

ASS. REC. BY: Steve

CS/FC122005760/Erg3

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: GBA 5069R
 Policy No. _____
 Claims No. D22001825MFCV
 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
XXX	

Est. or Market Value: _____
 IDAC Accident Report: _____ 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: S6U 639P Yr Regn: 12/4/16
 Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Audi A6 c.c. 1798
 Colour: White A/C: Insured / Std / Nil / NA
 Sp. Reading: 97495 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: WA92224636N071504
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 205/55R16
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or . _____
 Front Rear
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 13/6/22 D.O.I. 27/6/22
 Survey held at Hua Hong
 Des. 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
	<u>MV-92K</u>
<u>1/7/22</u>	<u>Steve informed final fig \$5845.50 (Red 5464.40, 48%)</u>

Date/Time, File Pass to? ☐ : Prelim. Report
☐ : Final Report
 1) _____
 Date/Time, File Return to?
 2) 1/7/22-typist
 Report Format: TP
 Lump Sum / I.B.I. (\$) \$5845.50

Days Of Repair: 4
 Resurvey No. of Trip: 2

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

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	548I
Vehicle Details	
Vehicle No.:	SGU639P
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Jun 2022
Vehicle Make:	AUDI
Vehicle Model:	A6 1.8 TFSI ULTRA (PI) (NAV)
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	CYG009189
Chassis No.:	WAUZZZ4G3GN071504
Maximum Power Output:	140.0 kW (187 bhp)
Open Market Value:	\$39,442.00
Original Registration Date:	12 Apr 2016
First Registration Date:	12 Apr 2016
Transfer Count:	2
Actual ARF Paid:	\$42,219.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Apr 2026
PARF Rebate Amount:	\$27,442.00
Intended COE Rebate Details	
COE Expiry Date:	11 Apr 2026
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$46,667.00
COE Rebate Amount:	\$17,792.00
Total Rebate Amount:	\$45,234.00

The information contained herein is correct as at 13 Jun 2022

OK



Wah Hong Motors & Credit Pte Ltd

Enterprise Hub 38 Toh Guan Road East #01-57 S(608581)

Email: motor@wahhong.sg

(199806235M)

Vehicle No. SGU639P AUDI A6 TSFI

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QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(\$\$)	SURVEYOR'S ADJUSTMENT
PARTS (LIST ITEMS)				
1	Boot lid X R	NN	3888.00	
1	Boot lid logo badge / MC		189.00	100 ✓
1	Boot lid emblem "A6" / MC		167.00	86 ✓
1	Boot lid emblem "TFSI" / MC		167.00	88 ✓
1	Boot lid lower chrome / CRA		601.00	✓
1	Rear bumper / BR		2301.00	✓
2	Rear bumper side retainer LH/RH @2*\$101 ? X		202.00	
1	Rear bumper lower garnish / CVI		389.00	✓
1	Rear bumper towing cover / MJ		158.00	45 ✓
1	Rear reinforcement ? ✓ BT		878.00	✓
1	Rear reverse sensor @2*\$245 ? ✓ Shorted		490.00	✓
1	End panel (Repair refer to labour) ? X NN		0.00	
Part Items Total:			9430.00	
			-5% -471.50	
			8958.50	
SPECIAL NETT ITEMS				
1	Rear bumper clips / M		70 ✓ 35.00	
SN Items Total:			35.00	
Total Parts			8993.50	

4978
-5%
4729.10

30



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(199806235M)

Vehicle No. SGU639P AUDI A6 TSFI

Page No. 2

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (S\$)	SURVEYOR'S ADJUSTMENT
	LABOUR		
1	To remove the affected parts & fittings to commence repairs; panel beat & reshape the affected areas and replace the damaged parts and components	1000.00	300
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	800.00	400
3	To perform anti-rust treatment on affected areas	60.00	30
4	To remove and replace rear reverse sensor	100.00	30
5	To remove/refix/replace wiring system at accident damaged area and check for all electrical proper function	60.00	30
Labour Total :		2020.00	790
TOTAL (PARTS & LABOUR):		11013.50	

Sten (LKK)
27/6/22, 10.00

m PL
P/P
4 yr

5549.10

supp - 296.40

P/P = 5845.50

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

Issued by Repairer

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	13/06/2022 16:49 (SGT)
Date of Accident	13/06/2022 11:38 (SGT)
Exact Location of Accident	Near 167 Boon Lay Dr, Block 167, Singapore 640167
Additional Location Information	JURONG WEST AVE 2 TOWARDS JLN BOON LAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU639P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LARRY BOO CHEK PIEW
NRIC No	SXXXX548I
Email Address	LARRYBOO639@YAHOO.COM
Mobile Phone No	(Phone) +65-98754855
Alternative Phone No	+65-98754855

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A6
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	1798

INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MP318823
Cover Note Number	-

DRIVER

Name of Driver	LARRY BOO CHEK PIEW
NRIC No	SXXXX548I

Date Of Birth	06/02/1979
Occupation	Indoor
Date Of Driving Pass	19/01/2000
Driving experience	22 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98754855
Alt. Phone Number	+65-98754855
Email Address	LARRYBOO639@YAHOO.COM
Address	APT BLK 323 JURONG EAST STREET 31
Address complement	#12-206
Postcode	600323
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)	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

REFER TO THE SKETCH PLAN

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	GBA5069R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HUSSIN BIN MOHD LAZIM
Contact Number	(Phone) +65-90029422
Address	-
Address complement	-

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 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. 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.

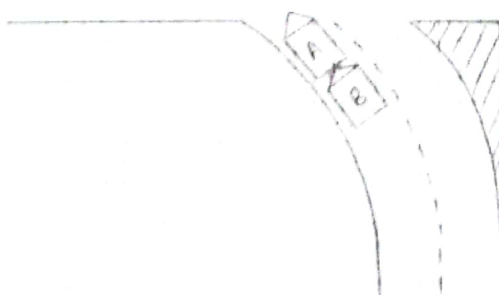
Policyholder's Signature / Date & Time

Sketch Plan

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



Witnessed by Reporting Centre Personnel



TURONG WEST AVE 3 TOWARDS

JLN BOON LAY

VEHICLE A: SG0639Y

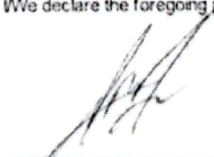
VEHICLE B: GRAB049R

Describe Circumstances of the Accident

On 13th June 2022 at about 11.58 am, I was driving my vehicle
GFA 5069R along Tennyson West Ave 2 towards The Bore Lagoon, Salisbury,
a vehicle GFA 5069R hit my vehicle from the rear

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


Witnessed by Reporting Centre
Personnel