

ASS. REG. BY:

REF:

CS/HLA 22004711/Rty3

6769

COB XPIR: 2022/NOV

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SJA 71534at Workshop m/s my car consultantof 60, TAN LAM HUAInsured: HLA

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: 6k

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: SJA 71534 Yr Regn: 2007/06Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Civic 1.6L VTI 9100 1595Colour: Gold A/C: Insured / Std / NI / NASp. Reading: 303411 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JHMP0462085200386Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/402R18

R: \_\_\_\_\_

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

TOYO / YOKO or FRUEN

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 12/05/22 D.O.I. 19/05/22Survey held at MY CAR CONSULTANT

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

REAR O/S

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

Date / Time

Action / Instruction

REPAIR LIAI - 3.5

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

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

Photos

Others

Report Format: \_\_\_\_\_

Lum Sum / I &amp; L / C

MY CAR CONSULTANT PTE LTD  
(Co Reg. No. 201605878Z)  
60 JALAN LAM HUAT, CARROS CENTRE  
#05-68 (S737869)  
Tel: 93911482

TO : QBE DATE : 19-May-22  
ATTENTION : MOTOR CLAIMS DEPT JOB TYPE : T/P CLAIM

**OWNER'S PARTICULAR**

**VEHICLE DETAILS**

NAME : VEHICLE NO : SJA7153Y  
ADDRESS : MODEL : HONDA CIVIC  
THIRD PARTY REQUESTOR / CONTACT : DAUD/93911482

**QUOTATION SUMMARY**

**CLAIM DETAIL : PARTS**

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	BOOTLID <i>bf</i>	1	\$ 964.00	\$ 1,025.00
2	BOOTLID EMBLEM 'CIVIC' <i>re</i>	1	\$ 57.00	\$ 57.00
3	BOOTLID EMBLEM '1.6' <i>re</i>	1	\$ 58.00	\$ 58.00
4	BOOTLID EMBLEM 'V TECH' <i>re</i>	1	\$ 68.00	\$ 68.00
5	BOOTLID LAMP <i>ca</i>	2	\$ 412.00	\$ 824.00
6	BOOTLID LOWER GARNISH <i>af</i>	1	\$ 212.00	\$ 212.00
7	BOOTLID NUMBER PLATE LAMP ? <i>24</i>	12	\$ 38.00	\$ 76.00
8	REAR FENDER COWLING <i>X</i>	2	\$ 75.00	\$ 150.00
9	REAR FENDER INNER TRIM RH ?	1	\$ 587.00	\$ 587.00
10	REAR FENDER AIR VANT RH <i>X</i>	1	\$ 159.00	\$ 159.00
11	REAR BUMPER <i>de</i>	1	\$ 796.00	\$ 796.00
12	REAR BUMPER SIDE RETAINER <i>1pc RH?</i>	12	\$ 41.00	\$ 82.00
13	REAR BUMPER BRACKET <i>1pc RH?</i>	12	\$ 89.40	\$ 178.80
14	TAILLAMP RH ?	1	\$ 598.00	\$ 598.00
15	TAILLAMP PANEL <i>X</i>	2	\$ 398.00	\$ 796.00
16	REAR END PANEL <i>bf</i>	1	\$ 961.00	\$ 961.00
17	REAR END PANEL TOP GARNISH <i>de</i>	1	\$ 312.00	\$ 312.00
18	REAR FLOOR PANEL TOP BOARD <i>X</i>	1	\$ 617.00	\$ 617.00
19	REAR FLOOR PANEL UNDER COVER GARNISH <i>X</i>	1	\$ 311.00	\$ 311.00
20	REAR TOOL BOX SPONGE <i>X</i>	1	\$ 525.00	\$ 525.00
21	REAR EXHAUST PIPE <i>X</i>	1	\$ 1,259.00	\$ 1,259.00
22	REAR EXHAUST GARNISH <i>X</i>	1	\$ 68.00	\$ 68.00
23	REAR EXHAUST MOUNTING <i>X</i>	2	\$ 35.00	\$ 70.00
24	REAR EXHAUST INSULATOR <i>X</i>	1	\$ 198.00	\$ 198.00

TOTAL PRICE	\$	9,987.80
LESS 20%	\$	1,997.56
<b>SUB TOTAL PRICE</b>	<b>\$</b>	<b>7,990.24</b>

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
1	REAR NUMBER PLATE <i>X</i>	1	\$ 50.00	\$ 50.00 <i>X</i>
2	REAR BUMPER CLIP <i>new</i>	10	\$ 6.50	\$ 65.00 <i>30</i>
3	TAIL LAMP CLIP <i>X</i>	4	\$ 8.00	\$ 32.00 <i>X</i>
4	REAR FENDER COWLING CLIP <i>X</i>	18	\$ 6.50	\$ 117.00 <i>X</i>
5	REAR FENDER INNER TRIM CLIPS <i>?</i>	18	\$ 6.50	\$ 117.00 <i>80</i>
6	TAILLAMP CLIP <i>X</i>	4	\$ 8.00	\$ 32.00 <i>X</i>
7	REAR END PANEL TOP GARNISH CLIPS <i>new</i>	4	\$ 10.00	\$ 40.00 <i>20</i>
8	REAR END PANEL INSULATION SEAL <i>new</i>	1	\$ 150.00	\$ 150.00 <i>80</i>
9	REAR FLOOR PANEL UNDER COVER GARNISH CLIP <i>X</i>	12	\$ 6.50	\$ 78.00 <i>X</i>
10	REVERSE SENSOR <i>out</i>	1	\$ 220.00	\$ 220.00 <i>✓</i>

**TOTAL \$ 901.00**

**CLAIM DETAILS: LABOUR AND SPRAY PAINTING (REAR)**

S/N	JOB DESCRIPTION	PRICE	ADJUSTED COST	APPROVED
1	PANEL BEATING, REMOVING AND REPLACING PARTS	\$ 1,400.00	700	
2	SPRAY PAINTING TO AFFECTED AREA	\$ 1,200.00	800	
3	TUFF COAT	\$150.00	60	
4	WIRING CHECK	\$ 100.00	30	
5	REMOVE & REFIX CUSHION SEAT/UPHOLSTERY & ROOF LINING TO FACILITATE REPAIR	\$350.00	60	
6	TRANSFER BOOT LID MECHANISM	\$120.00	60	
7	CONDUCT WATER LEAKAGE TEST	\$ 80.00	30	
8	REMOVE AND REFIX REAR EXHAUST PIPE	\$ 300.00	X	

**TOTAL \$3,700.00**

**ESTIMATE REPORT**

TOTAL PARTS COST	:	\$	8,891.24
TOTAL LABOUR COST	:	\$	3,700.00
TOTAL REPAIR COST	:	\$	12,591.24

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:

*Rasul*  
*4p 90010068*  
*6 days*  
*4s*  
*19/05/22 @ 1500*

# 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	13/05/2022 13:08 (SGT)
Date of Accident	12/05/2022 17:30 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 5, Singapore
Additional Location Information	SLIP ROAD TOWARDS CTE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA7153Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KHAIRUL ZHAFRAN BIN KAMSANI
NRIC No	SXXXX676G
Email Address	kayzaq1282@gmail.com
Mobile Phone No	(Phone) +65-91542164
Alternative Phone No	+65-91542164

## VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1595

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00104372100
Cover Note Number	-

## DRIVER

Name of Driver	KHAIRUL ZHAFRAN BIN KAMSANI
NRIC No	SXXXX676G

Date Of Birth	22/01/1991
Occupation	Indoor
Date Of Driving Pass	28/12/2009
Driving experience	12 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91542164
Alt. Phone Number	+65-91542164
Email Address	kayzaq1282@gmail.com
Address	BLK 180C BOON LAY DRIVE #04-644
Address complement	-
Postcode	643180
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	NURUL FATIN
Gender	Female

#### PASSENGER 2

Name	HADI HUZAIFAH
Gender	Male

#### 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 SKETCH PLAN

#### 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	SFZ35S
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJK8197L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 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 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

AUG 110 K10 AVE S SUP ROAD TOWARDS C7E



A - SJA 1153 Y  
B - SPZ 35 S  
C - SSK 0197 L

**Describe Circumstances of the Accident**

*I was the driver of a car and was involved in a collision with a car which was parked on the side of the road. The car was parked on the side of the road and was not moving. I was driving at a speed of 10 mph at the time of the collision. The car was parked on the side of the road and was not moving. I was driving at a speed of 10 mph at the time of the collision.*

**Declaration**

I/We declare the foregoing particulars are true in every respect

*[Signature]*  
Policyholder's Signature / Date & Time

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

*[Signature]* 13/05/2022  
Witnessed by Reporting Centre Personnel

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC  
Owner ID: 676G

### Vehicle Details

Vehicle No.: SJA7153Y  
Vehicle to be Exported: No  
Intended Deregistration Date: 14 May 2022  
Vehicle Make: HONDA  
Vehicle Model: CIVIC 1.6L VTi AUTO  
Primary Colour: Beige  
Manufacturing Year: 2007  
Engine No.: R16A13001349  
Chassis No.: JHMFD46208S200386  
Maximum Power Output: 92.0 kW (123 bhp)  
Open Market Value: \$18,625.00  
Original Registration Date: 18 Dec 2007  
First Registration Date: 18 Dec 2007  
Transfer Count: 1  
Actual ARF Paid: \$20,488.00

### Intended PARF Rebate Details

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

### Intended COE Rebate Details

COE Expiry Date: 30 Nov 2022  
COE Category: A - Car (1600cc & below)  
COE Period(Years): 5  
PQP Paid: \$20,997.00  
COE Rebate Amount: \$2,286.00  
Total Rebate Amount: \$2,286.00

### 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 14 May 2022

OK

# Honda Civic 1.6A VTi (COE till 11/2023)

Overview

Financial

Accessories

Similar

Research

Photos

Map

Price	\$15,800		
Depreciation ⓘ	\$10,490 /yr	Reg Date	25-Nov-2008 (1yr 6mths 1day COE left)
Mileage	N.A.	Manufactured ⓘ	2008
Road Tax ⓘ	\$1,036 /yr	Transmission	Auto
Dereg Value ⓘ	\$4,471 as of today (change)	OMV ⓘ	\$20,407
COE ⓘ	\$14,835	ARF ⓘ	\$20,407
Engine Cap	1,595 cc	Power	92.0 kW (123 bhp)
Curb Weight ⓘ	1,220 kg	No. of Owners	4
Type of Vehicle	Mid-Sized Sedan		