

ASS. REC. BY:

REF:

FCV 22007912/KV

G

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: SG 1844M

Policy No.

Claims No. D22002577MFBP

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:

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

03

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SM 7 72593

Yr Regn:

05, 21

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

Truck / Trailer or

Make:

Honda

A)

c.c

1317

Colour

m. Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

26776

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

GR1

1030932

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

185/60R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

24/7/22

Rear

R/Bal.

7

mm

L/Bal.

7

mm

D.O.I.

18/10/2022

Survey held at

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

No visible damage found at time of inspection

2/3

81997-00

C.R.

3/5/23

(red 7819, 79%)

Date/Time, File Pass to?

☐

Prell. Report

1)

Date/Time, File Return to?

☐

Final Report

2) 4/5/23-typist

Days Of Repair: 3

Resurvey No. of Trlp: 2

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Report Format: TP

Lump Sum / I.B.I: (\$ 1997

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	319B
Vehicle Details	
Vehicle No.:	SMZ7259J
Vehicle to be Exported:	Yes
Intended Deregistration Date:	18 Oct 2022
Vehicle Make:	HONDA
Vehicle Model:	FIT BASIC 1.3 CVT
Primary Colour:	Blue
Manufacturing Year:	2020
Engine No.:	L13B1539959
Chassis No.:	GR11030932
Maximum Power Output:	72.0 kW (96 bhp)
Open Market Value:	\$17,007.00
Original Registration Date:	14 May 2021
First Registration Date:	14 May 2021
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 May 2031
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	13 May 2031
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$48,002.00
COE Rebate Amount:	\$38,401.00
Total Rebate Amount:	\$42,151.00

The information contained herein is correct as at 18 Oct 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 Actual 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	02/08/2022 10:08 (SGT)
Reported by	Driver
Date of Accident	24/07/2022 22:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Punggol Field
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ7259J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DESERT ROSE
Company Reg No	53433319B
Email Address	achillespecies@hotmail.com
Mobile Phone No	(Phone) +65-97334943
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1300

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5122169256-01

DRIVER

Name of Driver	LUQMAN BIN SAFIYUDDIN
NRIC No	S8415282Z
Date Of Birth	23/05/1984
Occupation	Indoor

Date Of Driving Pass	30/05/2011
Driving experience	11 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97334943
Alt. Phone Number	-
Email Address	achillespecies@hotmail.com
Address	BLK 224C #11-103 SUMANG LANE
Address complement	-
Postcode	823224
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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 on collision
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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	SITI ROHAYA BINTE SELAMAT
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN / POLICE REPORT

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	FILES SIZE TOO BIG TO BE UPLOADED

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SG1844M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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	LUQMAN BIN SAFIYUDDIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMZ7259J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SITI ROHAYA BINTE SELAMAT
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMZ7259J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

INCOME MOTOR SERVICE CENTRE

Report No: MT/

D.O.A: 24/07/2022

Time: 22:05 hrs

Report Date & Start Time: 02/08/2022 / 09:53

Vehicle No: SM27259J Reporting Type:

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.


02/08/22 / 9:53
Policyholder's Signature / Date & Time

Sketch Plan

02/08/22 / 9:53
Driver's Signature (If driver is not the policyholder) / Date & Time

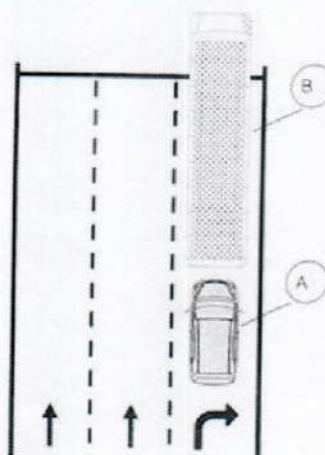
Tang Chun Kiet (S098825)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Punggol Field

Vehicle A: SM27259J

Vehicle B: SG1844M



Describe Circumstances of the Accident

Refer to Police Report

Declaration

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


02/08/22 / 9:53
Policyholder's Signature / Date & Time

02/08/22 / 9:53
Driver's Signature (if driver is not the policyholder) / Date & Time

Tang Chun Kiet (S098825)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

AUTOLUTION

CARTIMES

CarTimes Autolution Pte Ltd
 160 Sin Ming Drive AutoCity
 #02-04 Singapore 575722
 Tel : 6471 5111
 Email : claims@cartimes.com.sg

Not Available
 Murray B. pain

3 days

\$1997/h

VEHICLE NO: SMZ7259J

MODEL: HONDA FIT BASIC 1.3

CHASSIS NO: GR11030932

DESCRIPTION	REPAIRER'S ESTIMATE(S\$)
<u>PARTS (LIST ITEMS)</u>	
FRONT BUMPER <i>1220</i>	<i>Per / mgm</i> \$ 1,380.00 ✓
FRONT BUMPER SIDE RETAINER LHS	\$ <i>Per</i> 60.00 X
FRONT BUMPER SIDE RETAINER RHS	\$ <i>Per</i> 60.00 X
FRONT REINFORCEMENT PANEL <i>420</i>	\$ <i>Per</i> 550.00 ✓
FRONT BUMPER TOWING CAP	\$ <i>Per</i> 50.00 X
FRONT BUMPER LOWER GRILLE	\$ <i>Per</i> 500.00 X
FRONT GRILLE	\$ <i>Per</i> 690.00 X
FRONT GRILLE EMBLEM "H"	\$ <i>Per</i> 80.00 X
FRONT FOGLAMP COVER LHS	\$ <i>Per</i> 80.00 X
FRONT FOGLAMP COVER RHS	\$ <i>Per</i> 80.00 X
FRONT HEADLAMP LHS	<i>Per</i> \$ 1,350.00 X
FRONT HEADLAMP LOWER BRACKET LHS	\$ <i>Per</i> 50.00 X
FRONT HEADLAMP RHS	<i>Per</i> \$ 1,350.00 X
FRONT HEADLAMP LOWER BRACKET RHS	\$ <i>Per</i> 50.00 X
FRONT SUPPORT PANEL	\$ <i>Per</i> 690.00 X
FRONT SUPPORT PANEL TOP GARNISH	\$ <i>Per</i> 200.00 X
FRONT BRACE PANEL	\$ <i>Per</i> 150.00 X
	\$ 7,370.00

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:

<u>SPECIAL NETT ITEMS</u> FRONT BUMPER CLIPS 1 SET FRONT SENSOR 1 SET FRONT NUMBER PLATE FRONT SUPPORT PANEL TOP GARNISH CLIPS		20%	\$ 1,474.00
			\$ 5,896.00
		Total	\$ 470.00
TOTAL PARTS		\$ 6,366.00	

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (\$\$)
	<u>LABOUR</u>	
1	To remove the affected parts & fittings to commence repairs; replace damaged parts and components	\$ ²⁰⁰¹ 1,400.00
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	\$ ^{3601 221} 1,400.00
3	To remove and re-fix wiring and check all electrical components at damaged areas for proper functions	\$ ¹⁵¹ 100.00
4	To provide anti-rust treatment on affected areas	\$ [~] 100.00 X
5	To remove and re-fix front aircond condenser and re-fill gas	\$ [~] 200.00 X
6	To remove and re-fix front sensor assy	\$ ⁵⁰¹ 100.00
7	To remove and re-fix front radiator and re-fill coolant	\$ [~] 150.00 X
	Labour Total :	\$ 3,450.00
	TOTAL (PARTS & LABOUR):	\$ 9,816.00