

ASS. REC. BY:

REF:

CC4/LPC 22001476/Rr23

2160

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SKP 6889Zat Workshop m/s CYSof 38, WOODMAN / Ind PK E1 #07-17Insured: LPC

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: 39K

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

Veh No: SKP 6889Z Yr Regn: 2014 / JunType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi A3 SEDAN 1.4 TFSI c.c. 1395Colour: WHITE A/C: Insured / Std / NI / NASp. Reading: 155369 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAU2228V6E1026618Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 235/35ZR19

R: _____

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 18/02/22 D.O.I. 28/02/22Survey held at CYS

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

O/S FR

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

Date / Time

Action / Instruction

REPAIR LIMIT - 15K

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)

Survey Fee: _____

Transportation: _____

Report Format: _____

Lump Sum / L.B.I. (\$ _____)

☐ : Interview (\$ _____)

S + RS. SI

☐ : Tech. Invs (\$ _____)

Photos

☐ : Weekend (\$ _____)

Others

Interview



進友成汽車服務有限公司 CYS Automobile Services Pte Ltd

ROC Reg. No : A05041/2001E

GST Reg. NO.: 20-0105041-E

38 Woodlands Industrial Park East 1 #07-17 Admiralty Industrial Park Singapore 757700

Tel: 6219 2098 (3 Lines) Fax: 6219 2096 E-mail: cysauto@singnet.com.sg

MR GOH CHOON HUA
BLK. 1 WOODLANDS DRIVE 72
#13-04 SINGAPORE 7308089

POLICY NO : THIRD PARTY CLAIM
YOUR REF : GBC 135 E (LONPAC)
OUR REF : TP 6365
VEHICLE NO : SKP 6889 Z
MAKE/MODEL : AUDI A3
DATE OF ACCIDENT : 13.02.22

SURVEY BY

DATE : 28.02.22

1 PC BONNET <i>bt torn</i>		S\$	2,330.00
2 PCS BONNET HINGES <i>bt</i>	57.00		114.00
2 PCS BONNET TOP LOCK CATCH <i>X</i>	55.00		110.00
1 PC BONNET LOWER LOCK RH <i>X</i>			158.00
1 PC HEADLAMP ASSY RH <i>bro</i>			1,670.00
1 PC FRONT BUMPER <i>cut / photo</i>			1,550.00
2 PCS FRONT BUMPER SIDE BRACKETS <i>? RH / LH - X</i>	42.00		84.00
1 PC FRONT FENDER RH <i>line</i>			690.00
1 PC FRONT FENDER INNER SHIELD RH <i>?</i>			140.00
1 PC FRONT SUPPORT PANEL <i>?</i>			690.00
		S\$	7,536.00
	LESS 10%		753.60
		S\$	6,782.40
1 SET FRONT BUMPER CLIPS <i>na</i>	10.00	S\$	30 50.00 S/ NETT
1 SET FRONT FENDER INNER SHIELD CLIPS <i>na</i>	13.00		40 120.00 "
		S\$	180.00
TO REMOVE AIR-CON CONDENSER, PIPE, DRIER AND TOP-UP AIR-CON GAS		S\$	120.00 100?
TO CHECK WIRING FUNCTION			50.00 30
TO APPLY RUST PROOFING ON REPLACED/ REPAIRED PANEL			80.00 40
LABOUR CHARGES			700.00 600
TO PUTTY AND SPRAY PAINTING CHARGES			900.00 800
		S\$	8,812.40

SIN DOLLARS: EIGHT THOUSAND EIGHT HUNDRED TWELVE AND CENTS FORTY ONLY

YOUR FAITHFULLY,

CYS AUTOMOBILE SERVICES PTE LTD

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:

Resur
Hy 90010068

6 days

4/5

28/02/22 @ 1620

Resur 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	14/02/2022 14:13 (SGT)
Date of Accident	13/02/2022 18:04 (SGT)
Exact Location of Accident	Lor 7 Toa Payoh, Singapore
Additional Location Information	BLK. 20 & 21, TOA PAYOH LORONG 7 OPEN-AIR CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP6889Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GOH CHOON HUA
NRIC No	SXXXX216D
Email Address	boon.tat@live.com.sg
Mobile Phone No	(Phone) +65-98486689
Alternative Phone No	+65-98486689

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1400

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5100911425-03
Cover Note Number	-

DRIVER

Name of Driver	GOH MING TAT
NRIC No	SXXXX244F

Date Of Birth 13/06/1995
 Occupation Outdoor
 Date Of Driving Pass 13/06/2014
 Driving experience 7 YEARS AND 8 MONTHS
 Gender Male
 (Phone) +65-90999973
 Mobile Number -
 Alt. Phone Number -
 Email Address gohmingtat95@gmail.com
 Address BLK. 1 WOODLANDS DRIVE 72
 Address complement #13-04
 Postcode 738089
 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 Collided into Parked Vehicle
 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? 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? No
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

ON THE ABOVE MENTION DATE & TIME, I WAS STATIONERY AT THE STOP-LINE WAITING FOR THE TRAFFIC AT THE MAJOR ROAD TO CLEAR. VEHICLE B MAKE A LEFT TURN AT THE LANE NEXT TO ME WHICH WAS AGAINST THE TRAFFIC FLOW. AND HE HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

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 GBC135E
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver -
 Contact Number -

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.



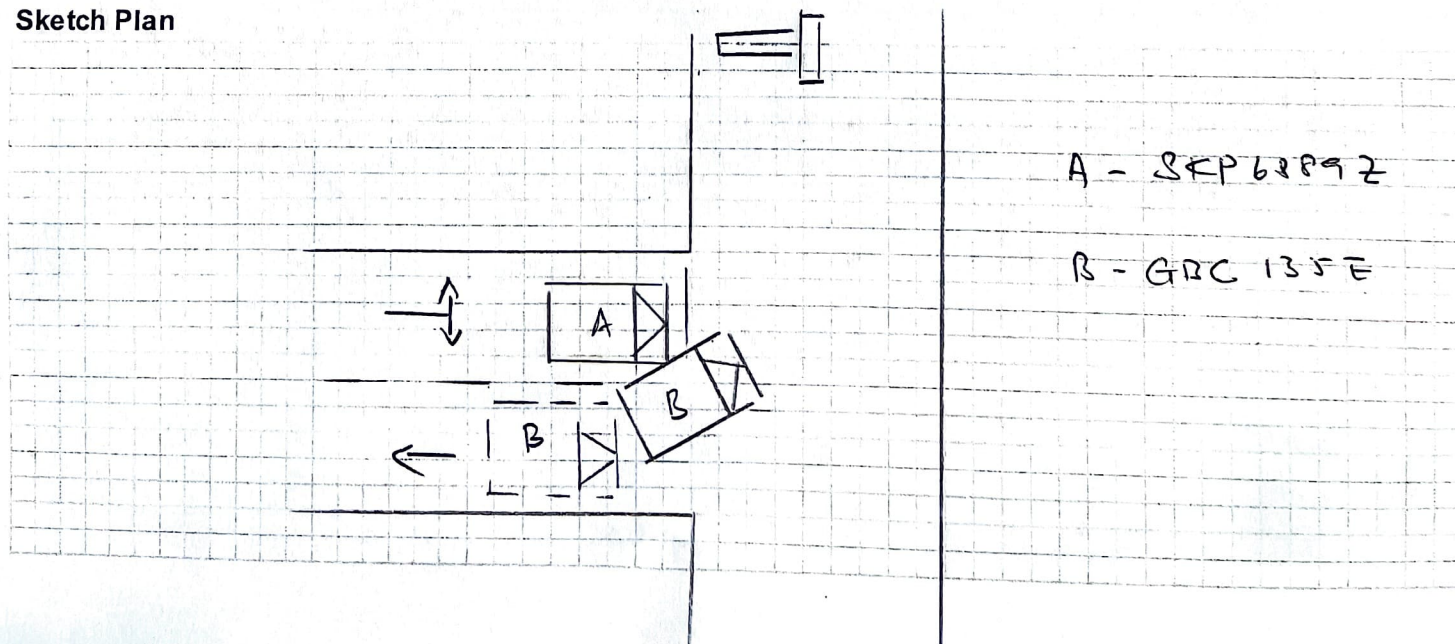
進友成汽車服務私人有限公司
CYS Automobile Services Pte Ltd
38 Woodlands Industrial Park East 1
#07-17 Admiralty Industrial Park
Singapore 757700
Tel: 6219 2098 (3lines) Fax: 6219 2096

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 MENTION DATE & TIME. I
WAS ~~AT~~ STATIONERY AT THE STOP-LINE WAITING
FOR THE TRAFFIC AT THE MAJOR ROAD TO CLEAR.
VEHICLE B MAKE A LEFT TURN AT THE
LANE NEXT TO ME WHICH WAS AGAINST THE
TRAFFIC FLOW. AND HE HIT INTO MY
VEHICLE FROM RIGHT POSITION

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage claim under your own comprehensive policy. please check with your policy for more information.

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

Witnessed by Reporting Centre Personnel



進友成汽車服務私人有限公司
CYS Automobile Services Pte Ltd
38 Woodlands Industrial Park East 1
#07-17 Admiralty Industrial Park
Singapore 757000
Tel: 6219 2098 (3lines) Fax: 6219 2096

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	216D
Vehicle No.:	SKP6889Z
Vehicle to be Exported:	No
Intended Deregistration Date:	01 Mar 2022
Vehicle Make:	AUDI
Vehicle Model:	A3 SEDAN 1.4 TFSI (AMBIENTE)
Primary Colour:	White
Manufacturing Year:	2014
Engine No.:	CXS0700B3
Chassis No.:	WAUZZZ8V6E1026618
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$28,804.00
Original Registration Date:	09 Jun 2014
First Registration Date:	09 Jun 2014
Transfer Count:	0
Actual ARF Paid:	\$17,326.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	08 Jun 2024
PARF Rebate Amount:	\$10,395.00
COE Expiry Date:	08 Jun 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$60,002.00
COE Rebate Amount:	\$13,617.00
Total Rebate Amount:	\$24,012.00

The information contained herein is correct as at 01 Mar 2022

OK

Audi A3 Sedan 1.4A TFSI S-tronic Ambiente

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PRM

Prem Roy Motoring Pte Ltd

DRIVE AS YOU SELL

COMPLETE CAR TRADE SOLUTIONS

Price **\$44,900**

Depreciation **\$13,440 /yr**
[View models with similar depre](#)

Reg Date **25-Nov-2014**
(2yrs 8mths 23days COE left)

Mileage **99,100 km (13.6k /yr)**

Manufactured **2014**

Road Tax **\$624 /yr**

Transmission **Auto**

Dereg Value **\$28,330 as of today (change)**

OMV **\$28,034**

COE **\$67,889**

ARF **\$16,248**

Engine Cap **1,395 cc**

Power **90.0 kW (120 bhp)**

Curb Weight **1,310 kg**

No. of Owners **2**