Report Format :

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

ASS. REC. BY: Marcus	1100 5245/Uty3
	GNMENT
From: Date: Estimated Cost:	Veh No: SMLSS330 Yr Regn: 30/04//9 Type: M.Carl M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD (TP) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or A
To Inspect Vehicle No: SML F 330	Make: SKODA OCTAVIA Rosc / 98K Colour A/C: Insured / Std / NI / NA
at Workshop m/s & W	Colour white A/C: Insured / Std / NI / NA
of	Sp.Reading 1-9499 T/Radio: Insured / Std / NI / NA
Insured: SKW&274	Eng/No:
Policy No.	C/NO: 7MBBUTNEIKDOGF789
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Ingreder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / STD A/Rim or
	Tyre Size: F: $235-/40R16$
(Policy Condition)	R:
Remark: The veh had commenced its repair at the time of inspection.	BS / DUN / EXNOVA (G) / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. mm R/Bal. mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 7 mm L/Bal. 7 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 03/04/22 D.O.I. 29/04/22
Lum Sum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS Rehicle: IN / OUT	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted: 7748 55450	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction Per \$144	
Date / Time Action / Instruction Reps 14/2 127 2/5 \$5000 in Lines Kes	ny
RED: 4010;44%	
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 4
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
Add Fee:	
	: Interview (\$) Photos

: Tech. Invs (\$

Weekend (\$

) Others

TOTAL

BLUWEL AUTOMOTIVE SERVICE PTE LTD 1 KAKI BUKIT AVE 6 # 01-28/53/55/56 SINGAPORE 417883 TEL:67452088

VEHICLE No: SML 5533D

1PC	FRONT BUMPER DE/TICA	\$2,171.00
1PC	FRONT BUMPER REINFORCEMENT	\$652.00 ×
1PC	FRONT BUMPER INNER BRACKET O/S	\$121.00
1PC	FRONT BUMPER FOG LAMP O/S	\$292.00
1PC	FRONT BUMPER FOG LAMP GARNISH O/S	\$90.00
1PC	FRONT BUMPER PDC SENSOR O/S	\$185.00 X
1PC	FRONT BUMPER LOWER UNDER COVER TOCAL	\$288.00
1SET	FRONT BUMPER LOWER UNDER COVER CLIPS	\$50.00
1PC	FRONT BUMPER INNER NOZZLE O/S	\$172.00
1SET	FRONT BUMPER CLIPS	\$50.00
1PC	HEADLAMP O/S	\$2,498.00
1PC	FRONT FENDER O/S	\$685.00 🗡
1PC	FRONT SUPPORT PANEL	\$566.00 🗡
1SET	FRONT BUMPER LOWER BLACK STICKER ALC	\$180.00
		\$8,000.00

TO CHECK WIRING	\$50.00 20
TO DISMANTLE & REPLACED FRONT PDC SENSOR	\$80.00
TO RESET & DIAGNOSTIC SYSTEM	\$150.00 60
TO SPRAY RUST PROOFING	∧∧ \$50.00 ×
LABOUR FOR PANEL BEATING & REPLACED PARTS	\$600.00 400
TO PUTTY & SPRAY PAINTING	\$880.00 400

LKK Auto Consultants hence notify the Repairer of the following:

TOTAL

- 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

LESS 10% \$7,200.00

\$9,010.00

- 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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	u venicle	
Owner ID Type:	Business	
Owner ID:	228X	-
Vehicle Details	2207	
Vehicle No.:	SML5533D	
Vehicle to be Exported:	No	
Intended Deregistration Date:	08 Apr 2022	
Vehicle Make:	SKODA	
Vehicle Model:		
Primary Colour:	OCTAVIA RS 2.0 TSI White	
Manufacturing Year:	2018	
Engine No.:	DLB029193	
Chassis No.:	TMBBU7NE1K0065789	
Maximum Power Output:	180.0 kW (241 bhp)	
Open Market Value:	\$26,300.00	
Original Registration Date:	30 Apr 2019	
First Registration Date:		
Transfer Count:	30 Apr 2019 0	
Actual ARF Paid: Intended PARF Rebate Details	\$28,820.00 (4410	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	29 Apr 2029	
PARF Rebate Amount: Intended COE Rebate Details	\$21,615.00	
COE Expiry Date:	29 Apr 2029	
COE Category:	E - Open - all except motorcycle	
COE Period(Years):	10	
QP Paid:	\$52,410.00	
COE Rebate Amount:	\$33,880.00	the transport of the
Total Rebate Amount:	\$55,495.00	
[nfa]	Ψ33,473.00	

The information contained herein is correct as at 08 Apr 2022

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08/2009 Estima 2.4A \$70000, \$888 Monthly at 2.88%

\$886 Monthly only, 2.88% By GV CARS FINANCING, \$0 Downpayment Available GV Automobile Centre StarAd



Sort by Date Posted 20 results/page 2 vehicles skoda octavia Any Category Advanced Search Make Model Depreciation Reg Date Eng Cap Mileage Veh Type Status Search Selection skoda octavia Апу Any 2019 Any Any Available Skoda Octavia 2.0A TSI RS \$123,800 \$15,670 /yr 26-Mar-2019 1,984 cc 39,485 km Sedan Available Certified quality standards. Agent unit. 3 years complimentary servicing by Republic Auto. Low financing interest rate of 1.88%. 3 Years Free Servicing By RA. Low Financing Interest Rate Of 1.88%. Republic Auto Posted: 08-Apr-2022 BYSTERIES

Skoda Octavia 2.0A TSI RS

\$135,800 \$16,080 /yr

25-Oct-2019

1,984 cc 40,000

Sedan

Available

1 Owner Unit. Well Maintained. Under Warranty With Agent Till Oct 2022. Ample Leg Room For Rear Passengers And 590 Litres Of Cargo Room. Rare Rally Green With Black Alcantara Interior. 9.2" Touchscreen Infotainment Display, RS Bucket Seats & Features, Electronically-...

Prem Roy Motoring

Posted: 21-Mar-2022

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ES1Y22450003 / SME MOTOR PTE LTD ENTRY DATE & TIME: 05/04/2022 13:22 (SGT) SUBMITTED BY: Chia Pol Ying VERSION: 1 (05/04/2022 13:22 (SGT))

Your NCD will be affected due to late reporting



- 1. Please report <u>cornectly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 falsa reporting may be referred to the Police for Investigation.

 8. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurence 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 hareby 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

05/04/2022 13:22 (SGT) 03/04/2022 10:30 (SGT) 325 Sumang Walk, Singapore 821313 MULIT STOREY CARPARK Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SML5533D

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Emall Address** Mobile Phone No Alternative Phone No.

Yes E'LEGAL CONCEPT 53217228X pfguo09@gmall.com (Phone) +65-85335533 +65-85335533

VEHICLE PARTICULARS

Manufacturer Model Variant

Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

Private use

Skoda

Octavia

No - Claiming third party Private car

Auto 2000

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

DRIVER

Name of Driver NRIC No

NTUC Income Insurance Co-operative Ltd Comprehensive

5121345912

GUO PEIFENG S9101152B

Accident report SS1Y22450003

Page 1 of 15

09/01/1991

18/01/2013

9 YEARS AND 3 MONTHS

BLK 325A SUMANG WALK #14-971

Hit and run / Vandalism / Damaged whilst parked

(Phone) +65-85335533

pfguo09@gmail.com

Indoor

Male

821325

Sibling

No

No

Clear

Dry

No

No

Yes

1

No

Yes

No

Ang Mo Klo Division Headquarters

51 Ang Mo Klo Avenue 9 Singapore 569784

(Phone) +65-18002180000

(Fax) +65-64814246

2

Date Of Birth Occupation

Date Of Driving Pass Driving expedence

Gender Mobile Number Alt. Phone Number **Email Address** Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No. Alt. Police Station Phone No. Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: F/20220403/70212.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

No

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Varient Vehicle Colour

Vehicle Category

SKW8027U

Private car

C Accident report SS1Y22450003

Page 2 of 15

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)

(Phone) +65-98631801

VEHICLE B

SKETCH PLAN

SICETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This form must be somebited by the Policyholder and for the Authorisal Driver.
- 3. Information provided must be as truthful and accurate as possible. Any willul misropresentation or withholding of matural facts may allow insurance componies to enpudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy flability on the part of the insurance
- 5. Any tabe reporting may be reterred 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 loagment 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)

Londorstand, acknowledge, agree and consent that:

- 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' invoyers/lay firms, the Manetary Authority of Singapore and any relevant government agency/authority (such as the nubse), for the auruose(s)
 - (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 anguiries by one;
 - (by) administering my claims (including the mailing of correspondence, statements, invoices, requires or notices to me, which could involve disclosure of certain personal data about our to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) cumplying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the
- all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, fisciose and/or process my Porsonal Information for one or more of the above Purposes; and
- my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agunts fincluding their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, (d) 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 und/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 countlying with requirements under any regulations, laws or court orders. concent

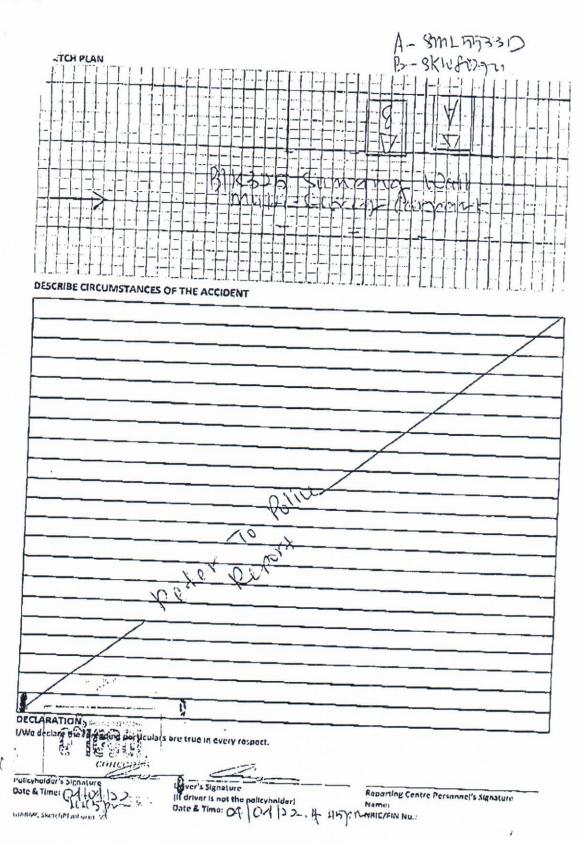
Policyholder's Signature Dute & Linie: (3/ 105/112)

Oriver's Signature (If driver is not the policyholder)

Reporting Contro Personnel's Signature Nome: Date & Time: CA 1 CA 102, 445 MANUCLEIN MU.

market special areas as

SKETCH PLAN #2







1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Klo Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No:1800-2180000 Report No. F/20220403/7021

Date/Time Report Made	VIde Re	port No.		Station Diary No.
03/04/2022 14:46		•		
Name Of Informant	Address			
GUO PEIFENG	APT BLK 325A SUMANG WALK #14-971		971 SINGAPORE	
	821325			
ID Type / ID No. NRIC NO / S9101152B	Contact Home/C		Mobile: 85335533	
Nationality SINGAPORE CITIZEN	Email Address PFGU009@GMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Other graphic and multimedia designers and artists	Male	31	09/01/1991	Chinese
Institution/School Name	Langua English	ge		
Date/Time Of Incident 03/04/2022 10:30 - 03/04/2022 10:40	Location Of Incident APT BLK 325A SUMANG WALK #14-971 SINGAPORE 821325			

Brief details.

I am making report on a hit and run accident on my residence carpark. My vehicle SML5533D was parked at 325 Sumang Walk multi storey carpark at lot 32, when the accident occurred. Vehicle SKW8027U collided onto my vehicle and left without stopping causing damage to the front right bumper and headlight.

I went to car at around 1pm and realised a note left on the windscreen of my vehicle.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 03/04/2022 14:46		
Officer In-Charge Of Case:	Classification Of Case:		





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220403/7021

Note was left by witness of another vehicle owner SMV6453S, 96420623 who witnessed the accident. My car is equipped with in-car camera, and I'm lodging this report to assist with 3rd party insurance claim.

Person Name	GUO PEIFENG		
ID Type	NRIC NO	ID No	S9101152B
Gender	Male	Age	31
Race	Chinese	Language	English
Occupation	Other graphic and multimedia designers and artists	Address Type	
Address	APT BLK 325A SUMANG WALK #14-971 SINGAPORE 821325	Mobile No	85335533
Is Informant A Victim?	Yes		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 03/04/2022 14:46		
Officer In-Charge Of Case:	Classification Of Case:		