

ASS. REC. BY: Rami

REF: CS/SMR22004196/Rty3

280H

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SKU 8804D

at Workshop m/s VANTAGE AUTOMOTIVE

of 305, ALEXANDRA RD

Insured: SMR

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.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: 140K

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SKU 8804D Yr Regn: 2021 / 2021

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

Truck / Trailer or

Make: PEUGEOT 3008 1.2 TAT8 MP c.c 1199

Colour: BLUE A/C: Insured / Std / NI / NA

Sp. Reading: 26399 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF 3MRHNSULS 303738

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/65R17

R: ~ 1

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 21/05/22 D.O.I. 12/05/22

Survey held at VANTAGE

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

N/S FR

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

Date / Time	Action / Instruction
	<u>REPAIR LIMIT - 76K</u>
	<u>cost of repair of P/P \$1,557.00/- with 02 days of repair</u>
	<u>RED: 1126;41%</u>

Date/Time, File Pass to? : Prel. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

\$ + RS. SI _____

Photos _____

Others _____

Report Format: _____

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

OFRANCE



PEUGEOT
MOTION & EMOTION

on of Vantage Automotive Limited)
s Registration No. 52907220C GST Registration No. M2-0000551-1

05 Alexandra Road
159942, Singapore

Tel : 6376 2288
Fax : 6477 7373

GST Registration No. M2-0000551-1

ESTIMATE



Estimate No. BP 5374	Date Estimated 28/04/2022	Page No. 1 of 1
Prepared By Clement Chia Cher-Yang		

ESTIMATE REPAIR FOR Chan Thai Kai Block 218C Boon Lay Avenue #09-293 Singapore 643218	ACCOUNT 14356 MS First Capital Insurance Limited 36 Robinson Road #16-01 City House Singapore 068877
--	--

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	MILEAGE
SU8804D	VF3MRHNSULS303738	27/08/2021	3008 1.2 Active Prem	25098

DESCRIPTION	VALUE
TO CONDUCT THIRD PARTY CLAIM AGAINST MS FIRST CAPITAL INS (SMB236Y). DOA:27/4/2022	0.00
TO REMOVE AND REPLACE LEFT SIDE MIRROR ASSY.	300 600.00
TO SPRAY PAINT RIGHT SIDE MIRROR COVER ASSY.	X 600.00
TO CONDUCT ECU RE-PROGRAMMING AND ERASE OF FAULT CODES.	600.00
SUNDRIES	X 100.00
Total Labour 1:	1,900.00

PART NUMBER	DESCRIPTION	QTY	PRICE	DISC	VALUE
1635224580	EXT VIEW MIRROR LH <i>sc</i>	1	575.00	10.00	517.50
1618047980	RR VIEW MIRROR LH X	1	75.00	10.00	67.50
1618048380	MIRROR CAPPING LH X	1	65.00	10.00	58.50
1618048680	SIDE FLASH-UNIT LH <i>sc</i>	1	155.00	10.00	139.50
Total Parts :					783.00

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:

Resur
Hp 90010068
2 days
9/p
12/05/22 @ 1015
Resy before new mirror

2683

Labour 1	S\$	1,900.00
Parts	S\$	783.00
Labour 2	S\$	0.00
Excess	S\$	0.00
Total GST @ 7%	S\$	187.81
Grand Total	S\$	2,870.81

Customer Name & Signature / Company Stamp _____ Date _____

The above estimates are base on visual inspection and it is possible that further materials and labour may be required upon dismantling. Should this occur, we will submit supplementary quotation for further approval. This estimate is valid for a period of 30 days only.

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 27/04/2022 15:48 (SGT)
Date of Accident 27/04/2022 08:38 (SGT)
Exact Location of Accident Near 496 Jurong West Ave 1, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKU8804D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHAN THAI KAI
NRIC No SXXXX290H
Email Address BENNYCTK@GMAIL.COM
Mobile Phone No (Phone) +65-97271966
Alternative Phone No (Office) +65-97271966

VEHICLE PARTICULARS

Manufacturer Peugeot
Model 3008
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 1199

INSURANCE COMPANY

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

DRIVER

Name of Driver CHAN THAI KAI
NRIC No SXXXX290H

Date Of Birth	02/04/1961
Occupation	Indoor
Date Of Driving Pass	21/03/1984
Driving experience	38 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97271966
Alt. Phone Number	(Office) +65-97271966
Email Address	BENNYCTK@GMAIL.COM
Address	218C BOON LAY AVE, #09-293
Address complement	-
Postcode	643218
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	Side Swipe
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

PLEASE REFER TO ACCIDENT REPORT

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	SMB236Y
Vehicle Manufacturer	Man
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Bus
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.

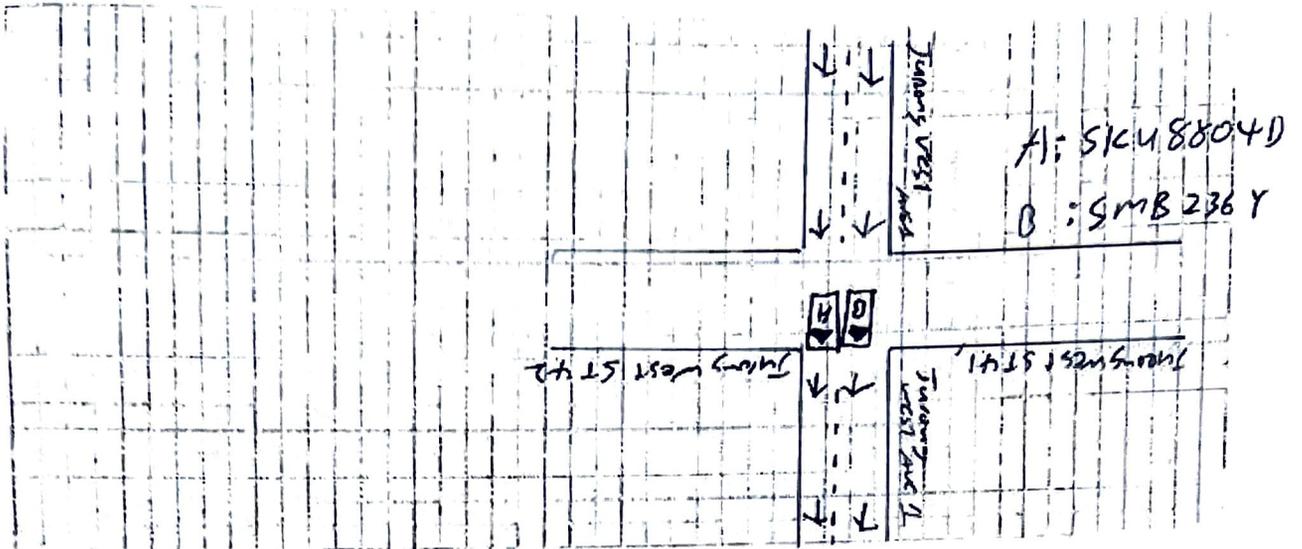
Policyholder's Signature
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/4/22 at about 8.38am, I was travelling along Jurong West Ave 1 in VEH 'A', Just as I driving cross the traffic Junction, VEH 'B' hit onto my front left damaging my VEH 'A' left side. no one was Injured.

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:

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	290H
Vehicle No.:	SKU8804D
Vehicle to be Exported:	No
Intended Deregistration Date:	12 May 2022
Vehicle Make:	PEUGEOT
Vehicle Model:	3008 1.2 EAT8 ACTIVE PREMIUM
Primary Colour:	Blue
Manufacturing Year:	2020
Engine No.:	10XVAC0082893
Chassis No.:	VF3MRHNSULS303738
Maximum Power Output:	96.0kW (128 bhp)
Open Market Value:	\$24,657.00
Original Registration Date:	27 Aug 2021
First Registration Date:	27 Aug 2021
Transfer Count:	0
Actual ARF Paid:	\$26,520.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Aug 2031
PARF Rebate Amount:	\$19,890.00
COE Expiry Date:	26 Aug 2031
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$46,689.00
COE Rebate Amount:	\$43,363.00
Total Rebate Amount:	\$63,253.00

The information contained herein is correct as at 12 May 2022

OK

Peugeot 3008 1.2A PureTech EAT8 Active Premium

[Overview](#)

[Financial](#)

[Accessories](#)

[Similar](#)

[Research](#)

[Photos](#)

[Map](#)

RoadLink

Price **\$140,800**

Depreciation **\$13,740 /yr**
[View models with similar depre](#)

Reg Date **27-Aug-2021**
(9yrs 3mths 14days COE left)

Mileage **7,500 km**

Manufactured **2021**

Road Tax **\$508 /yr**

Transmission **Auto**

Dereg Value **\$63,002 as of today (change)**

OMV **\$24,381**

COE **\$45,689**

ARF **\$26,134**

Engine Cap **1,199 cc**

Power **96.0 kW (128 bhp)**

Curb Weight **1,320 kg**

No. of Owners **1**