

ASS. REC. BY: Zabi

REF: CC4/ASM 22 001380/Rpa3

2657

**ASSIGNMENT**

Front \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SNA 9755 A

at Workshop m/s NINETEEN AUTOWORKS

of 39, MURONGS CLOVE MEHA @ #01-24

Insured: ASM

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

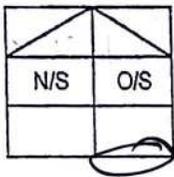
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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



Bal. or Market Value: 97K

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: SNA 9755A Yr Regn: 2021 / July

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

Truck / Trailer or \_\_\_\_\_

Make: KIA CERATO 1.6 AEX c.c. 1591

Colour: BLACK A/C: Insured / Std / NI / NA

Sp. Reading: 19442 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KNAP3416MM5107138

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt or

Brake: Order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/55R16

R: \_\_\_\_\_

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

TOYO / YOKO or NEXEN

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 16/02/22 D.O.I. 14/02/22

Survey held at NINETEEN

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

REAR O/S

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

Date / Time	Action / Instruction
	<u>REPAIR LIMIT - 4/K</u>

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

1) \_\_\_\_\_  
Date/Time, File Return to?

2) \_\_\_\_\_

Report Format: \_\_\_\_\_  
Lump Sum / I.B.I. (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$)  
 : Interview (\$)  
 : Tech. Invs (\$)  
 : Weekend (\$)

Survey Fee:	
Transportation:	
S + RS. SI	
Photos	
Others	
TOTAL	

# NINETEEN AUTOWERKS PTE LTD

Blk 436 Tampines Street 43  
 #07-97 Singapore 520436  
 Tel: (65) 9674 1991  
 ☒ nineteenautowerks@gmail.com



**NINETEEN**  
AUTOWERKS

## ESTIMATE

DATE: 14-Feb-22  
 DOA: 10-Feb-22  
 VEHICLE NO: SNA 9755 A  
 MAKE & MODEL: KIA CERATO

DESCRIPTION	QUANTITY	AMOUNT	TOTAL
<b>LIST ITEMS</b>			
Rear Bootlid <i>h/</i>	1	\$893.80	\$893.80
Rear Boot Lamps <i>x</i>	2	\$383.00	\$766.00
Rear Boot Inner Lock <i>x</i>	1	\$146.50	\$146.50
Rear Boot Rubber <i>x</i>	1	\$148.60	\$148.60
Rear Boot "KIA" emblem <i>new</i>	1	\$52.50	\$52.50
Rear Boot "Cerato" emblem <i>new</i>	1	\$42.50	\$42.50
Rear Taillamps <i>LH-X/RH-?</i>	2	\$575.20	\$1,150.40
Rear End Panel <i>repair</i>	1	\$698.50	\$698.50
Rear End Panel Inner Garnish <i>x</i>	1	\$182.50	\$182.50
Rear Smart Keyless Sensor <i>x</i>	1	\$225.50	\$225.50
Rear Bumper <i>cm</i>	1	\$858.00	\$858.00
Rear Bumper Inner Sponge <i>?</i>	1	\$185.50	\$185.50
Rear Bumper Reflectors <i>? LH-X/RH-?</i>	2	\$198.00	\$396.00
Rear Bumper Reinforcement <i>?</i>	1	\$376.00	\$376.00
Rear Bumper Reinforcement Stays <i>?</i>	1	\$345.00	\$345.00
Rear Bumper Reinforcement Brackets <i>?</i>	1	\$88.70	\$88.70
Rear Bumper Side Retainers <i>LH-X/RH-new</i>	2	\$45.50	\$91.00
Rear Diffuser <i>cm</i>	1	\$320.90	\$320.90
Rear Diffuser Garnish <i>x</i>	1	\$156.10	\$156.10
		Total	\$7,124.00
		Less 20%	\$1,424.80
			<u>\$5,699.20</u>

## SPECIAL NETT ITEMS

Sundries <i>new</i>	1		<i>20</i> \$60.00
Rear Bumper Clips (set) <i>new</i>	1		<i>30</i> \$100.00
Rear End Panel Clips (set) <i>x</i>	1		\$100.00 <i>x</i>
Rear Reverse Sensor (set) <i>?</i>	1		<i>200</i> \$350.00
Rear Reverse Camera <i>x</i>	1		\$350.00 <i>x</i>
			<u>\$960.00</u>
	Parts Total		\$6,659.20

## LABOUR CHARGES

Remove & Refit Damaged lamps, wiring	\$80.00 <i>30</i>
Remove & Refit Inner Garnish	\$150.00 <i>60</i>
Remove & Refit Rear reverse sensor & camera	\$250.00 <i>60</i>
Transfer Bootlid mechanism and wiring assembly	\$120.00 <i>60</i>
To apply undercoating for rust roofing	\$180.00 <i>60</i>

Panel Beating  
Spray Painting

Labour Total

500 \$1,800.00  
700 \$1,500.00  
\$4,080.00

**Total Parts and Labour Cost of Repair**

\$10,739.20

Russell

Ap 90010068

5 days

~~7~~ 4/5

14/02/22 @ 1620

after  
Resurvey ~~before~~ paint

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:

# 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 ..... 11/02/2022 17:55 (SGT)  
Date of Accident ..... 10/02/2022 18:25 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ANG MO KIO AVENUE 5  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNA9755A  
INSURED/POLICYHOLDER .....  
Is company? ..... No  
Name Of Registered Owner ..... SOH KIM HOONG  
NRIC No ..... SXXXX265J  
Email Address ..... dianesoh@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-91855135  
Alternative Phone No ..... +65-91855135

## VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... Cerato  
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 ..... 1591

## INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 7210081403  
Cover Note Number ..... -

## DRIVER

Name of Driver ..... NICOLE LIM CJIA YII  
NRIC No ..... SXXXX236H

Date Of Birth ..... 16/09/1994  
 Occupation ..... Outdoor  
 Date Of Driving Pass ..... 13/11/2014  
 Driving experience ..... 7 YEARS AND 3 MONTHS  
 Gender ..... Female  
 Mobile Number ..... (Phone) +65-93209322  
 Alt. Phone Number ..... -  
 Email Address ..... NICOLELIMCJIAYII@gmail.com  
 Address ..... 981B BUANGKOK CRESCENT #14-29  
 Address complement ..... -  
 Postcode ..... 532981  
 Is the driver the policyholder? ..... No  
 If No, Relationship of the Driver with the Insured ..... Child  
 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 ..... Raining  
 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) ..... 3  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... No

PASSENGER 1

Name ..... SEE PEH XIN CHARMAINE  
 Gender ..... Female

PASSENGER 2

Name ..... TAN SZE MIN  
 Gender ..... Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... Yes  
 Police Station Name ..... Traffic Police  
 Police Station Phone No ..... (Phone) +65-65470000  
 Alt. Police Station Phone No ..... (Fax) +65-65474900  
 Police Station Address ..... 10 Ubi Avenue 3 Singapore 408865  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED POLICE REPORT T/20220211/7020

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 ..... SHD7027L  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Taxi  
 Name of Driver ..... -  
 Contact Number ..... -  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person ..... NICOLE LIM CJIA YII  
 Gender ..... Female  
 Phone No ..... (Phone) +65-93209322  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... 5 DAYS MEDICAL LEAVE  
 Injured person in which vehicle? ..... SNA9755A  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

INJURED 2

Name of injured person ..... TAN SZE MIN  
 Gender ..... Female  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... 5 DAYS MEDICAL LEAVE  
 Injured person in which vehicle? ..... SNA9755A  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

INJURED 3

Name of injured person ..... SEE PEH XIN CHARMAINE  
 Gender ..... Female  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... 5 DAYS MEDICAL LEAVE  
 Injured person in which vehicle? ..... SNA9755A  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

**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 reputate 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.

*[Handwritten Signature]*

Policyholder's Signature / Date & Time

*[Handwritten Signature]*

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

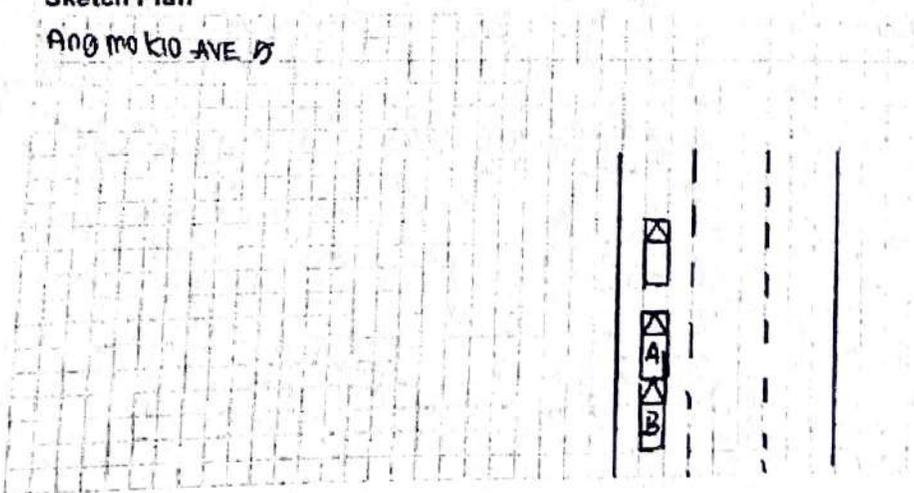
*[Handwritten Signature]*

Witnessed by Reporting Centre Personnel *[Handwritten Signature]* Selamatshaham

**Sketch Plan**

ANG MO KIO AVE S

A - SNA 9755A  
B - SHO 1027L



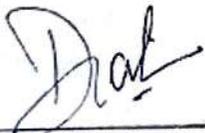
Describe Circumstances of the Accident

Refer to POLICE REPORT.

TP claim Own Workshop

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

Selamatshain



# SINGAPORE POLICE FORCE



T/20220211/7020

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

1 of 3

Report No. T/20220211/7020

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/02/2022 14:44		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NICOLE LIM CJIA YII			Address: 981B BUANGKOK CRESCENT #14-29 SINGAPORE 532981		
ID Type / ID No.: NRIC NO / S9434236H		Contact No.: Home/Office:		Mobile: 93209322	
Nationality: SINGAPORE CITIZEN		Email: NICOLELIMCJIAYII@GMAIL.COM			
Sex: Female	Age: 27	Date of Birth: 16/09/1994	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Real estate agent		Driving Licence Information: Class:		Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/02/2022 18:25	Type of Location: Straight Road
Location:  ANG MO KIO AVENUE 5				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHD7027L	TAXI					2
SNA9755A	Car					3

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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

**CONTINUATION OF REPORT**

Driver			
Name	NICOLE LIM CJIA YII		ID No. S9434236H
Related Vehicle	SNA9755A (Car)		Contact No. 93209322
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	11/02/2022		Date 11/02/2022
No. of Days granted Medical Leave	05	Degree of	Serious
Passenger			
Name	TAN SZE MIN		ID No. S9305442C
Related Vehicle	SNA9755A (Car)		Contact No. NIL
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	11/02/2022		Date 11/02/2022
No. of Days granted Medical Leave	05	Degree of	Serious
Passenger			
Name	SEE PEH XIN CHARMAINE		ID No. S9440354E
Related Vehicle	SNA9755A (Car)		Contact No. NIL
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	11/02/2022		Date 11/02/2022
No. of Days granted Medical Leave	05	Degree of	Serious

**Brief Details.**

On the stated time and date, i was driving my Vehicle A bearing SNA9755A on Ang Mo Kio Ave 5 , the lorry in front of me jam brake i managed to brake in time and stop my vehicle. Suddenly i felt a huge impact from my rear, i got off my vehicle and realized Vehicle B bearing SHD7027L had collided on to the rear of my vehicle. My passengers and i felt aches and pain after the accident and we went to visit the doctor and received 5 Days MC.



**SINGAPORE  
POLICE FORCE**



T/20220211/7020

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

3 of 3

Report No. T/20220211/7020

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
BOON YEN KIAN  
Contact No.: 65476172

NP168

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

Date/Time:  
11/02/2022 14:44

Classification Of Case:

Back to OneMotoring

### Acquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	265J
Vehicle No.:	SNA9755A
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Feb 2022
Vehicle Make:	KIA
Vehicle Model:	CERATO 1.6(A) EX
Primary Colour:	Black
Manufacturing Year:	2021
Engine No.:	G4FGMH702781
Chassis No.:	KNAF3416MM5107138
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$14,558.00
Original Registration Date:	27 Jul 2021
First Registration Date:	27 Jul 2021
Transfer Count:	0
Actual ARF Paid:	\$14,558.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Jul 2031
PARF Rebate Amount:	\$10,918.00
COE Expiry Date:	26 Jul 2031
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$47,010.00
COE Rebate Amount:	\$44,406.00
Total Rebate Amount:	\$55,324.00

The information contained herein is correct as at 15 Feb 2022

OK

# Kia Cerato 1.6A EX

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[Financial](#)

[Accessories](#)

[Similar](#)

[Research](#)

[Photos](#)

[Map](#)

## CARRO

The Better Place to Buy Cars

<b>Price</b>	<b>\$97,888</b>		
<b>Depreciation</b> ⓘ	\$9,610 /yr <a href="#">View models with similar depre</a>	<b>Reg Date</b>	21-Jul-2021 (9yrs 5mths 5days COE left)
<b>Mileage</b>	4,715 km	<b>Manufactured</b> ⓘ	2021
<b>Road Tax</b> ⓘ	\$738 /yr	<b>Transmission</b>	Auto
<b>Dereg Value</b> ⓘ	\$53,295 as of today (change)	<b>OMV</b> ⓘ	\$14,478
<b>COE</b> ⓘ	\$45,001	<b>ARF</b> ⓘ	\$14,478
<b>Engine Cap</b>	1,591 cc	<b>Power</b>	93.8 kW (125 bhp)
<b>Curb Weight</b> ⓘ	1,287 kg	<b>No. of Owners</b> ⓘ	1