

ASS REC. BY: T Gum

REF: CS/CT/22004992/Bvy3

Veron

ASSIGNMENT

From: _____ Date: 30/5/2022

Veh No: SMU 2749X Yr Regn: 12011

Estimated Cost: _____

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

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

Truck / Trailer or

To Inspect Vehicle No: SMU 2749X

Make: Porsche Panamera turbos c.c 3605

at Workshop m/s Dean Autopro

Colour: Grey N/C: Insured / Std / NI / NA

of 160 Simpson Dr # 01-14

Sp. Reading: 183692 T/Radio: Insured / Std / NI / NA

Insured: _____

Eng/No: _____

Policy No. _____

C/No: WPO228972 BL002899

Claims No. _____

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh: _____

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

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Tyre Size: F: 245/45/19

R: 275/40/19

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

TOYO / YOKO or Habilead

Bal. or Market Value: _____

Front _____ Rear _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

R/Bal. 4 mm R/Bal. 4 mm

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

L/Bal. 4 mm L/Bal. 4 mm

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

D.O.A. 25/5/2022 D.O.I. 30/5/2022

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

Survey held at Dean Autopro

CA / REV / REP. / 24 HRS WP

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

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

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

Date / Time	Action / Instruction
	Range :
	Recommended car
	MV
	PV
	NV
	T Gum Win
	30/5/2022

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

Days Of Repair: _____

1) : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee:	_____
Transportation:	_____
_____ S + RS _____ \$	
Photos	_____
Others	_____
TOTAL	_____

2) _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Report Format: _____

Leads System / I.B.F. (F) _____

>Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	503E
Vehicle Details	
Vehicle No.:	SMU2749X
Vehicle to be Exported:	No
Intended Deregistration Date:	31 May 2022
Vehicle Make:	PORSCHE
Vehicle Model:	PANAMERA
Primary Colour:	Brown
Manufacturing Year:	2010
Engine No.:	B03542
Chassis No.:	WPOZZZ97ZBL002899
Maximum Power Output:	300.0 kW (402 bhp)
Open Market Value:	\$105,267.00
Original Registration Date:	05 Jan 2011
First Registration Date:	05 Jan 2011
Transfer Count:	3
Actual ARF Paid:	\$105,267.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Aug 2030
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$32,914.00
COE Rebate Amount:	\$27,154.00
Total Rebate Amount:	\$27,154.00

The information contained herein is correct as at 31 May 2022

OK

Email: sm@idac.com.sg Tel no: 6555 6888

***If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.**

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 25/05/22 (dd/mm/yy) Time of Accident: 19 : 15 (24-HR-FORMAT)
Vehicle No. : SMU2749X Vehicle Make & Model / Engine (cc): PORSCHE PANA 3605cc Private Hire: (Y / N)
Exact location of Accident: Junction of exit 186 Woodlands Industrial Park E5
Policyholder's Name / IC No. : Lim Woo Chiang / S9672503E
Driver's Name / IC No. : _____ (As Above)
Driver's Contact No. : 98258489 Company Contact No / Owner Contact No: _____
Driver's Address: Blk 501 Bedok North St 3 #10-22 Spore(460501)
Owner Email address : Woochiang19@gmail.com Insurance Company : India International
Driver Email address : Woochiang19@gmail.com

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Owner

What do you wish to claim? (Please **TICK** one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle Was being used at time of accident?

Occupation (nature of job) Indoor/ Outdoor

Private use / Work purpose

***No. of Passengers (Including Driver):** 01

*Passanger Name: _____ Gender: _____

*Passanger Name: _____ Gender: _____

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No

Any Injuries: Yes / No (If YES) Injured Person' Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: GBH931Y

Driver's Contact No: _____ Insurance Company : _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company : _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

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;

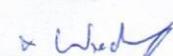
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.



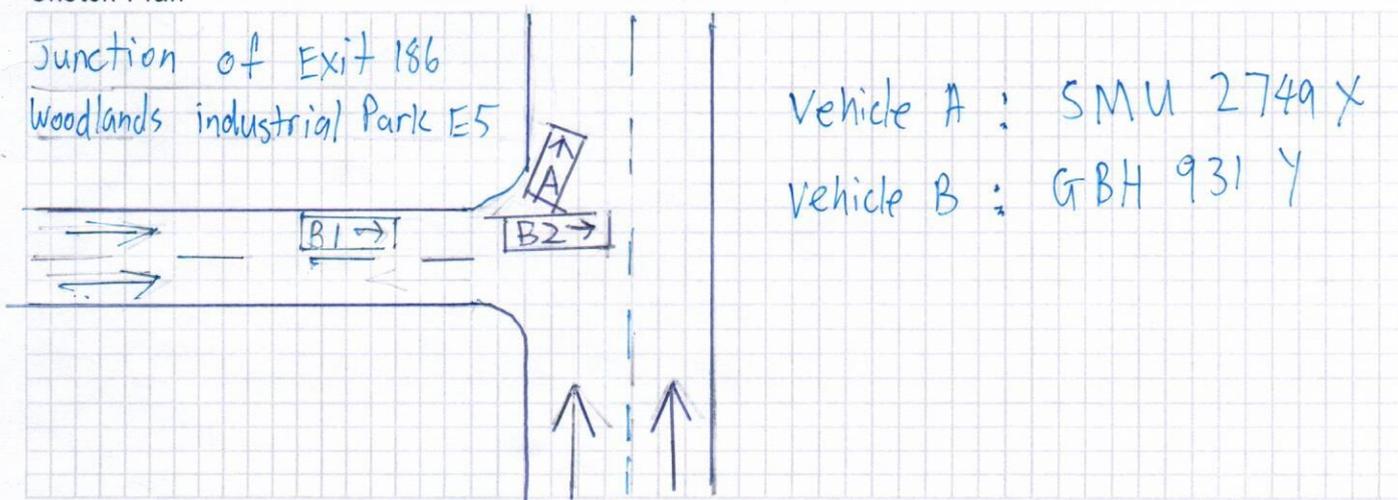
Policyholder's Signature / Date &
Time



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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

On the stated date and time. I vehicle A was parked stationary along Exit of 186 woodlands industrial Park E5. All of a sudden I felt an impact from the rear portion of my vehicle. I later understood from vehicle B driver that he had failed to make a safety check before making the turn hence his turning was too narrow while exiting because he was checking his right and did not check on his left. Attached is a statement written on stamp with my i.c and third party driving Licence

Declaration

We declare the foregoing particulars are true in every respect.

x Wick
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

I, RAJENDRAN RAMACHANDRAM (GBH 931Y)
(G2509691L) at 1915
while turning out of 186 Woodlands Industrial Park E5
Carpark I hit into Arden Lim woo chiang (S9672503E)
Station Car (SMV 2744X).

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9672503E



Name
LIM WOO CHIANG
林 梧 健

Pass
C111156E

Date of Birth
10-06-1991

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

G2509691L

RAJENDRAN RAMACHANDRAM

Date 30 Apr 1991
Valid Date 24 Sep 2021
Valid Till 23/09/2026



003167796C

Nos.	SPECIAL NETT	Qty	Unit S\$	TOTAL S\$
1	Sundries	1	\$ 80.00	\$ 80.00
2	Tailgate sealant	1	\$ 100.00	\$ 100.00
3	Tailgate windscreen sealant	1	\$ 100.00	\$ 100.00 40.00
4	Tailgate windscreen inner seal	1	\$ 60.00	\$ 60.00
5	Tailgate windscreen primer & cleaner	1	\$ 80.00	\$ 80.00
6	Tailgate inner trim board clips	1	\$ 50.00	\$ 50.00
7	Rear bumper clips	1	\$ 50.00	\$ 50.00 30.00
8	Rear bumper side retainer	2	\$ 188.50	\$ 377.00
9	Rear bumper lower garnish (Carbon Fibre)	12	\$ 160.00	\$ 1,920.00
10	Rear bumper center lamp	1	\$ 380.00	\$ 380.00
11	Rear bumper reverse sensor seal	4	\$ 42.00	\$ 168.00
12	Rear end panel sealant	1	\$ 100.00	\$ 100.00
13	Rear end panel top garnish clips	1	\$ 50.00	\$ 50.00
14	Taillamp clips	1	\$ 50.00	\$ 50.00
15	Taillamp seal	1	\$ 60.00	\$ 60.00
16	Rear number plate w/casing	1	\$ 180.00	\$ 180.00
SPECIAL NETT TOTAL :				\$ 3,845.00

NNX
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 NDX

Nos.	LABOUR	S\$
1	R&R tailgate component	\$ 100.00 150.00
2	R&R tailgate windscreen	\$ 150.00 250.00
3	R&R rear bumper reverse sensor	\$ 60.00 100.00
4	R&R exhaust pipe	\$ 200.00 300.00
5	Diagnostic reset fault code	\$ 150.00 300.00
6	Check wiring	\$ 100.00
7	Upholstery	\$ 300.00
8	Panel beating	\$ 1000.00 1,600.00
9	Rust proofing	\$ 200.00
10	Spray painting	\$ 400.00 1,600.00
LABOUR TOTAL :		\$ 4,900.00

✓
 ✓
 ✓
 ✓
 ✓
 } NNX
 ✓
 NNX
 ✓

Survey 30/5/2022
 Resurvey 31/5/2022
 1H 30hrs
 1500 hrs
 Trim Uni
 Trim Uni

PARTS TOTAL :	\$	27,171.71
SPECIAL NETT TOTAL :	\$	3,845.00
LABOUR TOTAL :	\$	4,900.00
GRAND TOTAL :	\$	35,916.71

Lump sum repair
 Repair days 7