disə səfərili ildəfər odu 1800 REF: (S AGI22006 167 LULY3 ASS. REC. BY: Thuray Type: M.Car M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover / Date: From: Estimated Cost: Lamborghiui hura(au c.c 5704 OD / TP / WS / TP RES / OD RES / EVA / INV / MV Make: Insured / Std / NI / NA To Inspect Vehicle No: Colour T/Radio: Insured / Std / NI / NA at Workshop m/s not avai Sp.Reading Eng/No: 2 HWEC 7 F4 FLA 01342 SFJ 8008C insured: C/No: Gen. Cond: Good / Fair / Poor / Burnt Policy No. Claims No. C10016063/JM Steering: Inorder / Jammed / Leaked / Burnt or Excess: Brake: Inforder / Jammed / Leaked / Burnt or Sum Insured: Modi: NII / S/Rim / STD A/Rim or (Client's Record) 245/302120 Make of Veh: Tyre Size: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR) SUMI / (Policy Condition) OIS Remark: The veh had commenced its TOYO / YOKO or repair at the time of inspection. Rear Front R/Bal. Bal. or Market Value: R/Bal. Consistent?: Yes or No L/Bal. IDAC Accident Rport: mm D.O.I. 28/6/27/630 Consistent?: Yes or No GIA / PR Seen: Res.: Yes or No days Est. Repairs: Survey held at 3 Val.: Yes or No Des. of Damages (Fit ) Rear / O/S / N/S / U/C / Rooftop or Lum Sum: CA / REV / REP. / 24 HRS The U/C / Chassis frame / Body Structure affected due to collision. Vehicle: IN / OUT Person Contacted: Action / Instruction Date / Time Mu: Saok rebate: 299084 Thevan informed LS \$39,000 (Red 37,322.20, 48%) 19/8/22 Days Of Repair: 5 : Preli. Report Survey Fee: Resurvey No. of Trip: 1 Dale/Time, File Pass 10? Transportation: : Final Report \_S + RS.\_\_SI Date/Time, File Return 10? : Site Insp (\$ Add Fee: **Photos** : Interview (\$ 2) 24/8/22-typist Others : Tech. Invs (\$ Report Format : Weekend (\$ TOTAL Lump Sum / I.B.I: (\$ 39,000



BUDGET DIRECT

No illegal modification is allowed Pte Ltd
 Supplementary item(s) must be resurveyed and

is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

TeamWork Garage Pte Ltd

53 Ubi Avenue 1 #01-23/24 Spore 408934

Paya Ubi Industrial Park

Tel: 6844 2475

E-mail: claims@teamworkgarage.com

Register number: 201015366H REPAIR PERFORMA INVOICE

Vehicle number SNG988Y Make / Model LAMBORGHINI HURACAN Chassis number ZHWEC1ZF4FLA01342 Accident date 23/6/22 Reference 2206-30

Qty	Particulars	Reference	2206-30
Qty			Unit Price - SGD \$
1	PARTS REPLACEMENT - LIST ITEMS		DT
1	FRONT BUMPER WITH SENSOR HOLE		70000 25000.00
	FRONT BUMPER LOWER GRILLE (CENTER)		500.00 7 5 cr
1	FRONT BUMPER SIDE GRILLE (LH/RH)		820.00 <sup>-7</sup> 5 Cr
1	FRONT BUMPER LAMBORGHINI EMBLEM		850.00 / 5 ( )
2	FRONT BUMPER SENSOR	€	788.00 C 4+
2	FRONT BUMPER SENSOR BRACKET		350.00
1	FRONT BUMPER REINFORCEMENT		2200.00
1	FRONT BUMPER SPONGE (FOAM)		1100.00
1	FRONT BUMPER CROSSMEMBER		1800.00
1	BONNET		15000 00 X V
1	BONNET CATCH HOOK		150.00 1. KSUC
2	FRONT HEADLAMP		24000.00 CYG
			72558.00
		Less 10%	7255.80 4455 7. 2
		Subtotal	65302.20
	,	Balance C/F	65302.20
	PARTS REPLACEMENT - SPECIAL NETT IT	<u>EMS</u>	
1	FRONT NUMBER PLATE		180.00 60 BV
1	FRONT BUMPER LIP (AFTER MARKET)		2000 4000.00 / S(V
1 SET	FRONT BUMPER CLIP		120.00 6 once
1 SET	FRONT GRILLE CLIP		120.00 6 Onec
		Subtotal	4420.00
		Balance C/F	69722.20
S/No	LABOUR AND MISCELLANEOUS CHARGES	2	
1	CHECK WIRING AND LIGHTINGS SYSTEM		200.00 30
2	REMOVE AND REFIT TRIM AND GARNISHES		200.00 ×NN
3	REMOVE AND REFIT FRONT REVERSE SENSOR		200.00 50
4	RE-PROGRAMME AFTER REPAIR		500.00 7. 700
5	REMOVE & REPASTE STICKER ON AFFECTED AREAS	*	1500.00 1000
6	PANEL BEATING ON AFFECTED AREAS		2000.00 400
/	SPRAY PAINTING ON AFFECTED AREAS	İ	
		Subtotal	6600.00
		Grand total	76322.20
		orana totat	70322.20

Theoan 8223 5769 28/6/22 1630 LIS 4/dayswp

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars Owner ID Type:	
Owner ID:	Singapore NRIC
Vehicle Details	790E
Vehicle No.:	7708
Vehicle to be Exported:	SNG988Y
Intended Deregistration Date:	No
Vehicle Make:	19 Aug 2022
Vehicle Model:	LAMBORGHINI
Primary Colour:	HURACAN LP610-4
Manufacturing Year:	White
Engine No.:	2014
Chassis No.:	CSJ002395
Maximum Power Output:	ZHWEC1ZF4FLA01342
Open Market Value:	449.0 kW (602 bhp)
Original Registration Date:	\$274,800.00
First Registration Date:	30 Apr 2015
Transfer Count;	30 Apr 2015
Actual ARF Paid:	5
Intended PARF Rebate Details	\$466,640.00
PARF Eligibility:	The same of a success of a substantial of the same of
PARF Eligibility Expiry Date:	Yes
PARF Rebate Amount:	29 Apr 2025
Intended COE Rebate Details	\$279,984.00
COE Expiry Date:	
COE Category:	29 Apr 2025
COE Period(Years):	E - Open Category
QP Paid:	10
COE Rebate Amount:	\$71,921.00
Total Rebate Amount:	\$19,100.00
ne information contained herein is correct as at 19 Aug 2022	\$299,084.00

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 ${\mathscr T}^{\, {
m T}}_{\, {
m II}}$  Think One Automobile COMMERCIAL VEHICLES

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\$143,650 /vr

21-Jan-2015

5,204 cc

53,999 km

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rvice Privacy Policy Personal Data Protection Statement ©2004-2022 Sgcarmart, Singapore. All rights reserved.

SPDLIZISO(0014 / PROGRESS'/E CAR CARE PTE LTD ENTEY DATE & TIME 24/06/2022 14:04 (SGT) SUBMITTED BY LIBRY Sew Chin VERSION: 1,24/06/2022 14:04 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- IMPORTANT NUTTICE

  1. Please report <u>incredly</u> the details of the accident to speed up the claims process.

  2. This form must be <u>incredied by the Policyholder and/or the Authorsed Driver</u>

  1. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- 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.
- 4. The saule and acceptance of this Horn 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 remarked 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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

24/06/2022 14:04 (SGT) Driver 23/06/2022 21:15 (SGT) Jln Besar, Singapore ALONG JALAN BESAR PARALLEL PARKING SINGAPORE Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SNG988Y

MISUPEDPOLICYHOLDER

Is company? Name Of Registered Owner NRJC No. Email Address Muoile Phone No Alternative Phone No.

No NG AIK LEONG S8833790E KENNETHLIANN@GMAIL.COM (Phone) +65-97537066

VEHICLE PARTICULARS

Manufacturer Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

Lamborghini Huracan LAMBORGHINI / HURACAN LP610-4

Private use

No - Claiming third party Private car Auto 5204

MEDIFANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

AXA Insurance Pte Ltd P2471810

LATTER

Name of Driver NRIC No Date Of Birth Occupation

KENNETH LIAN HONG SHENG S9629814E 25/08/1996 Indoor

Accident report SP011228O0004

Date Of Driving Pass Driving experience

Gender Mobile Number Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Translator's name

Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Traffic Police

(Phone) +65-65470000 (Fax) +65-65474900

21/01/2015

534014

Friend

No

No

Clear Dry

No

No

Yes

0

No

2

7 YEARS AND 5 MONTHS

KENNETHLIANN@GMAIL.COM

APT BLK 63 UPPER SERANGOON VIEW #12-21

Hit and run / Vandalism / Damaged whilst parked

(Phone) +65-90119989

10 Ubi Avenue 3 Singapore 408865

No

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD TEL 67415336

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident

Yes Yes

WITH DRIVER

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SFJ8008C

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)

#### SKETCH PLAN

## IMPORTANT NOTICE

- 1. These report correctly the cetals of the accelera to speed up the claims process
- 2 The formmist be completed by the Policyholder andler the Authorized Driver.
- 3. Information providing mixitize as truthful and accurate as possible. Any will inscreptes entation or withholding of material facts may show the unine companies to sessiglate policy liability
- 4. The issue and acceptance of this Form by traurance companies is not an advission of policy liability on the part of the insurance
- 5 Any false reporting may be referred to the Police for investigation
- 6. The import will be forwarded by the insurers of the GN Records Management Centre established by the General Insurance Association of Simplanove (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties
- 7. By the indepresent 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 insured my workshop and the General hisinance 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) which are insured vehicle(s) involved in the 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 fixms, the Monetery Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

(i) processing, handing and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to

- (ii) investigating the accident and/or my clams,
- (n) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(w) administering my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of cortain personal duta about me to bring about delivery of the same as wiell as on the external cover of envelopes/frail

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (colinctively the "Purposes")

(b) all resurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law fame, may/are permitted to collect, use, disclore anotor process my Personal Information for one or more of the above Purposes; and

c) my reported information may can be disclosed by any of the insurers and/or GIA to the third party service providers or agents (including their law yors/law firms) which may be sited outside of Sings ine, for one or more of the above Purposes

Folicyholder's Signature / Date &

Sketch Plan

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

and the second second

where the state of the state of

Witnessed by Reporting Centre Personnel.

A: SNG 988Y



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



Report No. T/20220624/7013

# CONTINUATION OF REPORT

Name	KENNETH LIAN HONG SHE			
Related Vehicle	SNG988Y (Car)	NG	ID No.	S9629814E
Hospital/Clinic	NIL		Contact No.	90119989
Date	NIL ed Medical Leave NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL

My vehicle (SNG988Y) was parked along Jalan Besar paralle parking. After i came back to retrieve my vehicle, i realised that my vehicle front portion was damaged. I then proceeded to take my SD Card to retrieve the in-car camera footage. After going through my SD card I saw vehicle B (SFJ8008C) collided onto my vehicle front portion while reversing out from parking lot.

I am doing the police report for insurance claim purposes as it is a hit & run case.