

ASS. REC. BY:

REF:

102/ 22001740/KV f3

C

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:

SLE 6781X

Policy No.

Claims No.

D22000533MFZH

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

11cm

(Policy Condition)

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

Bal. or Market Value:

79k

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

02

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:

SMC 73601

Yr Regn:

07.18

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

Truck / Trailer or

Make:

Kia Carens

c.c

1685

Colour

M.D. Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

318478

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KNA14U815VJ 7211225

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: Wanti

205/55ZR16

R: DURATON

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

Front

Rear

R/Bal.

J

mm

R/Bal.

J

mm

L/Bal.

J

mm

L/Bal.

J

mm

D.O.A.

21/2/22

D.O.I.

28/2/2022

Survey held at

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

015 km

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

Date / Time

Action / Instruction

4/3 21:50 @ 900m Ccns (red 2969.60, 76%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 9/3/22-typist

Days Of Repair: 2

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Fees

Others

TOTAL

Report Format: TP

Lump Sum / L.B. (\$900)

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	055D
Vehicle Details	
Vehicle No.:	SMC7360U
Vehicle to be Exported:	Yes
Intended Deregistration Date:	28 Feb 2022
Vehicle Make:	KIA
Vehicle Model:	CARENS 1.7 DCT DIESEL 5DR FWD
Primary Colour:	Brown
Manufacturing Year:	2018
Engine No.:	D4FDJD024152
Chassis No.:	KNAHU815VJ7211225
Maximum Power Output:	104.0 kW (139 bhp)
Open Market Value:	\$20,030.00
Original Registration Date:	19 Jul 2018
First Registration Date:	19 Jul 2018
Transfer Count:	0
Actual ARF Paid:	\$20,042.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Jul 2028
PARF Rebate Amount:	\$15,031.00
Intended COE Rebate Details	
COE Expiry Date:	18 Jul 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$37,989.00
COE Rebate Amount:	\$24,243.00
<b>Total Rebate Amount:</b>	<b>\$39,274.00</b>

The information contained herein is correct as at 23 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	22/02/2022 13:26 (SGT)
Date of Accident	21/02/2022 13:54 (SGT)
Exact Location of Accident	180 Ang Mo Kio Ave 8, Singapore 569830
Additional Location Information	NAYANG POLY EXIT TO ANG MO KIO AVE 5
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC7360U
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BIS MOTORING PTE LTD
Company Reg No	2XXXXX055D
Email Address	keiftan@bismotoring.com.sg
Mobile Phone No	(Phone) +65-86881311
Alternative Phone No	(Office) +65-86881311

#### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Carens
Variant	KIA CARENS
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	1700

#### INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	COI-SOMF1000000413-SMC7360U
Cover Note Number	-

#### DRIVER

Name of Driver	HO SIEW NAM
NRIC No	SXXXX974G

Date Of Birth	20/12/1962
Occupation	Outdoor
Date Of Driving Pass	01/04/1980
Driving experience	41 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86869832
Alt. Phone Number	-
Email Address	ho1520974@gmail.com.sg
Address	885, TAMPINES ST 83 #08-23
Address complement	-
Postcode	520885
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Cross Junction
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?	Yes
Police Station Name	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

I WAS DRING STRAIGHT AFTER TRAFFIC LIGHT TURN GREEN , VEHICLE SLE6781X CAME FROM OPPOSITE DIRECTION TRY TO MAKE A TURN RIGHT AND HIT ONTO MY VEHICLE

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE6781X
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-



Vehicle Category .....	Private hire
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) .....	-

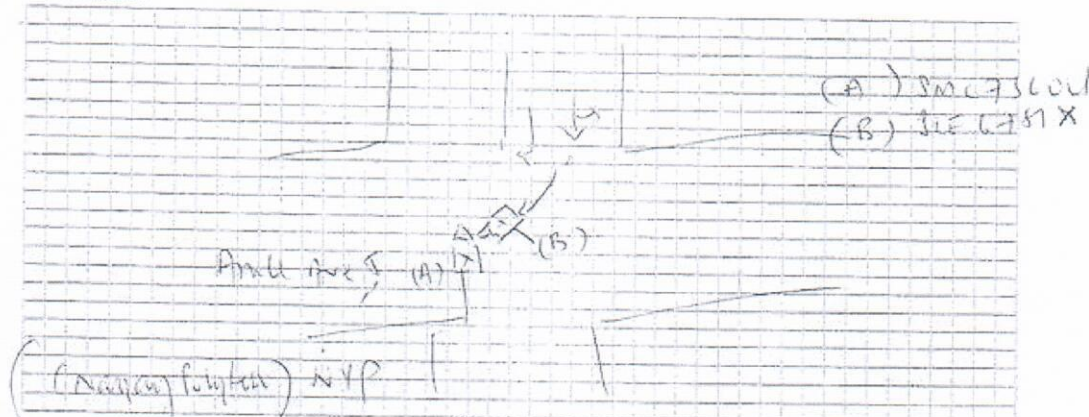
#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	HO SIEW NAM
Gender .....	Male
Phone No .....	(Phone) +65-86869832
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	MC
Injured person in which vehicle? .....	SMC7360U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was going straight rd after traffic light appear (green) as I move off, opposite vehicle (8LE 6781X) make a right turn & hit my front.

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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

## 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# Munich Autocare Pte Ltd

60 Jalan Lam Huat #02-02/03 Carros Centre Singapore 737869

Tel: +65 6255 2288 | Fax: +65 6265 5388

Company Reg. No.: 201832250M | GST Reg. No.: 201832250M

## ESTIMATION REPORT

Vehicle No : SMC7360U

Make & Model : KIA, Carens EX 1.7 Diesel, KNAHU815VJ7211225

Year of : 2018

Manufacture

Estimation No. : E22020009

Date : 23/02/2022

No.	Code	Description	Qty	U/P	Amt
<b>Section: Remark</b>					
1		MS FIRST CAPITAL INSURANCE LTD DOA 21-02-2022 3 PARTY CLAIM - SLE6781X -SMC7360U	1.00	0.00	0.00

Amt S\$ 0.00  
Discount (0.00%) S\$ 0.00  
Subtotal S\$ 0.00

### Section: Parts

2		FRONT BUMPER <i>618</i>	<i>Bu</i> 1.00	834.00	834.00 ✓
3		FROBT BUMPER SPONGE	1.00	81.60	<i>1/2</i> 81.60 X
4		FRONT BUMPER REINFORCEMENT	1.00	466.80	<i>1/2</i> 466.80 X
5		FRONT BUMPER SIDE BRACKET RH	1.00	14.40	<i>1/2</i> 14.40 X
6		FRONT BUMPER CENTRE BRACKET	1.00	9.60	<i>1/2</i> 9.60 X
7		FRONT GRILLE	<i>1/2</i> 1.00	565.20	565.20 X
8		FRONT BUMPER LOWER GRILLE	<i>1/2</i> 1.00	190.80	190.80 X
9		FRONT BUMPER LOWER CHROME	<i>1/2</i> 1.00	222.00	222.00 X
10		FOG LAMP COVER RH <i>118</i>	<i>not in</i> 1.00	156.00	156.00 ✓
11		FRONT FOG LAMP RH	<i>1/2</i> 1.00	247.20	247.20 X

*10%*  
Amt S\$ 2,787.60  
Discount (0.00%) S\$ 0.00  
Subtotal S\$ 2,787.60

### Section: Special nett

12		FRONT BUMPER CLIPS	6.00	<i>1/2</i> 7.00	42.00 ✓
----	--	--------------------	------	-----------------	---------

Amt S\$ 42.00  
Discount (0.00%) S\$ 0.00  
Subtotal S\$ 42.00

### Section: Labour

*Not Withink*  
*Reamy After Paint*  
*2 days*  
*11/2 89000*

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:

Continue on next page...



# Munich Autocare Pte Ltd

60 Jalan Lam Huat #02-02/03 Carros Centre Singapore 737869

Tel: +65 6255 2288 | Fax: +65 6265 5388

Company Reg. No.: 201832250M | GST Reg. No.: 201832250M

## ESTIMATION REPORT

**Vehicle No** : SMC7360U

**Estimation No.** : E22020009

**Make & Model** : KIA, Carens EX 1.7 Diesel, KNAHU815VJ7211225

**Date** : 23/02/2022

**Year of** : 2018

**Manufacture**

No.	Code	Description	Qty	U/P	Amt	
13		CHECK ALL LIGHTING AND OPERATION	1.00	60.00	60.00	100
14		REMPVE FRONT BUMPER AND P/B NECESSARY ITEM - RESHAPPE ALL PARTS ON AFFECTED AREA	1.00	480.00	480.00	200
15		SPRAY PAINT AFFECTED FRONT BUMPER AND AFFECTED PANEL	1.00	500.00	500.00	210

**Amt** S\$ 1,040.00

**Discount (0.00%)** S\$ 0.00

**Subtotal** S\$ 1,040.00

### Remarks:

M/S FIRST CAPITAL INSURANCE LTD

3 PARTY CLAIM - DOA 21-02-2022

3 PARTY CLAIM

**Total**

S\$ 3,869.60