

ASS. REC. BY: Thevan

REF: CS/AIS2204845/vvX3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / 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.

N/S	O/S

Bal. or Market Value: ~~140k~~ **120k** 25/5/22 Thevan

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 4 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Date / Time Action / Instruction

MV: 140k

rebate: 62358

MV: 77642

Veh No: SHA6969E Yr Regn: 17/2/17

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

Truck / Trailer or

Make: Land Rover discovery c.c 1999

Colour: white

Sp. Reading: 14490

Eng/No: _____

C/No: SALCA2A656H629324

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 235/60R18

R: 235/60R18

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

TOYO / YOKO or

Front R/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 13/5/22

Survey held at han fook sing

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

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

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

Singapore NRIC

424E

SKA6969E

No

24 May 2022

LAND ROVER

DISCOVERY SPORT 2.0 SI4 SE 75TR

White

2016

015045202158204PT

SALCA2AG5GH629324

177.0 kW (237 bhp)

\$45,009.00

17 Feb 2017

17 Feb 2017

1

\$55,013.00 27506 S

Yes

16 Feb 2027

\$38,509.00

16 Feb 2027

E - Open Category

10

\$50,389.00

\$23,849.00

\$62,358.00

The information contained herein is correct as at 24 May 2022

OK

140h-62358

= 77642

dp. 19.5k

12

= 1625

5415 9/69

1625 x 69

= 112125

112125 + 27506 S

= 139631

= 140k

Mercedes-Benz GLE-Class Coupe
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3 vehicles



Discovery Sport 2.0A Si4 7-Seater

Any Category

Advanced Search

Clear

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	Discovery Sport	2.0A Si4 7-Seater	Any	Any	2017	Any	Any	Any	Available
	Land Rover	Discovery Sport 2.0A Si4 SE 7-Seater	\$123,500	\$19,970 /yr	09-Mar-2017	1,999 cc	87,000 km	SUV	Available
	1 owner, well maintained unit, spacious 7 seater SUV attractive interest rate available, loan/trade in welcome, contact us for an appointm...								
	This car comes with 6-mth sgCarMart Warranty - the best protection for your car. Learn More								
	Posted: 21-May-2022								
	Land Rover	Discovery Sport 2.0A Si4 SE 7-Seater	\$124,800	\$20,010 /yr	29-Mar-2017	1,999 cc	75,000 km	SUV	Available
	Pristine showroom condition, 1 year comprehensive warranty! \$0 driveaway available, instant same day loan approval! High trade in valu...								
	Golden Charter Pte Ltd								
	Posted: 20-May-2022								
	Land Rover	Discovery Sport 2.0A Si4 HSE 7-Seater	\$137,800	\$20,140 /yr	29-Jun-2017	1,999 cc	86,339 km	SUV	Available
	Graded B by STP								
	7 seater SUV! Purchase from an award winning dealership! 1 year comprehensive warranty inclusive! STA certified accident free quality p...								
	Cosmo Automobiles								
	Posted: 24-Apr-2022								

Save this search criteria, to get email alerts whenever a match is found.

Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
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簡福星摩多工廠

KAN FOOK SING MOTOR WORKSHOP

Headquarter: 61 Defu Lane 12 Singapore 539147

Tel: (65) 6747 9560, 6473 5344 Fax: (65) 6748 1006, 6281 8428

E-mail: ryan@kanfs.net/ patricia@kanfs.net

Branch: 1 Kaki Bukit Avenue 6 #01-108 Singapore 417883

Tel: (65) 6481 5150 Fax: (65) 6481 8683

ALLIANZ INSURANCE SINGAPORE PTE LTD

DATE : 23-05-2022

79 ROBINSON ROAD

#09-01

SINGAPORE 068897

VEHICLE NO. : SKA6969E

ACCIDENT DATE : 13-05-2022 19:00

THIRD PARTY REF. : SDZ1005X

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEICLE SKA6969E LANDROVER DISCOVERY

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
1	1	FRONT BONNET	2612.00 / NT
2	1	FRONT BONNET GARNISH	1860.00 / mis
3	1	FRONT SUPPORT PANEL	850.00 X SC
4	1	FRONT SUPPORT GARNISH	580.00 X SC
5	1	FRONT GRILLE	850.00 / fgr
6	2	FRONT HEADLAMP @\$4279.40	8558.80 / CIG
7	1	FRONT FENDER WHEEL ARCH GARNISH RH	485.00 / mis
8	10	FRONT FENDER SHIELD CLIP @\$4.00	40.00 / nec
9	1	FRONT BUMPER	2450.00 / CIG
10	2	FRONT BUMPER SIDE RETAINER @\$95.00	190.00 / nec
11	1	FRONT BUMPER FOAM	400.00 /
12	1	FRONT BUMPER REINFORCEMENT	780.00 / NT
13	10	FRONT BUMPER CLIP @\$4.00	40.00 / nec
14	1	INTERCOOLER	1850.00 / CIG
15	1	AIR CON CONDENSER	1580.00 X SC
16	1	RADIATOR	1650.00 X SC
			<hr/>
			24,775.80
ADD 10 %			<hr/>
			2,477.58
TOTAL (A)			<hr/>
			27,253.38

SPECIAL NETT ITEMS

1	1	FRONT NUMBER PLATE	30.00
			<hr/>
TOTAL (C)			30.00 / mis
			<hr/>

LABOUR CHARGES

1	1	TO CHECK WIRING SYSTEM	30.00 /
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簡福星摩多工廠

KAN FOOK SING MOTOR WORKSHOP

Headquarter: 61 Defu Lane 12 Singapore 539147
Tel: (65) 6747 9560, 6473 5344 Fax: (65) 6748 1006, 6281 8428
E-mail: ryan@kanfs.net/ patricia@kanfs.net
Branch: 1 Kaki Bukit Avenue 6 #01-108 Singapore 417883
Tel: (65) 6481 5150 Fax: (65) 6481 8683

VEHICLE NO. : SKA6969E
ACCIDENT DATE : 13-05-2022 19:00
THIRD PARTY REF. : SDZ1005X

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
2	1	TO REMOVE/REFIT/REFILL AIR CON GAS	80.00 ✓
3	1	TO REMOVE ALL NECESSARY AFFECTED PARTS WELD CUT PANEL BEAT AND FITTING NEW PARTS	820.00 400
4	1	SPRAYPAINTING CHARGES	980.00 400
5	1	NB: PLEASE KINDY NOTE THAT THE PRICES MAY FLUCTUATE DUE TO THE UNAVAILABILITY OF STOCK IN THE CURRENT MARKET	0.00
TOTAL (D)			1,910.00
ESTIMATE TOTAL			29,193.38

Thuan@Lkhayto.lom
82235769
24/5/22 1200
P/P 4 days w/p

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:



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 Authorized 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. This report will be forwarded by the insurers to the Risk 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	17/05/2022 16:43 (SGT)
Date of Accident	13/05/2022 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER PAYA LEBAR RD SLIP ROAD TO BARTLEY EAST RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA6969E
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INSURANCE COMPANY

Is company?	No
Name of Registered Owner	ABDUL HADI BIN RASHID
NRIC No	SXXXX424E
Email Address	HARDYRASHID@GMAIL.COM
Mobile Phone No	(Phone) +65-82294138
Alternative Phone No	(Home) +65-82294138

VEHICLE PARTICULARS

Manufacturer	LandRover
Model	Discovery
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2400

INSURANCE COMPANY

Name of Insurance Company	Albanz Insurance Singapore Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SP2000087904-01
Cover Note Number	-

DRIVER

Name of Driver	ABDUL HADI BIN RASHID
NRIC No	SXXXX424E



Date Of Birth	20/01/1987
Occupation	Indoor
Date Of Driving Pass	03/01/2014
Driving experience	8 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82294138
Alt. Phone Number	(Home) +65-82294138
Email Address	HARDYRASHID@GMAIL.COM
Address	BLK 61 TELOK BLANGAH HEIGHTS #03-115 S100061
Address complement	-
Postcode	-
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ZAREEZA BUTT
Gender	Female

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

REFER ATTACHED 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	SDZ1005X
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

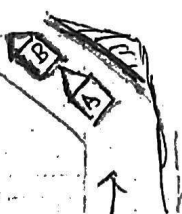
Policyholder's Signature / Date &
Time 17/5/2022

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

Witnessed by Reporting Centre
Personnel

Sketch Plan (X00612)

Bartley
Road
East



Upper
Paya Lebar
Rt

A SKA 6969 E

B SDZ 1005X

Describe Circumstances of the Accident

I was travelling along Upper Paya Lebar Rd turning left to Bartley Road East. At the slip road to Bartley Rd East, the vehicle B (SDZ1005X) in front of me suddenly jammed her brake although the traffic light was red and in her favour. As I could not react in time, my car collided and hit the back of vehicle B.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

17/1/2025

1200 hrs

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

Witnessed by Reporting Centre Personnel