

ASS. REC. BY:

REF:

SMO/ 220021701K943

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: _____

Policy No. _____

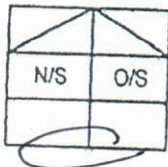
Claims No. CMT0700876 / GPL

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: A95K

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SM 8671 Yr Regn: 06, 19

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

Truck / Trailer or

Make: Honda Wagon C.C. 1496Colour: M. Red A/C: Insured / Std / NI / NASp. Reading: 199784 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GB7 1087044Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rlm / STD A/Rlm orTyre Size: F: 215/45 ZR17

R: _____

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

TOYO / YOKO or

Tourado

Front

Rear

R/Bal. 8 mmR/Bal. 6 mmL/Bal. 8 mmL/Bal. 6 mmD.O.A. 5/3/22D.O.I. 8/3/2022

Survey held at

12.35pmDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

17/3 / 11pm @ 46501 Cardu Cred to 7892.08, 62%

24/3/22 @ 5.03pm Revised to Enok Pan Loong by email.

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 5Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS. \$

Fees:

Others:

TOTAL

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

Report Format :

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

TP

4650

Massive Trading & Auto

Blk 5038 #01-405 Ang Mo Kio Industrial PK 2 Singapore 569541
H/P 91082728

Fax : 64816131

G LIMO
Blk 633A Punggol Dr
#02-675
Singapore 821633

Not Notarised
11 Sep 8 4650hr
Preremy After Pain
5 days

Vehicle No : SML 8671 T
Make/Model : Honda Freed
Year : 2018

Qty	Description	Unit Price	Amount
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Estimate Cost Of Repair

1 pc	Rear tail-gate assy	1207.90			
1 pc	Rear tail-gate glass moulding				
1 pc	Rear tail-gate emblem " H "				
1 pc	Rear tail-gate emblem : Freed "				
1 pc	Rear tail-gate emblem " Hybrid "				
1 pc	Rear tail-gate outer chrome handle				
1 pc	Rear tail-gate inner lock				
1 pc	Rear tail-gate inner trim board	384.70			
2 pcs	Rear tail-gate lamp				
2 pcs	Rear tail-lamp assy				
2 pcs	Rear tail-lamp panel				
1 pc	Rear windscreen wiper motor				
2 pcs	Rear fender inner trim board				
2 pcs	Rear fender air vent				
1 pc	Rear boot rubber				
1 pc	Rear end panel	560			
1 pc	Rear end panel inner garnish	145.80			
1 pc	Rear bumper	873.10			
2 pcs	Rear bumper top retainer				
2 pcs	Rear bumper side retainer				
2 pcs	Rear bumper reflector				
1 pc	Rear o/s bumper reflector garnish				
1 pc	Rear bumper tow cover				
1 pc	Rear boot floor panel top cover board				
1 pc	Rear exhaust silencer				

Less 20 %
balance c/f

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:

SML 8671 T

balance b/f \$8,682.08

S Nett

1 pc Rear tail-gate glass sealant
1 pc Rear reverse sensor
20 pcs Rear bumper clip
1 pc Rear no plate

Ac \$40.00 ✓
Pr \$200.00 X
Ac \$60.00 ✓
Pr \$45.00 X
\$345.00

1 pc Rear tailgate edge lining - 80.00 New 505m ✓
1 pc Rear bumper lower garnish - 200.00 Rd/lot ✓
Labour Charges

Remove/renew the above parts including knocking, welding & cutting.

\$1,200.00 600 ✓

To putty and spray paint

\$1,200.00 600 ✓

Check & reconnect wiring.

\$45.00 15 ✓

To respray anti-rust proofing treatment

\$120.00 60 ✓

Remove/refit rear windscreen to facilitate repair

\$100.00 ✓

Remove/refit rear tail-gate mechanism to new door.

\$150.00 60 ✓

Remove/renew rear exhaust silencer.

\$120.00 60 ✓

Remove/refit rear boot upholstery to facilitate repair.

\$100.00 60 ✓

Total

\$12,062.08

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:	Business
Owner ID:	563K

Vehicle Details

Vehicle No.:	SML8671T
Vehicle to be Exported:	Yes
Intended Deregistration Date:	09 Mar 2022
Vehicle Make:	HONDA
Vehicle Model:	FREED HYBRID 1.5G AUTO
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	LEB5624996
Chassis No.:	GB71087044
Maximum Power Output:	101.0 kW (135 bhp)
Open Market Value:	\$27,267.00
Original Registration Date:	07 Jun 2019
First Registration Date:	07 Jun 2019
Transfer Count:	1
Actual ARF Paid:	\$20,174.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 Jun 2029
PARF Rebate Amount:	\$15,130.00

Intended COE Rebate Details

COE Expiry Date:	06 Jun 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$36,961.00
COE Rebate Amount:	\$26,768.00
Total Rebate Amount:	\$41,898.00

The information contained herein is correct as at 08 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	08/03/2022 09:10 (SGT)
Date of Accident	05/03/2022 22:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	IRWELL BANK RD TWDS KIM SENG RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML8671T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	G.LIMO
Company Reg No	5XXXX563K
Email Address	razirossi46@gmail.com
Mobile Phone No	(Phone) +65-94998561
Alternative Phone No	+65-94998561

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210111217
Cover Note Number	-

DRIVER

Name of Driver	GHAZI AMIN
NRIC No	SXXXX559G

Date Of Birth	10/05/1985
Occupation	Outdoor
Date Of Driving Pass	16/06/2009
Driving experience	12 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94998561
Alt. Phone Number	-
Email Address	razirossi46@gmail.com
Address	BLK 633A PUNGGOL DRIVE
Address complement	#02-675
Postcode	821633
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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

PLS REFER TO THE ATTACHED STATEMENT

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	GBG8370T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	JONATHAN TAN JIAN ZHONG
Contact Number	(Phone) +65-91255263
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	GHAZI AMIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SML8671T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 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.

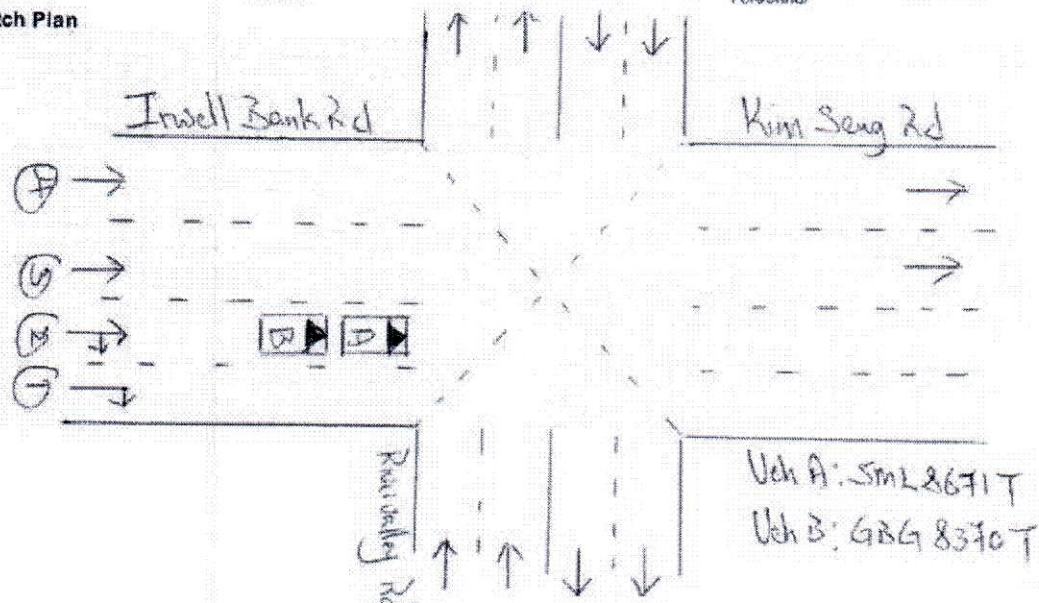


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 08/02/2022 @ cnd 225ohrs, I was travelling along Inwell Bank Rd towards Kim Seng Rd. When I reached the traffic junction, I stopped my vehicle due to red light. While waiting for the traffic light to turn green, suddenly I felt an impact from the rear of my vehicle. I got out of my vehicle and realised that veh (B) G5G 8310T had collided into my vehicle rear portion.

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
 08/03/22