

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SLN 37780
 at Workshop m/s Ain Lunh
 of 1008, BUKIT MERAH LN 3 #01-20
 Insured: FCI
 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.

N/S	O/S

Bal. or Market Value: 204K
 IDAC Accident Rport: 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

Veh No: SLN 37780 Yr Regn: 2017 / APR
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: JAGUAR XJ 3.0 SKTSS s/r.c 2995
 Colour: BLACK A/C: Insured / Std / NI / NA
 Sp.Reading: 38585 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: SATAC2281H8W05699
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 245/45ZR19
 R: " "

BS / PUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front 6 mm R/Bal. 6 mm
 L/Bal. 6 mm R/Bal. 6 mm
 D.O.A. 20/12/21 D.O.I. 28/12/21
 Survey held at Ain Lunh
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
FRT N/S
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
REPAIR LIMIT - 78K

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Date/Time, File Return to?

Transportation:

2)

Add Fee: : Site Insp (\$) : ___S + RS, ___SI

: Interview (\$) : Photos

: Tech. Invs (\$) : Others

Report Format :

Lump Sum / LB I: (\$

HIN LUNG WORKSHOP

Blk 1008 Bukit Merah Lane 3 #01-20, S'pore 159722. Tel: 68583000 Fax: 64760075
 Website: www.hinlung.com.sg GST Regn. No: M2-0065859-X

Your Ref:
 Our Ref : 0742/12/21
 M/s : MS FIRST CAPITAL INSURANCE LTD
 36 ROBINSON ROAD #16-01
 CITY HOUSE
 SINGAPORE 068877
 Attn : MOTOR CLAIM DEPARTMENT

Page: 1
 Date: 23/12/2021

Dear Sir/Madam,

ACCIDENT REPAIR ON : SLN3778D - JAGUAR XJ 3.0 0
 INSURED : DHI DOWNTOWN PTE LTD
 DATE OF ACCIDENT : 20/12/2021
 YOUR INSURED VEH NO: XD4289C

APPENDED BELOW ARE THE ESTIMATED COST OF REPAIR & PARTS TO BE REPLACED:-

		S\$	S\$	S\$
REPLACEMENT OF PARTS				
1	FRONT BUMPER <i>see</i>	1 @ 2,787.00	2,787.00	
2	FRONT BUMPER SIDE RETAINER LH <i>X</i>	1 @ 59.00	59.00	
3	FRONT BUMPER SIDE RETAINER RH <i>X</i>	1 @ 59.00	59.00	
4	BUMPER CLIPS <i>new</i>	10 @ 8.00	80.00	
5	FRONT BUMPER ENGINE COVER <i>de</i>	1 @ 600.00	600.00	
6	FRONT BUMPER IMPACT ABSORBER <i>X</i>	1 @ 325.00	325.00	
7	FOG LAMP CHROME LH <i>cut</i>	1 @ 404.00	404.00	
Total			4,314.00	

LABOUR CHARGES

- 1 REPLACE NEW PARTS, REMOVE/REFIT ALL ATTACHMENT PARTS TO FACILITATE REPAIR
- 1
- 2 SPRAY PAINT ON THE EFFECTED AREAS WITH 2K PAINT.
- 2
- 3 CHECK WIRING AND PROPER FUNCTIONING.

~~600.00~~ *300*

~~600.00~~ *250*

60.00 *X*

Nett Total Before GST

5,574.00

Yours faithfully,



(Workshop Manager)

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 90010068
3 days
H/S
28/12/21 @ 1545
Resy 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	21/12/2021 11:30 (SGT)
Date of Accident	20/12/2021 08:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	255 Alexandra Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN3778D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	DHI Downtown Pte Ltd
Company Reg No	2XXXXX758G
Email Address	tracy.teo@oakwood.com
Mobile Phone No	(Phone) +65-68126016
Alternative Phone No	(Office) +65-68126016

VEHICLE PARTICULARS

Manufacturer	Jaguar
Model	XJ 3.0S/C TSS LWB SR
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	2995

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA571213
Cover Note Number	-

DRIVER

Name of Driver	Mohammad Ismady Bin Abdul Rahman
NRIC No	SXXXX753J

Date Of Birth 12/10/1994
 Occupation Indoor
 Date Of Driving Pass 08/06/2016
 Driving experience 5 YEARS AND 6 MONTHS
 Gender Male
 Mobile Number (Phone) +65-83883230
 Alt. Phone Number -
 Email Address mhdismady@hotmail.com
 Address Blk 22 Jalan Tenteram #08-565
 Address complement -
 Postcode 320022
 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) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name Roy Liang
 Gender Male

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? Yes
 Reasons for not uploading a video of the accident Refer to owner
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XD4289C
 Vehicle Manufacturer Mitsubishi
 Vehicle Model Fuso
 Vehicle Variant -
 Vehicle Colour Green

IMPORT

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to co

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)

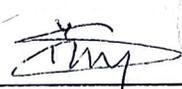
I understand, acknowledge, agree and consent that :

(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.



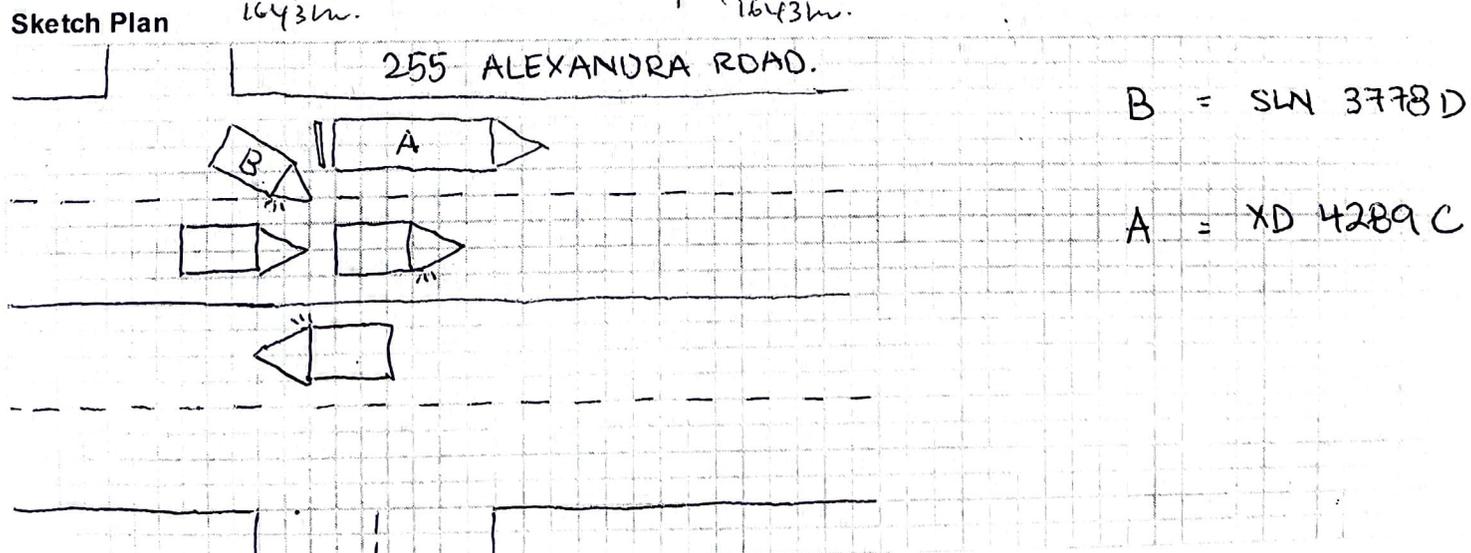
 Policyholder's Signature / Date & Time: 20/12/2021 1643hr.



 Driver's Signature (if driver is not the policyholder) / Date & Time: 20/12/2021 1643hr.



 Witnessed by Reporting Centre Personnel



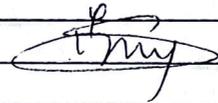
Describe Circumstances of the Accident

I DROVE THE JAGUAR (SLN 3778D) FROM 255 ALEXANDRIA ROAD (KAH MOTOR). WHILE AT THE CARPARK EXIT WAITING TO TURN OUT TO THE MAIN ROAD, THERE IS HEAVY TRAFFIC CONSIST OF MULTIPLE CAR AND 2x 40FT TRAILER. 1 OF THE TRAILER STOPPED BEFORE THE CARPARK GANTRY ALLOWING THE JAGUAR TO EXIT WHILE ANOTHER TRAILER MOVE FORWARD.

OUTSIDE THE FERRARI SHOWROOM WHICH IS BESIDE KAH MOTOR, TRAILER (XD 4289 C) STOPPED BY THE ROADSIDE, WITH THE JAGUAR EXITING THE CARPARK ENDING RIGHT BEHIND THE TRAILER. THE JAGUAR NEED TO INCH FORWARD TO ALLOW THE OPPOSITE DIRECTION CAR TO ENTER THE PREMISES ON THE LEFT. WHILE SIGNALLING RIGHT GIVING THE INTENTION TO OVERTAKE AND WAITING FOR THE CARS ON THE RIGHT TO BE CLEARED, THE RAMP WERE BROUGHT DOWN AND SUBSEQUENTLY SCRAPPED / CHIPPED THE BOTTOM OF THE JAGUAR LEFT BUMPER.

FILE CLAIMS AGAINST THE TRAILER COMPANY (TOLL).
THE OTHER PARTY PAYS FOR REPAIR.

NOBODY WAS INJURED.



Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time 20/12/2021
1643W.
Driver's Signature (If driver is not the policyholder) / Date & Time 20/12/2021
1643W.

Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	758G

Vehicle Details

Vehicle No.:	SLN3778D
Vehicle to be Exported:	Yes
Intended Deregistration Date:	31 Dec 2021
Vehicle Make:	JAGUAR
Vehicle Model:	XJ 3.0S/C TSS LWB SR
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	16110907391306PS
Chassis No.:	SAJAC2281H8W05699
Maximum Power Output:	250.0 kW (335 bhp)
Open Market Value:	\$86,971.00
Original Registration Date:	28 Apr 2017
First Registration Date:	28 Apr 2017
Transfer Count:	1
Actual ARF Paid:	\$128,548.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Apr 2027
PARF Rebate Amount:	\$96,411.00

Intended COE Rebate Details

COE Expiry Date:	27 Apr 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$54,406.00
COE Rebate Amount:	\$28,971.00
Total Rebate Amount:	\$125,382.00

The information contained herein is correct as at 21 Dec 2021

OK

Jaguar XJ 3.0A SC Premium Luxury LWB

[Overview](#)

[Financial](#)

[Accessories](#)

[Similar](#)

[Research](#)

[Photos](#)

[Map](#)

Price

\$73,800

Depreciation

\$30,780 /yr

[View models with similar depre](#)

Reg Date

29-Jan-2013

(1yr 30days COE left)

Mileage

N.A.

Manufactured

2012

Road Tax

\$2,380 /yr

Transmission

Auto

Dereg Value

\$54,898 as of today (change)

OMV

\$80,976

COE

\$96,101

ARF

\$80,976

Engine Cap

2,995 cc

Power

250.0 kW (335 bhp)

Curb Weight

1,834 kg

No. of Owners

2

Type of Vehicle

Luxury Sedan