

ASS. REQ. BY:

REF:

U02/22002116/Kg

C

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:

Policy No.

Claims No.

Sum Insured:

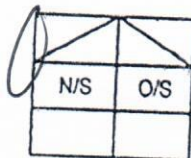
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

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:

SLU 6337L

Yr Regn:

12, 17

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

Truck / Trailer or

Make:

Honda Vezel

c.c

1498

Colour

M. Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

86445

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

RU1

1229675

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/60R16

R:

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

Front

Rear

R/Bal.

8 mm

R/Bal.

8 mm

L/Bal.

8 mm

L/Bal.

8 mm

D.O.A.

4/3/12

D.O.I.

22/3/2022

Survey held at

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

N/S Frt

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

Date / Time

Action / Instruction

31/3 11 By 833501 Cerber (Red # 878-19, 362)

Date/Time, File Pass to?

☐

: Prel. Report

1) 1/4 04/04/22

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

4

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

TP

Lump Sum / I.B.F. (\$

3350

ESTIMATE TO REPAIR

VEHICLE NO. : SLU 6337 L
 MAKE : HONDA
 MODEL : VEZEL 1.5X SENSING CVT ABS D/AIRBAG 2WD
 YEAR : 2017
 CHASSIS NO : L15B4429680

SURVEYOR NAME : LKK
 DATE OF SURVEY : 22/03/22
 TIME OF SURVEY :

DATE : 07-Mar-22
 DATE OF ACCIDENT : 04-Mar-22
 THIRD PARTY REF : SJQ 6183 H
 THIRD PARTY REF : UNITED OVERSEAS INS LTD

Qty	Parts Description/ Labour	Type	Unit Price	Nett Item Amt	Amount
1 pc	front bumper <i>762.70</i>				<i>mbcm</i> \$ 801.20 <i>2</i>
2 pcs	front bumper retainer		\$ 20.60	<i>n/s</i>	\$ 41.20 <i>4</i>
10 pcs	front bumper clips		\$ 3.50		\$ 35.00 <i>2</i>
1 pc	n/s front fender				\$ 421.80 <i>1</i>
1 pc	n/s front fender arch garnish			<i>mbcm</i>	\$ 153.20 <i>1</i>
1 pc	n/s head lamp			<i>5505N</i>	\$ 1,923.40 <i>2</i>
1 pc	n/s front wheel rim <i>P-7</i>				\$ 833.30 <i>1</i>
	Less 20%				\$ 4,209.10
					\$ 420.91
					\$ 3,788.19
	To putty & spray paint				\$ 700.00 <i>600</i>
	To check wiring & focus head lights.				\$ 30.00 <i>201</i>
	To check wheel alingment				\$ 60.00 <i>✓</i>
	To anti rust.				\$ 50.00 <i>30</i>
	Labour Charges				\$ 600.00 <i>400</i>
TG/VL	TOTAL				\$ 5,228.19
	<p><i>Not withain 1/1 hr & 33350/h</i></p> <p><i>Permy After Pain</i></p> <p><i>4 days</i></p> <div style="border: 1px solid blue; padding: 5px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</p> </div>				
	total amount b/f				\$ -

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	385G
Vehicle Details	
Vehicle No.:	SLU6337L
Vehicle to be Exported:	Yes
Intended Deregistration Date:	04 Mar 2022
Vehicle Make:	HONDA
Vehicle Model:	VEZEL 1.5X SENSING CVT ABS D/AIRBAG 2WD
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	L15B4429680
Chassis No.:	RU11229675
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$21,923.00
Original Registration Date:	08 Dec 2017
First Registration Date:	08 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$12,693.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Dec 2027
PARF Rebate Amount:	\$9,519.00
Intended COE Rebate Details	
COE Expiry Date:	07 Dec 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$41,617.00
COE Rebate Amount:	\$23,963.00
Total Rebate Amount:	\$33,482.00

The information contained herein is correct as at 04 Mar 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	04/03/2022 16:53 (SGT)
Date of Accident	04/03/2022 13:45 (SGT)
Exact Location of Accident	Near 452 Ang Mo Kio Ave 10, Singapore 560452
Additional Location Information	ANG MO KIO AVE 3 BEFORE JUNCTION ANG MO KIO AVE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU6337L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG SAY HIN
NRIC No	SXXXX385G
Email Address	SAYHINNG@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97326832
Alternative Phone No	+65-97326832

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5113725102-02
Cover Note Number	-

DRIVER

Name of Driver	GOH CHAY CHER
NRIC No	SXXXX355B

Date Of Birth	26/07/1954
Occupation	Indoor
Date Of Driving Pass	30/04/1977
Driving experience	44 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90698835
Alt. Phone Number	-
Email Address	SAYHINNG@HOTMAIL.COM
Address	35 THOMSON TERRACE
Address complement	-
Postcode	574566
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Chain Collision
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOW
Gender	Female

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

AT THE MATERIAL DATE AND TIME I WAS TRAVELING ALONG ANG MO KIO AVE 3 BEFORE JUNCTION ANG MO KIO AVE 10. VEH B SUDDENLY CUT INTO MY LANE AND HIT ONTO MY VEH A. CAUSE VEH B'S FRONT RIGHT PORTION HIT ONTO MY VEH A'S FRONT LEFT PORTION. THAT'S ALL. NOBODY INJURY. THAT'S ALL

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	SJQ6183H
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)	-

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:



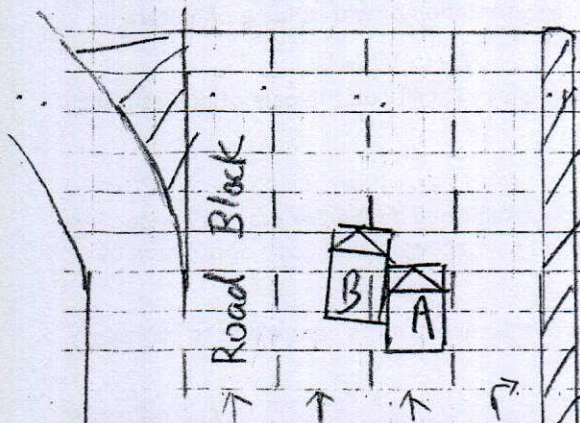
Driver's Signature
(If driver is not the policyholder) Date
& Time:



Reporting Centre Personnel's Signature
Name: Wew
NRIC/FIN No.: S X X X 991A

SKETCH PLAN

Date & Time of Accident: 04/03/2022 / 1345hrs Location: Ang mo kio Ave 3 before Junction Ave 1
 Veh A: SW 6337L Veh B: 810 6183H Veh C/Others: _____



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the material date & time I was travelling along Ang mo kio Ave 3 before Junction Ang mo kio Ave 10. Veh B suddenly cut into my lane and hit onto my veh A. Cause Veh B's front right portion hit onto my veh A's front left portion. That's all. Nobody injury. That's all.

NOTE : PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

☐ Own Damage Claim at Lim Tan Motor ☒ TP Claim at Lim Tan Motor
☐ Own Damage Claim at Other Workshop ☐ TP Claim at Other Workshop ☐ Reporting Only

I/We hereby authorised Lim Tan Motor Pte Ltd to forward my/our filed GIA accident report to:-

My/Our workshop via email : _____
 My/Our email : Sayhinn@hotmail.com

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Sayhinn
 Policyholder's Signature Date & Time:

Chay CGoh
 Driver's Signature (If driver is not the policyholder) Date & Time:

VS
 Reporting Centre Personnel's Signature
 Name: Veng
 NRIC/FIN No.: SXXXX99H