

Kenneth

CS/ASM21013161/Kty3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ RS

of _____ 06

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.

N/S	O/S

Bal. or Market Value: £ 13,500

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 12/23 Person Contacted: _____

Vehicle: IN / OUT

Veh No: SJL 84428 Yr Regn: 12, 08Type: MCap / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or

Make: Toy Allion A13 1498Colour: White A/C: Insured / Std / NI / NASp. Reading: 210P55 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NBT 260 3030153Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / SRim / STD A/Rim orTyre Size: F: 185 / 70 R14

R: _____

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

TOYO / YOKO or Falken

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 25/12/21D.O.I. 28/12/2021

Survey held at _____

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

N/S in bulk

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

Date / Time Action / Instruction

5/1/11Pm @ 36000 Cabs
(RED: 4332.71;54%)

Date/Time, File Pass to?

☐ : Prel. ReportDays Of Repair: 4

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

2)

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

S - RS: \$ _____

☐ : Interview (\$ _____)

Fees: _____

☐ : Tech Invs (\$ _____)

Others: _____

☐ : Weekend (\$ _____)

TOTAL

Report Format :

Lump Sum / I.B.I: (\$ _____)

RS AUTO SERVICES

UEN No. 53426926E
160 Sin Ming Drive, #06-01
Sin Ming Auto City, Singapore 575722
Email: rsautoservices88@gmail.com

Not Authorized
11 Sep @ 3600h
Recovery After Paint
4 days

Date : 27/12/2021

QUOTATION -THIRD PARTY CLAIM

AXA INSURANCE PTE LTD

Attn: Motor Claim Department . Officer In Charge

Accident on : 25/12/2021

Claim : Third Party Claim
Veh. No : SJL 8442 Z
Model : TOYOTA ALLION
Insured Ins: AIG ASIA PACIFIC

QTY	PARTICULARS	AMOUNT	SURVEYOR
Your Insurer Vehicle No : SHC 1575 R			
1	BONNET	REPAIR	
1	FRONT BUMPER <i>927.50</i>	\$ 1,245.00	<i>Wt / Rep</i> ✓
1	FRONT BUMPER SIDE RETAINER LH <i>160</i>	\$ <i>DI</i> 220.00	✓
1	HEADLAMP LH <i>my</i>	\$ <i>CM</i> 980.00	✓
1	FRONT FENDER LH <i>Bu</i>	\$ 480.00	✓
1	FRONT FENDER UNDERSHIELD LH <i>168.50</i>	\$ 323.45	✓
1	FRONT WHEEL HUB LH <i>in Rep</i>	\$ 380.00	✓
1	FRONT WHEEL BEARING LH <i>132.40</i>	\$ 330.00	✓
1	FRONT SUSPENSION LH <i>368.60</i>	\$ 580.00	✓
1	FRONT LOWER ARM LH <i>419.70</i>	\$ 485.00	✓
1	FRONT KNUCKLE LH <i>By</i>	\$ 440.00	✓
1	FRONT STAILIZER BAR LH <i>in</i>	\$ 280.00	X
1	FRONT TIE ROD END LH <i>in</i>	\$ 233.50	X
		\$ 5,976.95	
	Less 25%	\$ 1,494.24	
		\$ 4,482.71	
S/NETT PARTS			
1	FRONT RIM LH <i>nd</i>	\$ 800.00	<i>2800</i>
10	FRONT BUMPER CLIPS <i>in</i>	\$ 45.00	✓
10	FRONT FENDER UNDERSHIELD CLIPS <i>in</i>	\$ 45.00	✓
	TOTAL S/NETT	\$ 890.00	
	TOTAL PARTS :	\$ 5,372.71	

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:

RS AUTO SERVICES

UEN No. 53426926E

160 Sin Ming Drive. #06-01

Sin Ming Auto City, Singapore 575722

Email: rsautoservices88@gmail.com

QTY	LABOUR	AMOUNT	SURVEYOR
	Balance b/f	\$ 5,372.71	
	<u>FRONT LABOUR.</u>		
	Labour charges	\$ 1,000.00	4001
	Labour to replace front right undercarriage	\$ 280.00	2001
	To do computer wheel alignment	\$ 80.00	601
	Check wiring system , forcus headlamp.	\$ 120.00	201
	Anti rust	\$ 80.00	301
	To do spray painting on accident affected area	\$ 1,000.00	4001
	Total Labour :	\$ 2,560.00	
	Total Parts & Labour :	\$ 7,932.71	
	GRAND TOTAL :	\$ 7,932.71	



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	27/12/2021 17:52 (SGT)
Date of Accident	25/12/2021 19:15 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 3, Singapore
Additional Location Information	Blk 202 carpark
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL8442Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Fung Chew Lin
NRIC No	S2190269A
Email Address	joyceland19@gmail.com
Mobile Phone No	(Phone) +65-90083182
Alternative Phone No	+65-90083182

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Allion
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	1496

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1700081340-04
Cover Note Number	-

DRIVER

Name of Driver	Fung Chew Lin
NRIC No	S2190269A



Date Of Birth	19/05/1962
Occupation	Outdoor
Date Of Driving Pass	28/12/2001
Driving experience	20 YEARS
Gender	Female
Mobile Number	(Phone) +65-90083182
Alt. Phone Number	+65-90083182
Email Address	joyceland19@gmail.com
Address	Blk 856E Tampines Street 82 #12-208
Address complement	-
Postcode	525856
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 - Major/Minor Rd
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Tan Sew Ghet
Gender	Female

PASSENGER 2

Name	Fung Chew Yung
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Serangoon Neighbourhood Police Centre
Police Station Address	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please refer to the police report.

ATTACHMENT(S)

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

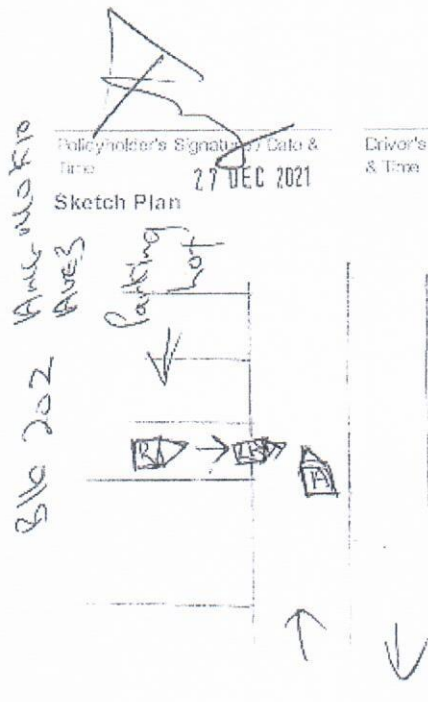
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1575R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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 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 if needed.
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/trail 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/are 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 based outside of Singapore, for one or more of the above Purposes.



A - SJL 8442 Z
B - SHC 1575 R

Policyholder's Signature / Date & Time

27 DEC 2021

Sketch Plan

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

Witnessed by Reporting Centre Personnel

Angie Soh

Describe Circumstances of the Accident

As Police Report
ATTACHED

Declaration

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature / Date &
Time
27 DEC 2011

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

Witnessed by Reporting Centre
Personnel
Angie Soh



SINGAPORE
POLICE FORCE



1/20211225/2064

1 of 4

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20211225/2064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/12/2021 20:38	Vide Report No.:	Station Diary No.: 46
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Informant's Particulars

Name of Informant: FUNG CHEW L N	Address: APT BLK 858E TAMPINES STREET 82 #12-208 SINGAPORE 525856		
ID Type / ID No.: NRIC NO / S2190269A	Contact No.:	Mobile: 90083182	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Female	Age: 59	Date of Birth: 19/05/1962	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: PASIPORAL	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Driver: No	Date/Time of Accident: 25/12/2021 19:15	Type of Location: Car Park
Location: ANG MO KIO AVENUE 3			
Weather: Clear	Road Surface: DAMP	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC157SR	Car			Blue		0
SJL8442Z	Car	TOYOTA	ALLION 1.5 A	White	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJL8442Z	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700081340-04	12/12/2021	11/12/2022



SINGAPORE
POLICE FORCE



170211225/2064

2 of 4

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No. 1800-4880999

Report No. 170211225/2064

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Tan Sew Ghet	ID No.	S1836398
Related Vehicle	SJL8442Z (Car)	Contact No.	91828338
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	FUNG CHEW LIN	ID No.	S2190269A
Related Vehicle	SJL8442Z (Car)	Contact No.	90083182
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	Fung Chew Yung	ID No.	S1582860I
Related Vehicle	SJL8442Z (Car)	Contact No.	90212312
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25/12/2021 at about 1915hrs, I was driving my car white Toyota Allion bearing SJL8442Z along the open carpark of Blk 202 Ang Mo Kio Avenue 3 to drop off some things to a friend. I had 2 passengers on board (Fung Chew Yung, Hp: 90212312 / Tan Sew Ghet, Hp: 91828338). Suddenly a blue Comfort taxi bearing SHC1575R came out from a parking lot on the left side and hit my car's front left portion. I then reversed my car and made a check on my passengers. They were all fine. The taxi driver did not come out of his vehicle and drove off leaving his registration plate number behind which fell on the road. My car suffered some damages on the front left side. I do not have an in-car camera in my car. I am lodging this report for traffic police actions.



SINGAPORE
POLICE FORCE



T202112252064

Police Station Of Origin
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No. 1800-4880999

4 of 4

Report No. T202112252064

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report
F /

Sgt 3 LOGHANATHAN S/O
AYYASAMY

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt NEO ZHI YUAN
Contact No.: 65476079

Authentication Stamp
N165

Signature Of Informant:

Date/Time:
25/12/2021 20:38

Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 269A

Vehicle Details

Vehicle No.: SJL8442Z
Vehicle to be Exported: Yes
Intended Deregistration Date: 27 Dec 2021
Vehicle Make: TOYOTA
Vehicle Model: ALLION 1.5 A
Primary Colour: White
Manufacturing Year: 2008
Engine No.: 1NZD136241
Chassis No.: NZT2603030153
Maximum Power Output: 81.0 kW (108 bhp)
Open Market Value: \$14,102.00
Original Registration Date: 12 Dec 2008
First Registration Date: 12 Dec 2008
Transfer Count: 1
Actual ARF Paid: \$14,102.00

Intended PARF Rebate Details

PARF Eligibility: Forfeited
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 11 Dec 2023
COE Category: E - Open Category
COE Period(Years): 5
PQP Paid: \$13,786.00
COE Rebate Amount: \$5,389.00
Total Rebate Amount: \$5,389.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 27 Dec 2021

OK