*REAR BUMPER <i>de</i>	10.00	0.00	*1,056.00 FL
2	2		*REAR PARKING SENSOR CTR LH & RH ?	10.00	0.00	*416.00 FL
3	1		*REAR NUMBER PLATE <i>4</i>	0	0.00	<i>35</i> *40.00 FS
4	2		*REAR NUMBER PLATE LAMP LH & RH X	10.00	0.00	*162.00 FL
5	1		*REAR BUMPER LOWER GARNISH ?	10.00	0.00	*395.00 FL
6	10		*REAR BUMPER CLIPS <i>na</i>	10.00	0.00	*30.00 FL
7	2		*REAR BUMPER SIDE RETAINER LH & RH X	10.00	0.00	*96.00 FL
8	1		*REAR BUMPER SPONGE ?	10.00	0.00	*84.00 FL
9	1		*REAR BUMPER REINFORCEMENT ?	10.00	0.00	*555.00 FL
10	1		*EMBLEM - GOLF <i>na</i>	10.00	0.00	*95.00 FL
11	1		*EMBLEM - TSI <i>na</i>	10.00	0.00	*84.00 FL
12	1		*TAILGATE - REPAIR	10.00	0.00	-
13	1		*END PANEL - REPAIR X	10.00	0.00	-
14	1		*TAILGATE RUBBER - CHECK X	10.00	0.00	-
15	1		*TAILGATE LOCK - CHECK X	10.00	0.00	-

F=Franchise part, S=SpcNett, L=ListItemDisc.

Sub Total (\$\$)	3,013.00
- List Item Discount on L Items (\$\$)	297.30
Total Parts (\$\$)	2,715.70

Report was unsubmitted during this print-out.
 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Particulars	Amount
<u>Miscellaneous Items</u>		
1	OD/TP Case (Insurer)	11.00
Sub Total (S\$)		11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	TO INSPECT REAR LIGHTING MECHANISM & CHECK WIRING	New	80.00
2	TO INSTALL PARKING SENSOR & DIAGNOSE FUNCTION	New	80.00
3	TO REPAIR ON TAILGATE & END PANEL. TO REMOVE & REPLACE DAMAGED ITEMS, REALIGN CONNECTION	New	500.00
4	TO SPRAY PAINT ON REPAIRED AREAS	New	600.00
Gross Labour Cost (S\$)			1,260.00

Report was unsubmitted during this print-out.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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:

Rasul
Hp 900 12068

4 days

4/5

16/11/21 @ 1150

Resurvey after repair

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	27/10/2021 19:33 (SGT)
Date of Accident	27/10/2021 08:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	DUNEARN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBL30B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHUNG CHIN LIAN
NRIC No	SXXXX550H
Email Address	DIANECHEE@GMAIL.COM
Mobile Phone No	(Phone) +65-96492144
Alternative Phone No	+65-96492144

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
Variant	GOLF 1.4 TSI R-LINE AT SR
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	1395

INSURANCE COMPANY

Name of Insurance Company	QBE Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	8-V0023037-MVA-R002
Cover Note Number	-

DRIVER

Name of Driver	DIANE CHEE SUI-YEN
NRIC No	SXXXX546J

Date of Birth	13/03/1974
Location	Indoor
Date Of Driving Pass	15/08/1996
Driving experience	25 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96492144
Alt. Phone Number	-
Email Address	DIANECHEE@GMAIL.COM
Address	BLK 39 MOUNT SINAI RISE
Address complement	#17-02
Postcode	276957
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	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	GBE2838L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

de
Insurance Company Name
Type Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	DIANE CHEE SUI-YEN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SBL30B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

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' 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

Shy 27.10.21.

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

[Signature] 

Witnessed by Reporting Centre Personnel

Sketch Plan

Refer to attachment

[illegible]

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20211027/7014

1 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20211027/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/10/2021 14:21		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: DIANE CHEE SUI-YEN			Address: 39 MOUNT SINAI RISE #17-02 SINGAPORE 276957		
ID Type / ID No.: NRIC NO / S7407546J			Contact No.: Home/Office: Mobile: 96492144		
Nationality: SINGAPORE CITIZEN			Email: dianechee@gmail.com		
Sex: Female	Age: 47	Date of Birth: 13/03/1974	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Curator (art gallery and museum)			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/10/2021 08:25	Type of Location: Straight Road
Location: DUNEARN ROAD				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
GBE2838L	Lorry	TOYOTA		Blue	Slightly Damaged	3
SBL30B	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE



T/20211027/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20211027/7014

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBE2838L	INDIA INTERNATIONAL INSURANCE PTE LTD	D20MCV0005655_01	22/10/2021	21/10/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MOHAN GURU		ID No.	O 36327286
Related Vehicle	GBE2838L (Lorry)		Contact No.	67608383
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: 15/10/2026
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Driver				
Name	DIANE CHEE SUI-YEN		ID No.	S7407546J
Related Vehicle	SBL30B (Car)		Contact No.	96492144
Hospital/Clinic	BUKIT TIMAH CLINIC		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	27/10/2021		Date	27/10/2021
No. of Days granted Medical Leave		03	Degree of	Slight

Brief Details.

At 8:25am on Wednesday 27 Oct 2021, I was driving my car SBL 30 B along Dunearn Road in the stretch between Whitley Road and Newton Circus. I was travelling in the centre lane. Just before passing Goldhill Avenue there was a line of stationary cars in the left most lane, queuing behind a stationary bus that had stopped at a bus stop located after the entrance to Goldhill Avenue.

One of the cars in the stationary queue in the left lane pulled out of the queue and partially entered the centre lane in front of me where traffic was free flowing. In order to avoid a collision with the car pulling out into the centre lane I stopped my car. At this point, the blue Toyota lorry travelling behind me (GBE 2838 L) failed to stop in time and collided with the rear of my car. I heard the skid of the lorry's brakes before it hit the back of my car. Both the lorry and my car came to a halt in the middle of the centre lane. There was damage to both the rear of my car and the front of the lorry.



**SINGAPORE
POLICE FORCE**



T/20211027/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20211027/7014

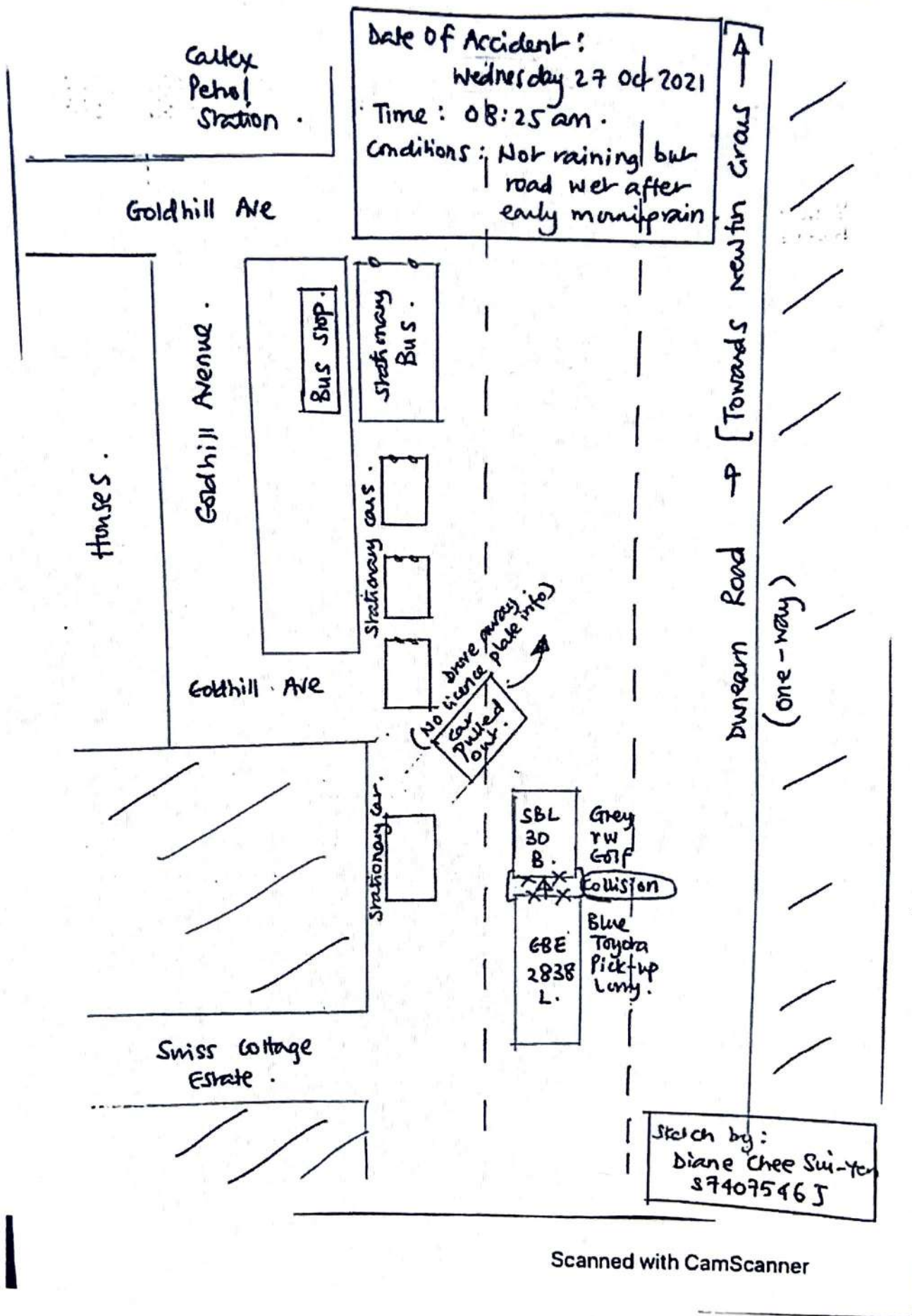
CONTINUATION OF REPORT

The car that had pulled out into the centre lane causing me to stop drove away and I did not manage to obtain the vehicle or driver details. There was no damage to that car. There is no in-car video footage of the accident from my car.

The lorry (GBE 2838 L) that collided with the rear of my car belongs to Ferco Shutters & Seating Systems Pte Ltd (120 Hillview Avenue, 02-04, Kewalram Hillview, Singapore 669594). The driver of the lorry was their employee Mohan Guru (Driving Licence No. G2422516Q, Work Permit No. O 36327286). There appeared to be no injuries to the driver of the lorry or the two passengers.

After taking photographs of both vehicles in situ for record purposes, we moved both vehicles into Goldhill Avenue and exchanged particulars.

As my car had been hit from behind with some force I was thrown forward in my seat. I was wearing a seatbelt. However afterwards I noted pain and stiffness in my neck and shoulders and informed Mohan Guru that I would be seeing a doctor about my neck. I visited my family doctor the same morning for assessment. He issued me a three day MC, prescribed painkillers, and has advised me to undergo a neck x-ray.



Scanned with CamScanner

Scanned with CamScanner

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	550H
Vehicle No.:	SBL308
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Nov 2021
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	GOLF 1.4 TSI R-LINE AT SR
Primary Colour:	Grey
Manufacturing Year:	2016
Engine No.:	CZD246356
Chassis No.:	WVWZZZAUZHWO19037
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$25,048.00
Original Registration Date:	18 Aug 2016
First Registration Date:	18 Aug 2016
Transfer Count:	0
Actual ARF Paid:	\$17,068.00

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Aug 2026
PARF Rebate Amount:	\$11,947.00

COE Expiry Date:	17 Aug 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$57,903.00
COE Rebate Amount:	\$27,503.00
Total Rebate Amount:	\$39,450.00

The information contained herein is correct as at 17 Nov 2021

OK

Volkswagen Golf 1.4A TSI R-Line Sunroof

Overview

[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)**Price****\$66,800****Depreciation**

\$12,910 /yr

[View models with similar depre](#)**Reg Date**

23-May-2016

(4yrs 6mths 5days COE left)

Mileage

N.A.

Manufactured

2016

Road Tax

\$624 /yr

Transmission

Auto

Dereg Value\$34,990 as of today [\(change\)](#)**OMV**

\$25,074

COE

\$51,010

ARF

\$17,104

Engine Cap

1,395 cc

Power

110.0 kW (147 bhp)

Curb Weight

1,288 kg

No. of Owners

2

Type of Vehicle[Hatchback](#)