

ASS. REC. BY: Thuvan

REF:

CS/AGI22006/67 luy3

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: SFJ 8008C

Policy No: _____

Claims No: C10016063/JM

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: 590k

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: SN 69887 Yr Regn: 30/4/11SType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Lamborghini Huracan cc 5204Colour: black A/C: Insured / Std / NI / NASp. Reading: Not Avail T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 2HWEC/2F4FLA01342Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 245/302R20R: 245/302R20BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front R/Bal. 6 mmL/Bal. 6 mmD.O.A. 23/6/22Survey held at TramworkDes. 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 Action / Instruction

MU: 590krebate: 299084NV: 290916

19/8/22 Thevan informed LS \$39,000 (Red 37,322.20, 48%)

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2) 24/8/22-typist

Report Format: TPLump Sum / H.B. / (\$ 39,000)Days Of Repair: 5Resurvey No. of Trip: 1

Add Fee:

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

Survey Fee:

Transportation:

S + RS: SI

Photos

Others

TOTAL



TeamWork Garage Pte Ltd
 The Repairer of the following:
 • No display damaged part(s) during resurvey
 • Part 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

BUDGET DIRECT

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 PERFORMANCE INVOICE

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

Qty	Particulars	Unit Price - SGD \$
<u>PARTS REPLACEMENT - LIST ITEMS</u>		
1	FRONT BUMPER WITH SENSOR HOLE	25000.00 ✓ PT
1	FRONT BUMPER LOWER GRILLE (CENTER)	500.00 ✓ 150
1	FRONT BUMPER SIDE GRILLE (LH/RH)	820.00 ✓ 150
1	FRONT BUMPER LAMBORGHINI EMBLEM	850.00 ✓ 50
2	FRONT BUMPER SENSOR	788.00 ✓ 40
2	FRONT BUMPER SENSOR BRACKET	350.00 ✓ 150
1	FRONT BUMPER REINFORCEMENT	2200.00 ✓ 150
1	FRONT BUMPER SPONGE (FOAM)	1100.00 ✓ 150
1	FRONT BUMPER CROSSMEMBER	1800.00 ✓ 150
1	BONNET	15000.00 X
1	BONNET CATCH HOOK	150.00 ✓ 150
2	FRONT HEADLAMP	24000.00 ✓ 150
		72558.00
	Less 10%	7255.80 44557.2
	Subtotal	65302.20
	Balance C/F	65302.20
<u>PARTS REPLACEMENT - SPECIAL NETT ITEMS</u>		
1	FRONT NUMBER PLATE	180.00 60 Br
1	FRONT BUMPER LIP (AFTER MARKET)	4000.00 ✓ 150
1 SET	FRONT BUMPER CLIP	120.00 60 one
1 SET	FRONT GRILLE CLIP	120.00 60 one
	Subtotal	4420.00
	Balance C/F	69722.20
S/No	<u>LABOUR AND MISCELLANEOUS CHARGES</u>	
1	CHECK WIRING AND LIGHTINGS SYSTEM	200.00 30
2	REMOVE AND REFIT TRIM AND GARNISHES	200.00 XNN
3	REMOVE AND REFIT FRONT REVERSE SENSOR	200.00 50
4	RE-PROGRAMME AFTER REPAIR	500.00 ✓ 200
5	REMOVE & REPASTE STICKER ON AFFECTED AREAS	1500.00 1000
6	PANEL BEATING ON AFFECTED AREAS	2000.00 400
7	SPRAY PAINTING ON AFFECTED AREAS	2000.00 400
	Subtotal	6600.00 660
	Grand total	76322.20

Thuan 8223 5769
 28/6/22 1630
 LIS 4 days swp

F: 39h
 RD: 5

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 790E

Vehicle Details

Vehicle No.: SNG988Y

Vehicle to be Exported: No

Intended Deregistration Date: 19 Aug 2022

Vehicle Make: LAMBORGHINI

Vehicle Model: HURACAN LP610-4

Primary Colour: White

Manufacturing Year: 2014

Engine No.: CSJ002395

Chassis No.: ZHWEC1ZF4FLA01342

Maximum Power Output: 449.0 kW (602 bhp)

Open Market Value: \$274,800.00

Original Registration Date: 30 Apr 2015

First Registration Date: 30 Apr 2015

Transfer Count: 5

Actual ARF Paid: \$466,640.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 29 Apr 2025

PARF Rebate Amount: \$279,984.00

Intended COE Rebate Details

COE Expiry Date: 29 Apr 2025

COE Category: E - Open Category

COE Period(Years): 10

QP Paid: \$71,921.00

COE Rebate Amount: \$19,100.00

Total Rebate Amount: \$299,084.00

The information contained herein is correct as at 19 Aug 2022

OK

SPDU22600004 / PROGRESSIVE CAR CARE PTE LTD
ENTRY DATE & TIME: 24/06/2022 14:04 (SGT)
SUBMITTED BY: Leng Siew Chin
VERSION: " 24/06/2022 14:04 (SGT)"

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 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	24/06/2022 14:04 (SGT)
Reported by	Driver
Date of Accident	23/06/2022 21:15 (SGT)
Exact Location of Accident	Jln Besar, Singapore
Additional Location Information	ALONG JALAN BESAR PARALLEL PARKING SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG988Y
INSURED POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG AIK LEONG
NRIC No	S8833790E
Email Address	KENNETHLIANN@GMAIL.COM
Mobile Phone No	(Phone) +65-97537066
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lamborghini
Model	Huracan
Variant	LAMBORGHINI / HURACAN LP610-4
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	5204

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	P2471810

DATE / EP

Name of Driver	KENNETH LIAN HONG SHENG
NRIC No	S9629814E
Date Of Birth	25/08/1996
Occupation	Indoor

Date Of Driving Pass	21/01/2015
Driving experience	7 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90119989
Alt. Phone Number	-
Email Address	KENNETHLIANN@GMAIL.COM
Address	APT BLK 63 UPPER SERANGOON VIEW #12-21
Address complement	-
Postcode	534014
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
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?	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

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

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFJ8008C
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	-
Contact Number	Private car
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

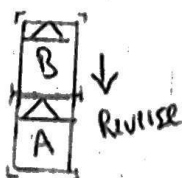
1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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. 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 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



A: SNG 988Y

B: SFJ 8U08C



**SINGAPORE
POLICE FORCE**

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



T/20220624/7013

2 of 3

Report No. T/20220624/7013

CONTINUATION OF REPORT

Driver Name	KENNETH LIAN HONG SHENG		
Related Vehicle	SNG988Y (Car)	ID No.	S9629814E
Hospital/Clinic	NIL	Contact No.	90119989
Date	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
No. of Days granted Medical Leave	NIL	Date	NIL
		Degree of	NIL

Brief Details.

My vehicle (SNG988Y) was parked along Jalan Besar parallel 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.