

ASS. REC. BY:

REF:

CTR/ 22006741/KC

C

Kenneth

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:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

100m

(Policy Condition)

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

| | |
|-----|-----|
| N/S | O/S |
| | |

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02

days

Res.: Yes or No

Lum Sum:

1.81

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S/C 2732A Yr Regn: 05, 16

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

Truck / Trailer or

(A)

Wagon

Make:

Peugeot 5008 c.c. 1560

Colour

M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading

107492

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VF302B14Z.TFS 309443

Gen. 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:

215/50R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

8 mm

R/Bal.

8 mm

L/Bal.

8 mm

L/Bal.

8 mm

D.O.A.

13/7/22

D.O.A.

20/7/2022

Survey held at

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

FR N/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

5/10

3590.85 Cash (Red. @ 1999.90, 35%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☒

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S - RS. SI

Fines

Others

TOTAL

Report Format :

TP

Lump Sum / (B.I.) (\$ 3590.85

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------------|--------------------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 192J |
| Vehicle Details | |
| Vehicle No.: | SLC2732A |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 13 Jul 2022 |
| Vehicle Make: | PEUGEOT |
| Vehicle Model: | 5008 1.6 BLUEHDI EAT6 S/R |
| Primary Colour: | Grey |
| Manufacturing Year: | 2015 |
| Engine No.: | 10JBHC3027056 |
| Chassis No.: | VF30EBHZTFS309443 |
| Maximum Power Output: | 88.0 kW (118 bhp) |
| Open Market Value: | \$23,999.00 |
| Original Registration Date: | 09 May 2016 |
| First Registration Date: | 09 May 2016 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$15,599.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 08 May 2026 |
| PARF Rebate Amount: | \$10,139.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 08 May 2026 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$47,300.00 |
| COE Rebate Amount: | \$18,062.00 |
| Total Rebate Amount: | \$28,201.00 |

The information contained herein is correct as at 13 Jul 2022

OK

**direct
asia**

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Contact us at

Hotline: (65) 6665 5555

E-mail: customerservice@directasia.com

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

| | |
|---|---------------------------------------|
| Certificate No. | : MT/00476721/04 |
| Type of Coverage / Driver Plan | : Car Comprehensive (Value Plus Plan) |
| 1) Vehicle Registration No. | : SLC2732A |
| Chassis No. | : VF30EBH2TFS309443 |
| 2) Name of Policy Holder | : NORAZIMAH BINTE MD SHARIFF |
| 3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act | : 09/05/2022 00:00 |
| 4) Date/Time of Expiry of Insurance | : 08/05/2023 23:59 |

5) Persons or Classes of Persons Entitled to Drive

- (a) Any named person under the policy who is driving on the Policyholder's permission.
(b) Any authorised person, provided such person is aged 30 and above and holds a valid driving licence of 2 years or more, who is driving on the Policyholder's permission

The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.

6) Limitations as to use*

Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business. Private car-pooling arrangements where you commute with passengers and split the fuel expense is covered under the standard policy. Grab Hitch will only be covered if this is the declared usage stated on your Policy Schedule. Only two rides are permitted a day. Other forms of commercial car-pooling or any ride hailing services (e.g. Grab, Go-Jek etc.) are not allowed.

*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.

| | |
|--|---------------------------------|
| Sum Insured | : Market Value |
| Own Damage Excess | : S\$ 800.00 |
| Windscreen Excess | : S\$ 100.00 |
| Choice of workshop | : DirectAsia approved workshops |
| Finance company / Hire Purchase | : Maybank |
| Main driver | : NORAZIMAH BINTE MD SHARIFF |
| Named driver | : None |

Important Note: This policy does not cover the Policyholder/drivers below the age of 30 and Policyholder/drivers who hold a valid driving licence of less than 2 years with the exception of the main/named drivers above.

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Issued on: 06/04/2022

Direct Asia Insurance (Singapore) Pte. Ltd.

Underwriting Manager

Direct Asia Insurance (Singapore) Pte Ltd
20 Anson Road #08-01 Twenty Anson Singapore 079912
www.DirectAsia.com

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 | 13/07/2022 16:56 (SGT) |
| Reported by | Both |
| Date of Accident | 13/07/2022 12:15 (SGT) |
| Exact Location of Accident | 9 Hougang Ave 8, Singapore 538784 |
| Additional Location Information | CARPARK |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLC2732A |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------------|
| Is company? | No |
| Name Of Registered Owner | NORAZIMAH BINTE MD SHARIFF |
| NRIC No | SXXXX192J |
| Email Address | ARCHIC2000@YAHOO.COM |
| Mobile Phone No | (Phone) +65-94575611 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Peugeot |
| Model | 5008 |
| Variant | 5008 1.6 BLUEHDI EAT6 S/R |
| 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 | 1560 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | Direct Asia Insurance (Singapore) Pte Ltd |
| Policy Number / Cover Note Number | MT/00476721/04 |

DRIVER

| | |
|----------------|----------------------------|
| Name of Driver | NORAZIMAH BINTE MD SHARIFF |
| NRIC No | SXXXX192J |
| Date Of Birth | 05/09/1975 |
| Occupation | Indoor |

| | |
|--|------------------------|
| Date Of Driving Pass | 07/09/1998 |
| Driving experience | 23 YEARS AND 10 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-94575611 |
| Alt. Phone Number | - |
| Email Address | ARCHIC2000@YAHOO.COM |
| Address | 54 ANCHORVALE CRESCENT |
| Address complement | #04-13 |
| Postcode | 544631 |
| 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 | 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? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE SKETCH PLAN BY DRIVER

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | PC3279M |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| 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) -

SKETCH PLAN

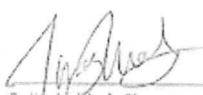
IMPORTANT NOTICE

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 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.

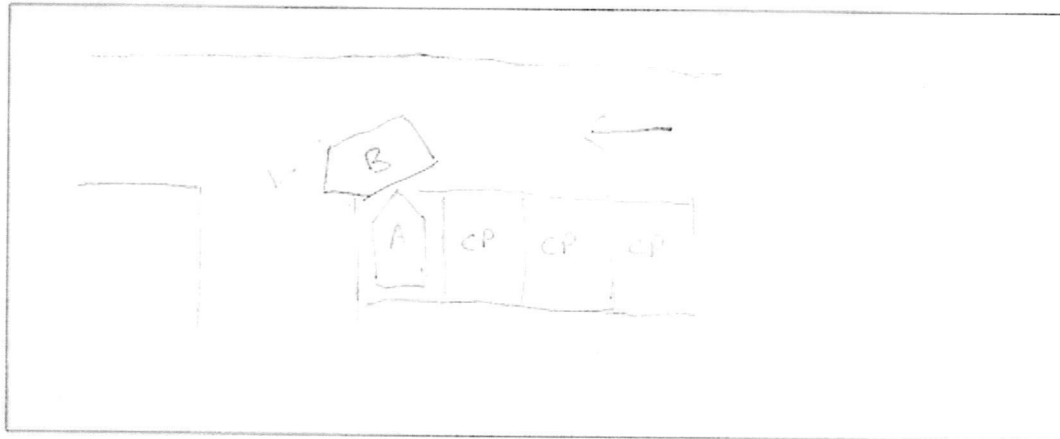

 Policyholder's Signature
 Date & Time: 13/7
 15:00h

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


 Reporting Centre Personnel's Signature
 Name: Zila
 NRIC/FIN No.:

Date of accident: 13/7/2022 Time: 12:15pm Location: Xinmin Primary School Carpark
 My Vehicle A: SLC 2732 A Vehicle B: PC 3279 M Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was parked in a parking lot in the school carpark. I was going out for lunch when I saw a ~~bus~~ 40 seater school bus that had just entered in front of my car. The security guards were talking to the bus driver. The security guard alerted me that he heard a screeching sound as the bus was about to make a left turn into the carpark near my vehicle. The bus was stopped very close to my car. The security guard showed me the damage after I reached the car.

☐ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop:

Email address:

& myself:

Email address:

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature

Date & Time: 13/7

1549h

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature]
 Ah Lim Motor Company

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

AH LIM MOTOR COMPANY

No. 10 Ang Mo Kio Ind. Park 2A #01-09 AMK Autopoint Singapore 568047
 TEL: 6483 1244 (4 lines) FAX: 6483 6170 Email: ahlumc@singnet.com.sg
 GST:M9-0009639-E RCB NO:06470300B

SURVEYOR COPY

M/S : NORAZIMAH BINTE MD SHARIFF
 54 ANCHORVALE CRESCENT
 #04-13
 SINGAPORE 544631

Estimate No: MC1902827
 Date: 14 Jul 2022
 Policy No: MT./00476721/04
 Veh Reg No: SLC2732A
 Make/Model: PEUGEOT 5008 1.6
 BLUEHD

ATTN:

Your Ref No: SLC2732A
 Claim Type: Third Party → CHINA
 Accident Date: 13/07/2022
 TP Veh Reg No: PC3279M

LCC
 Wed.
 10-1030
 Not authorized
 Repair B & Paint
 2 days

Estimate Repair Cost to Vehicle No :SLC2732A

| Description | Quantity | List Price | Amount |
|--|----------|------------|------------|
| | | <u>S\$</u> | <u>S\$</u> |
| SPARE PARTS | | | |
| 1 HEADLAMP LH 1541 | 1 PC | 1,541.00 | ✓ |
| 2 FRONT GRILLE | 1 PC | 365.00 | ✓ |
| 3 FRONT GRILLE CHROME MLDG | 1 PC | 412.00 | ✓ |
| 4 FRONT BUMPER 1382 | 1 PC | 1,382.00 | ✓ |
| 5 FRONT BUMPER SIDE RETAINER LH | 1 PC | 89.00 | ✓ |
| 6 FRONT BUMPER CLIPS | 15 PC | 82.50 | ✓ |
| 7 FRONT BUMPER LOWER AIR GRILLE | 1 PC | 221.00 | X |
| 8 FRONT BUMPER REINFORCEMENT | 1 PC | 461.00 | X |
| 9 FRONT BUMPER CTR BKT | 1 PC | 282.00 | X |
| 10 FOGLAMP LH | 1 PC | 154.00 | X |
| 11 FOGLAMP COVER LH | 1 PC | 178.00 | X |
| | | 5,167.50 | |
| | Less 10% | 516.75 | 4,650.75 |
| LABOUR | | | |
| 12 TO DISCONNECT AND CHECK ELECTRICAL WIRING, WIRE SOCKETS AND ETC. TO REMOVE AND REINSTALL DAMAGED ELECTRICAL UNITS, TEST AND RECTIFY FOR PROPER FUNCTIONING. | 1 PC | 40.00 | 154 |
| 13 TO DISMANTLE ALL DAMAGED PARTS. TO CUT & WELD. TO KNOCK & REPAIR FRONT FENDER RH INNER PANELS AND AFFECTED AREAS. TO REFIT LISTED PARTS BACK SAME. | 1 PC | 400.00 | 2001 |
| 14 TO SPRAY FRONT FENDER LH, FRONT BUMPER. | 1 PC | 500.00 | 2201 |
| | | 940.00 | 940.00 |

Total S\$ 5,590.75

Add GST @ 7% 391.35

Total Amount Payable S\$ 5,982.10

TOTAL: SINGAPORE DOLLAR FIVE THOUSAND NINE HUNDRED EIGHTY TWO AND CENTS TEN ONLY

Please arrange this vehicle to be surveyed soonest possible.

Thank You

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

- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

For AH LIM MOTOR COMPANY

Zila
 Ah Lim Company

AUTHORISED SIGNATURE