

AOS. REC BY: ToughREF: CS/CT122005418/Tny3

## ASSIGNMENT

2031 April

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

Estimated cost: \_\_\_\_\_

OD / TP / VS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

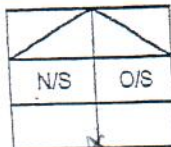
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

Bal. or Market Value: 9100K

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS WP

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SLK3833T Yr Regn: 2011 AprilType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: Audi A4 C.C. 1984Colour: Black A/C: Insured / Std / NI / NASp. Reading: 257481 T/Radio: Insured / Std / NI / NA

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

C/No: WAUZZZ8K6BA137090Gen. 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: 245/40R18R: 245/40R18BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or \_\_\_\_\_

Front Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. \_\_\_\_\_ D.O.L. 9/6/22Survey held at Revo PrimeDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

We accept the finalized amount of LS \$7,900.00 / 6-days of repair

(red, \$19875.7, 72%)

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Format: \_\_\_\_\_

Lump Sum / L.B.A. (%) \_\_\_\_\_

Days Of Repair: 6Resurvey No. of Trip: 2Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

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

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

S + RS. \$ \_\_\_\_\_

Photos \_\_\_\_\_

Others \_\_\_\_\_

TOTAL



# REVO PRIME PTE LTD

8 KAKI BUKIT AVE 4, PREMIER @ KAKI BUKIT #01-49 SINGAPORE 415875

Tel: +65 64524457

Fax: +65 64524584

Company Reg No: 202021344Z

Company Reg No: 201929175W

## Repair Estimate

Vehicle number: SLK3833T

Make & Model: Audi A4

Chassis number: WAUZZZ8K6BA137090

Date of survey: \_\_\_\_\_

Name of surveyor: \_\_\_\_\_

Contacts: \_\_\_\_\_

| No. | Description of spare parts               | Qty  | Amount S\$  |
|-----|------------------------------------------|------|-------------|
| 1   | Bootlid 1937.90                          | 1    | \$ 3,642.00 |
| 2   | Bootlid centre emblem 108.15             | 1    | \$ 167.00   |
| 3   | Bootlid "A4" emblem 105                  | 1    | \$ 113.00   |
| 4   | Bootlid "2.0T" emblem 108                | 1    | \$ 132.00   |
| 5   | Bootlid RH lamp                          | 1    | \$ 1,032.00 |
| 6   | Bootlid LH lamp                          | 1    | \$ 1,032.00 |
| 7   | Bootlid lock                             | 1    | \$ 301.00   |
| 8   | Bootlid lock catch                       | 1    | \$ 98.00    |
| 9   | Bootlid RH number plate lamp             | 1    | \$ 94.00    |
| 10  | Bootlid LH number plate lamp             | 1    | \$ 94.00    |
| 11  | Rear bumper 1891                         | 1    | \$ 2,996.00 |
| 12  | Rear bumper clips                        | 1    | \$ 120.00   |
| 13  | Rear bumper lower garnish 280            | 1    | \$ 451.00   |
| 14  | Rear bumper RH side reverse sensor       | 1    | \$ 278.00   |
| 15  | Rear bumper RH centre reverse sensor 185 | 1    | \$ 278.00   |
| 16  | Rear bumper LH centre reverse sensor 185 | 1    | \$ 278.00   |
| 17  | Rear bumper LH side reverse sensor       | 1    | \$ 278.00   |
| 18  | Rear bumper reverse sensor seals         | 4    | \$ 112.00   |
| 19  | Rear bumper reinforcement 598            | 1    | \$ 1,151.00 |
| 20  | Rear bumper RH side upper bracket        | 1    | \$ 43.00    |
| 21  | Rear bumper RH side lower bracket        | 1    | \$ 61.00    |
| 22  | Rear bumper LH side upper bracket        | 1    | \$ 43.00    |
| 23  | Rear bumper LH side lower bracket        | 1    | \$ 61.00    |
| 24  | Rear bumper towing cover                 | 1    | \$ 67.00    |
| 25  | RH taillamp assy 800.92                  | 1    | \$ 1,231.00 |
| 26  | LH taillamp assy 800.92                  | 1    | \$ 1,231.00 |
| 27  | End panel                                | 1    | \$ 731.00   |
| 28  | End panel inner garnish                  | 1    | \$ 267.00   |
| 29  | End panel inner garnish clips            | 1set | \$ 60.00    |
| 30  | Rear compartment panel top cover board   | 1    | \$ 786.00   |
| 31  | Rear fender RH inner trim board          | 1    | \$ 811.00   |
| 32  | Rear fender LH inner trim board          | 1    | \$ 811.00   |
| 33  | Rear RH exhaust silencer                 | 1    | \$ 1,423.00 |

$$\begin{matrix} x \\ x \\ x \end{matrix} \} \text{ not}$$

7251.34

Parts less 5%

Reported  $\times$   $u$   
 40

Total:

|  |      |
|--|------|
|  | 700  |
|  | 700  |
|  | 30   |
|  | 30.  |
|  | 60.  |
|  | 30   |
|  | 60.  |
|  | xm n |
|  | xm n |
|  | 1610 |



Agreed Amount: \_\_\_\_\_ (Part by Part / Lump sum)  
Working days: \_\_\_\_\_

Total: \$ 4,510.00

Spare Parts: \$ 20,715.70  
Special Nett: \$ 2,550.00  
Labour: \$ 4,510.00

**Total Amount: \$ 27,775.70**

Taufik 97475747  
WP' 9/6/22 @ 130pm  
To check consistency of accident  
& part prices  
L/S Resurvey after repair  
taufik @ lkh autocon  
6 days

7251.34  
40  
1610  
8901.34  
11587100  
6 days  
#

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:

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

|                                     |                          |
|-------------------------------------|--------------------------|
| <b>Vehicle Owner Particulars</b>    |                          |
| Owner ID Type:                      | Business                 |
| Owner ID:                           | 583A                     |
| <b>Vehicle Details</b>              |                          |
| Vehicle No.:                        | SLK3833T                 |
| Vehicle to be Exported:             | Yes                      |
| Intended Deregistration Date:       | 22 Feb 2022              |
| Vehicle Make:                       | AUDI                     |
| Vehicle Model:                      | A4 2.0 TFSI QU S-TRONIC  |
| Primary Colour:                     | Grey                     |
| Manufacturing Year:                 | 2011                     |
| Engine No.:                         | CDN188055                |
| Chassis No.:                        | WAUZZZ8K6BA137090        |
| Maximum Power Output:               | 155.0 kW (207 bhp)       |
| Open Market Value:                  | \$42,919.00              |
| Original Registration Date:         | 29 Apr 2011              |
| First Registration Date:            | 29 Apr 2011              |
| Transfer Count:                     | 3                        |
| Actual ARF Paid:                    | \$42,919.00              |
| <b>Intended PARF Rebate Details</b> |                          |
| PARF Eligibility:                   | Forfeited                |
| PARF Eligibility Expiry Date:       | -                        |
| PARF Rebate Amount:                 | \$0.00                   |
| <b>Intended COE Rebate Details</b>  |                          |
| COE Expiry Date:                    | 28 Apr 2031              |
| COE Category:                       | B - Car (1601cc & above) |
| COE Period(Years):                  | 10                       |
| PQP Paid:                           | \$47,316.00              |
| COE Rebate Amount:                  | \$43,451.00              |
| <b>Total Rebate Amount:</b>         | <b>\$43,451.00</b>       |

The information contained herein is correct as at 22 Feb 2022

OK

## 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              | 01/06/2022 17:59 (SGT)          |
| Date of Accident                | 31/05/2022 15:10 (SGT)          |
| Exact Location of Accident      | Singapore                       |
| Additional Location Information | PIE CHANGI ENTERING STESEN ROAD |
| Country/State of Loss           | Singapore                       |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SLK3833T |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                      |
|--------------------------|----------------------|
| Is company?              | Yes                  |
| Name Of Registered Owner | GLOCKEWERKE          |
| Company Reg No           | 53373583A            |
| Email Address            | JOHN.PYJ@HOTMAIL.COM |
| Mobile Phone No          | (Phone) +65-92966056 |
| Alternative Phone No     | (Home) +65-92966056  |

#### VEHICLE PARTICULARS

|                                                                              |                           |
|------------------------------------------------------------------------------|---------------------------|
| Manufacturer                                                                 | Audi                      |
| Model                                                                        | A4                        |
| 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                                                                           | 0                         |

#### INSURANCE COMPANY

|                           |                                        |
|---------------------------|----------------------------------------|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage          | Comprehensive                          |
| Fleet Policy              | No                                     |
| Policy Number             | 5121942902-01                          |
| Cover Note Number         | -                                      |

#### DRIVER

|                |                 |
|----------------|-----------------|
| Name of Driver | PHOON YING JIAN |
| NRIC No        | S9107592Z       |



|                                                              |                                |
|--------------------------------------------------------------|--------------------------------|
| Date Of Birth                                                | 24/02/1991                     |
| Occupation                                                   | Outdoor                        |
| Date Of Driving Pass                                         | 01/07/2016                     |
| Driving experience                                           | 5 YEARS AND 10 MONTHS          |
| Gender                                                       | Male                           |
| Mobile Number                                                | (Phone) +65-92966056           |
| Alt. Phone Number                                            | -                              |
| Email Address                                                | JOHN.PYJ@HOTMAIL.COM           |
| Address                                                      | APT BLOCK 544 HOUGANG AVENUE 8 |
| Address complement                                           | -                              |
| Postcode                                                     | 530544                         |
| Is the driver the policyholder?                              | No                             |
| If No, Relationship of the Driver with the Insured           | Hirer                          |
| 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?                                                                | Yes |
| Was any injured conveyed to hospital by ambulance?                                                  | No  |
| 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   | MARSHALL THEAN |
| Gender | Male           |

#### PASSENGER 2

|        |           |
|--------|-----------|
| Name   | LUCAS ONG |
| Gender | Male      |

#### DETAILS OF POLICE ACTION

|                                           |                                  |
|-------------------------------------------|----------------------------------|
| Was the accident reported to the police?  | Yes                              |
| Police Station Name                       | Traffic Police                   |
| Police Station Phone No                   | (Phone) +65-65470000             |
| Alt. Police Station Phone No              | (Fax) +65-65474900               |
| Police Station Address                    | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No                               |
| If yes, against whom?                     | -                                |

#### CIRCUMSTANCES OF ACCIDENT

I, PHOON YING JIAN WAS THE VEHICLE DRIVER BEARING SLK3833T . I HAVE 2 PASSENGER ONBOARD . LUCAS ONG AND MARSHALL THEAN . I WAS TRAVELING ON MY DESTINATED LANE ( MOST LEFT LANE ) AT PIE TOWARDS CHANGI ENTERING STEVEN ROAD EXIT . DIRECTLY INFRONT OF MY VEHICLE THERE WAS A MOTORBIKE REAR ENDED A VEHICLE . I MANAGE TO STOP IN TIME TO AVOID COLLISION TO THE FRONT VEHICLE . OUT OF A SUDDEN , THERE WAS AN HUGE IMPACT CAME FROM MY REAR . AFTER AWHILE I ALIGHTED AND REALIZE VEHICLE BEARING SMW4473S COLLIDED ONTO MY VEHICLE REAR . I WAS FEELING DISCOMFORT AND PAIN IN MY HEAD , CHEST , NECK , SHOULDER AND BACK AREA AND I WENT TO CONSULT A DOCTOR AT MOUNT ALVERNIA HOSPITAL . I WAS GIVEN 5 DAYS OF MC FOR MY INJURIES.

#### 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             | SMW4473S    |
| 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)     | -           |

#### INJURED PERSONS DETAILS

##### INJURED 1

|                                                     |                      |
|-----------------------------------------------------|----------------------|
| Name of injured person                              | PHOON YING JIAN      |
| Gender                                              | Male                 |
| Phone No                                            | (Phone) +65-92966056 |
| Address                                             | -                    |
| Address Complement                                  | -                    |
| Post Code                                           | -                    |
| Approximate Age Years Old                           | -                    |
| Injuries Sustained                                  | -                    |
| Injured person in which vehicle?                    | SLK3833T             |
| Were seat belts worn?                               | Yes                  |
| Was this injured conveyed to hospital by ambulance? | No                   |



SKETCH PLAN

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

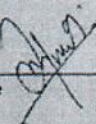
REFER TO POLICE REPORT.


T/20220531/3124

DECLARATION

I/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.:



SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.:

