

ASS. REC. BY:

REF: MSG/22001709/KV f3

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured: SLL 6615G

Policy No. 30001960496

Claims No. 269954

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:

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMA 94191

Yr Regn:

06, 18

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

Truck / Traller or

Make:

Honda Vorel

c.c

1496

Colour

Navy Black

A/C:

Insured / Std / NI / NA

Sp. Reading

7394

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

Rui

1301607

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/60R18

R:

BS / BUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

17/2/22

Rear

R/Bal.

6

mm

L/Bal.

6

mm

D.O.I.

23/2/2022

Survey held at

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

25/2 11:50 819001 Cabot 13/4/22 (red 1305.52, 40%)

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

2) 19/4/22-typist

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Fees


Others

TOTAL

Report Format: Merimen

Lump Sum /+B+ (\$ 1900)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9145640J





Name
NATASHA SAWHNEY

Race
INDIAN

Date of birth
17-12-1991

Sex
F

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S9145640J

Name
NATASHA SAWHNEY


Birth Date: 17 Dec 1991

Issue Date: 30 Sep 2011




002004706K1

3 9 7 5 2 5 4



NRIC No. S9145640J



Date of issue
15-12-2006

8 RIDGEWOOD CLOSE #20-11
SINGAPORE 276698
NRIC No: XXXXX640J

Date of change: 08/12/2021

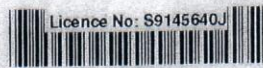
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 30 Sep 2011

NP 428A

Licence No: S9145640J



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 640J

Vehicle Details

Vehicle No.: SMA9479J
Vehicle to be Exported: No
Intended Deregistration Date: 18 Feb 2022
Vehicle Make: HONDA
Vehicle Model: VEZEL 1.5X CVT
Primary Colour: Black
Manufacturing Year: 2018
Engine No.: L15B5551611
Chassis No.: RU11301607
Maximum Power Output: 96.0 kW (128 bhp)
Open Market Value: \$21,863.00
Original Registration Date: 25 Jun 2018
First Registration Date: 25 Jun 2018
Transfer Count: 0
Actual ARF Paid: \$12,609.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 24 Jun 2028
PARF Rebate Amount: \$9,456.00

Intended COE Rebate Details

COE Expiry Date: 24 Jun 2028
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$36,426.00
COE Rebate Amount: \$23,130.00
Total Rebate Amount: \$32,586.00

The information contained herein is correct as at 18 Feb 2022

OK

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	18/02/2022 16:46 (SGT)
Date of Accident	17/02/2022 09:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SINARAN DRIVE FILTER LANE TWDS MOULMEIN RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA9479J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NATASHA SAWHNEY
NRIC No	SXXXX640J
Email Address	NATASHASAWHNEY17@GMAIL.COM
Mobile Phone No	(Phone) +65-83455778
Alternative Phone No	+65-83455778

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	HONDA / VEZEL 1.5X CVT
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	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5122433573
Cover Note Number	-

DRIVER

Name of Driver	NATASHA SAWHNEY
NRIC No	SXXXX640J

Date Of Birth	17/12/1991
Occupation	Indoor
Date Of Driving Pass	30/09/2011
Driving experience	10 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83455778
Alt. Phone Number	+65-83455778
Email Address	NATASHASAWHNEY17@GMAIL.COM
Address	8 RIDGEWOOD CLOSE
Address complement	#20-11
Postcode	276698
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	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

17/2/22 AT 9:30AM, I WAS EXISTING SINARAN DRIVE VIA FILTER LANE TOWARDS MOULMEIN ROAD, CAR PALTE NUMBER SLL6615G HIT ME FROM THE BACK WHEN MY CAR WAS STATIONARY WHILE WAITING FOR TRAFFIC TO GO.

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	Video with owner.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL6615G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	NATASHA SAWHNEY
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMA9479J
Were seat belts worn?	-
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 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")

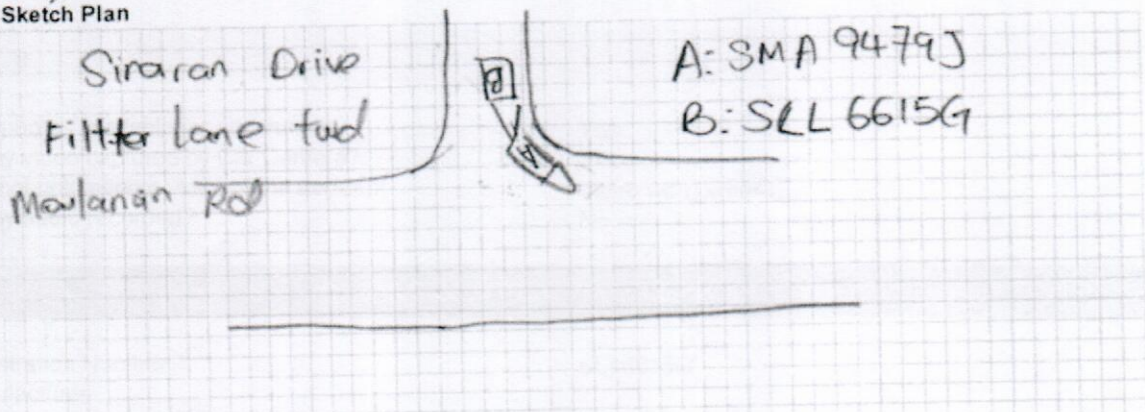
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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

1-7/2/22 At 9:30 AM I was exiting Sincan Drive via Filler Lane ~~at~~ towards meadow road when car Plate number 9 SL46615 G hit me from the back when my car was stationary while waiting for oncoming traffic to go.

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

趙 源 摩 哆 Chew Goon Motor

Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5
#01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047
Tel: 6484 1626 (24Hrs) Fax: 6484 0465
Business Reg. No: 221880/00C GST Reg. No: MX-0486007-A0

Not Notarized
618pm 81900hr
Primary After Pay
4 days

To: AXA Insurance (S) Pte Ltd

Policy No: Third Party

Accident Date : 17.02.2022

Date: 21.02.2022

Specialised in Car Painting, Welding,
Panel-Beating and Insurance Claim.

ESTIMATE

承接汽车烧焊喷漆及
代理各种车辆赔偿

数量 Quantity	货 名 DESCRIPTION	单 价 Unit Price	银 Amount 额 \$ cts.
	Estimate Cost of Repair to "Honda Vezel" Reg. No. SMA9479J Claiming Against Your Insured Veh. No. SLL6615G		
1pc	Rear Bumper <i>762.70</i>		<i>Rec</i> 1cm 892.00 ✓
142cs	Rear Bumper Clips	3.80	<i>Rec</i> 45.60 ✓
1pc	Rear Bumper Top Retainer RH		<i>Rec</i> 28.00 X
1pc	Rear Bumper Reflector RH		<i>Rec</i> 155.70 ✓
1pc	Rear Bumper Corner Retainer RH		<i>Rec</i> 18.00 ✓
1pc	Rear Bumper Side Cover RH <i>195</i>		<i>Rec</i> 204.30 ✓
1pc	Rear Fender Arch Protector RH		<i>Rec</i> 205.00 ✓
10pcs	Rear Fender Arch Protector Clips	4.50	<i>Rec</i> 45.00 ✓
1pc	Rear Fender Shield RH		<i>Rec</i> 109.00 ✓
1pc	Rear Fender Shield Clips	4.50	<i>Rec</i> 45.00 ✓
1pc	Tailgate Emblem		<i>Rec</i> 26.00 X
1pc	Tailgate Badge Vezel		<i>Rec</i> 45.80 ✓
	Less 20%		1,819.40
			363.88
			1,455.52
	Labour Charge - Panel Beating, Repairing of Tailgate, End Panel, \		550.00 <i>2800</i>
	Rear Fender & Part Replacement		
	To Spray Paint Affected Areas (Matt Black)		1,200.00 <i>800</i>
	(Boot, Bumper, Fender, End Panel)		
	Total :		3,205.52

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: