

ASS. REC. BY:

REF:

C72/22002185/K4

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

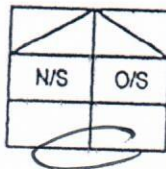
Claims No. _____

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: 02 days Res.: Yes or NoLum Sum: 1-B-1 % 3 Val.: Yes or NoCA / REV / REP. 1-24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLM 5244 Yr Regn: 09, 08Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or _____

Make: Nai 77 c.c. 1984Colour: Ch. Black A/C: Insured / Std / NI / NASp. Reading: 255829 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: TRU 2228J X 9100 2432Gen. 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: 245/40R18

R: _____

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

Front _____ Rear _____

R/Bal. 2 mm R/Bal. 2 mmL/Bal. 2 mm L/Bal. 2 mmD.O.A. 7/3/22 D.O.I. 14/3/2022

Survey held at _____

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

17/13 @ 2488.00 Carhit

RED:5123.3

7591.3

Date/Time, File Pass to?

☐ : Prell. ReportDays Of Repair: 2

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

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

Survey Fee:

Transportation: _____
S + RS. _____

Fees

Others

TOTAL

Report Format :

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

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 : SLM524U
Make & Model : AUDI,TT COUPE 2.0A,TRUZZZ8JX91002432

Estimation No. : E22030011
Date : 08/03/2022

No.	Code	Description	Qty	U/P	Amt
Section: Remark					
1		CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD (SJS9983K) DOA: 7.3.2022 3RD PARTY CLAIM	1.00	0.00	0.00

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

Section: Parts

2		REAR BUMPER <i>1968</i>	<i>cm</i> 1.00	2,530.00	2,530.00 <i>2</i>
3		REAR BUMPER RETAINER RH/ LH	<i>in</i> 2.00	64.40	128.80 <i>X</i>
4		REAR BUMPER REINFORCEMENT	<i>R</i> 1.00	782.00	782.00 <i>X</i>
5		REAR BUMPER CENTRE LAMP	<i>in</i> 1.00	195.50	195.50 <i>X</i>
6		REAR END PANEL	<i>in</i> 1.00	1,955.00	1,955.00 <i>X</i>

Amt S\$ 5,591.30
Discount (0.00%) S\$ 0.00
Subtotal S\$ 5,591.30

Section: Special nett

7		BUMPER CLIPS	10.00 <i>in</i>	15.00	150.00 <i>600</i>
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Amt S\$ 150.00
Discount (0.00%) S\$ 0.00
Subtotal S\$ 150.00

Section: Labour

8		LABOUR FOR SPRAY PAINT REAR BUMPER AND AFFECTED AREAS	1.00	1,000.00	1,000.00 <i>2201</i>
9		LABOUR FOR REMOVE & REPLACE REAR BUMPER	1.00	400.00	400.00 <i>2001</i>
10		LABOUR FOR PANL BEATING & WELDING REAR END PANEL	1.00	300.00 <i>in</i>	300.00 <i>X</i>
11		LABOUR FOR CHECK ALL WIRING	1.00	150.00	150.00 <i>201</i>
12			1.00	0.00	0.00

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:

Not Withstand
Survey B4 per day

2468.00

Continue on next page...

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 402B

Vehicle Details

Vehicle No.: SLM524U

Vehicle to be Exported: Yes

Intended Deregistration Date: 09 Mar 2022

Vehicle Make: AUDI

Vehicle Model: TT COUPE 2.0 A

Primary Colour: Black

Manufacturing Year: 2008

Engine No.: BWA240420

Chassis No.: TRUZZZ8JX91002432

Maximum Power Output: 147.0 kW (197 bhp)

Open Market Value: \$48,395.00

Original Registration Date: 19 Sep 2008

First Registration Date: 19 Sep 2008

Transfer Count: 6

Actual ARF Paid: \$48,395.00

Intended PARF Rebate Details

PARF Eligibility: Forfeited

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 18 Sep 2028

COE Category: B - Car (1601cc & above)

COE Period(Years): 10

PQP Paid: \$33,377.00

COE Rebate Amount: \$21,778.00

Total Rebate Amount: \$21,778.00

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 13:53 (SGT)
Date of Accident	07/03/2022 19:30 (SGT)
Exact Location of Accident	Woodlands Ave 12, Singapore
Additional Location Information	WOODLANDS AVE 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM524U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ELTON LIM SEOW LONG
NRIC No	SXXXX402B
Email Address	eltonlim73@gmail.com
Mobile Phone No	(Phone) +65-90026432
Alternative Phone No	+65-90026432

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Tt
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	1984

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA394272
Cover Note Number	-

DRIVER

Name of Driver	ELTON LIM SEOW LONG
NRIC No	SXXXX402B

Date Of Birth	19/12/1973
Occupation	Indoor
Date Of Driving Pass	12/04/1995
Driving experience	26 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90026432
Alt. Phone Number	+65-90026432
Email Address	eltonlim73@gmail.com
Address	7 CANBERRA DRIVE
Address complement	#02-13
Postcode	768069
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?	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

AS IM DRIVING ALONG WOODLANDS AVE 12 @ 7.3.2022 7.30AM. I WAS STOPPING STATIONARY, A CAR FROM MY BACK HIT MY REAR SIDE OF MY CAR.

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	SJS9983K
Vehicle Manufacturer	Hyundai
Vehicle Model	Avante
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	MARIMUTHU MUTHUKRISHNAN
NRIC No	SXXXX707A
Contact Number	-

Address	428 WOODLANDS STREET 41
Address complement	#06-232
Postcode	730428
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
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.
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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.:

SKETCH PLAN

woodland land Ave 12

VEH A - SLN 524 U
VEH B - 335 9983 K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I'm driving along woodland Ave 12
@ ~~28~~ 07/03/22 730am
I was stopping stationary, a car from my
back hit my rear side of my car.

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.:

