

ASS REC. BY: TGrim

REF:

CS/CT122000424/BtF3Denise

ASSIGNMENT

From:

Date: 13/1/2022

Estimated Cost:

OD/ CS / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SME 61414at Workshop m/s Bifrost Autoof 8 Kaki Bt Ave 4 Premier # 01-49

Insured:

Policy No.

Claims No.

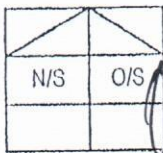
Sum Insured:

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:

79,000/2

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

7

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS u

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SME 61414Yr Regn: 8/10/2018Type: M.C / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Honda Civic 1.6C.C 1597

Colour:

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

37311

T/Radio: Insured / Std / NI / NA

Eng/No:

R16B25501935

C/No:

MR.HFC5650170001666Gen. Cond: Good / Bad / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / SKM / STD A/Rim or

Tyre Size:

F: 215/55/16R: 215/55/16

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

6/1/2022

D.O.I.

13/1/2022

Survey held at

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

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

Date / Time

Action / Instruction

Range 3,000/2 - 4,000/2Recommended COR is LS \$ 3,250/2RED: 5091.2;61%MV 79,000/2PV 34,551/2NV 44,449/2TGrim15/1/2022

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 7

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Report Format:

Lump Sum/ L.B.T. ()

D

Less 20%

	\$80.00	NNX
	\$280.00	NNX
80.00	\$120.00	/
60.00	\$200.00	/
	\$200.00	} NNX
	\$200.00	
800.00	\$1,200.00	/
800.00	\$1,000.00	/
120.00	\$150.00	
	\$250.00	NNX
<u>860.00</u>	<u>\$3,680.00</u>	

\$8,341.20

Lump Sum Repair
Repair days 7

LS 3250/2

Tarun Mini
15/12/2022

Date:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	634D
Vehicle Details	
Vehicle No.:	SME6141G
Vehicle to be Exported:	Yes
Intended Deregistration Date:	10 Jan 2022
Vehicle Make:	HONDA
Vehicle Model:	CIVIC 1.6 VTI CVT
Primary Colour:	Grey
Manufacturing Year:	2018
Engine No.:	R16B25501935
Chassis No.:	MRHFC5650JT001666
Maximum Power Output:	92.0 kW (123 bhp)
Open Market Value:	\$20,645.00
Original Registration Date:	08 Oct 2018
First Registration Date:	08 Oct 2018
Transfer Count:	1
Actual ARF Paid:	\$20,903.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Oct 2028
PARF Rebate Amount:	\$15,677.00
Intended COE Rebate Details	
COE Expiry Date:	07 Oct 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$28,000.00
COE Rebate Amount:	\$18,874.00
Total Rebate Amount:	\$34,551.00

The information contained herein is correct as at 10 Jan 2022

OK

MV 79,000/2

PV 34,551/2

NV 44,449/2

Terim Min
15/1/2022

VEHICLE NO: SME6141G

MAKE & MODEL: Honda Civic 1

AUTO / MANUAL

DATE OF ACCIDENT	06 / 10 / 2022	*C.C.
TIME OF ACCIDENT	12.21 AM / (PM)	
LOCATION OF ACCIDENT	8A Admiralty street foodxchange #	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	NG YIM MUI CYNTHIA	
EMAIL:	SUPERSONIC RUN 123 @GMAIL-com	Office: MOBILE: 92362861
NRIC	S1679634D	
CLAIM TYPE	OD / (THIRD PARTY) / REPORTING ONLY	
FLEET POLICY:	YES / NO ?	
INSURANCE CO.	AVIVA	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	11021613	
NAME OF DRIVER	(AS ABOVE) / IF NO:	
NRIC		
DATE OF BIRTH	26 / 10 / 1964	
ANY PASSENGER	YES (NO):	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / (Indoor)	
DATE OF DRIVING PASS	18 / 10 / 1996	
GENDER	Male / (Female)	
CONTACT NO.	Mobile: 92362861 Office: Home:	
EMAIL:		
ADDRESS	B15 CEYLON #03-04	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No. INSURER:	
RELATIONSHIP	Employee / If No: owner	
WEATHER CONDITION	(Clear) / Raining / Other:	
ROAD SURFACE	(Dry) / Wet / Other:	
ANY INJURIES	(No) / If yes: Who?	
CONTACT NO.		
POLICE REPORT	(No) / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	GBC 3064G Any Passenger:	
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	(YES) / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:		

Have you been approach by unknown person soliciting (s) /

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

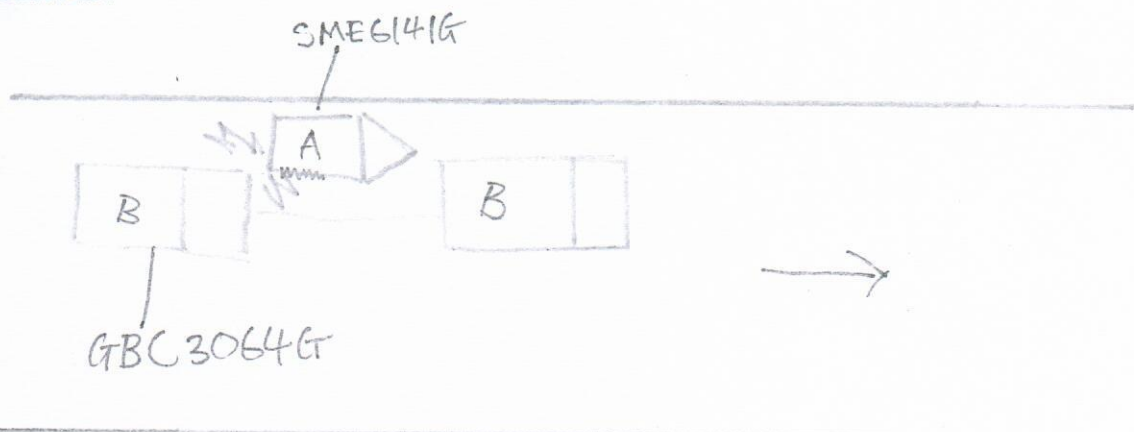
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

on the above date and time my vehicle was parked stationary
outside my office when I finish work I notice my car was being hit
by someone I went to the building management and found out
a lorry GBC 3064 G have hit onto my car on rear right portion
and I also got the video of the accident given by the building
management.

Declaration

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

Witnessed by Reporting Centre
Personnel