PARF/COF Rebate Enquiry

ASS. REC. BY: | REF: A1S1

Kenneth

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s KK Hin

of

Insured:

Policy No.

Claims No.

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

Bal. or Market Value: $121K

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 1.B.1% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SNG 38630 Yr Regn: 07, 22

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (m)

Make: Honda City c.c 1498

Colour White A/C: Insured / Std / Nil / NA

Sp.Reading 2181 T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No: MRHGN2580NT000001

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: 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 Maxxis

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm

D.O.A. 28/9/22 D.O.I. 30/9/2022

Survey held at

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

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	

Date/Time, File Pass to? ☐ : Prell. Report

1) ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ Tech Invs ($)

☐ Weekend ($)

Survey Fee:

Transportation

$ - RS. SI

Fines

Others

TOTAL

Report Format :

Lump Sum / I.B.I: ($)

COE ?

金興(冀)汽車私人有限公司
K. KIM HIN AUTO PTE LTD
160 Sin Ming Drive #02-18/19/20
Sin Ming AutoCity
Singapore 575722
Tel: 6452 7018 (5 Lines) Fax: 6458 3895

Not Authorised
Resurvey B4 paint
4 days

No. : 32565
Date : 30-Sep-2022
PAGE : 1

Vehicle Insured : XD5672Y
Accident Date : 28-Sep-2022

Our Ref : 022308 (ALLIANZ) / ANGIE

SINGAPORE SAFETY DRIVING CENTRE LTD
Singapore

ESTIMATED COST OF REPAIR FOR HONDA CITY 1.5 (1498cc) (2022) SNG3863D

1 pc rear bumper		Rn 463.70
2 pcs rear bumper side retainer - (LH/RH)	@ S$ 14.50	d.o.r 29.00
1 pc RH rear bumper reflector		Sn 22.50 X
1 pc rear bumper reinforcement		180.00 ?
1 pc bootlid		Rn 550.30
1 pc bootlid "CITY" emblem		Rn 25.30
1 pc bootlid "i-VTEC" emblem		Rn 25.90
1 pc bootlid logo		Rn 25.90
1 pc bootlid weatherstrip		Sn 84.20 X
1 pc bootlid lock		R 43.50 X
1 pc RH bootlid lamp		CRM 114.00
1 pc Rh taillamp		CRM 222.40
1 pc rear end panel		380.80 ?
1 pc rear end panel top garnish		Sn 38.80 X
1 pc smart key antenna		Sn 31.10 X
1 pc buzzer		Sn 39.10 X
		2,276.50
	Less 25% :	-569.13
		1,707.37

1 pc rear no. plate		Sn 40.00 sn X
1 pc rear bumper "L" plate		Rn 80.00 sn X
1 pc rear bumper "L" plate bracket		Rn 30.00 sn
1 pc rear bumper company		Rn 180.00 sn
1 pc advertisment sticker		
3 pcs bootlid "1", "3" & "9" sticker	@ S$ 10.00	Rn 30.00 sn
1 pc bootlid "64826060" sticker		Rn 100.00 sn

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:

Con't Page 2 ...

興(冀)汽車私人有限公司
K. KIM HIN AUTO PTE LTD
160 Sin Ming Drive #02-18/19/20
Sin Ming AutoCity
Singapore 575722
Tel: 6452 7018 (5 Lines) Fax: 6458 3895

Vehicle Insured : XD5672Y
Our Ref : 022308

No. : 32565

To remove, cut out damaged parts, panel beating, welding, align, refix and to renew affected parts.	5od 750.00
To focus taillamps. To check rear wiring and lighting operation.	50.00 2d
To putty and respray on affected portions.	6od. 950.00
Total :	S$ 3,917.37

Singapore Dollars Three Thousand Nine Hundred and Seventeen and Cents Thirty Seven Only

Note: Amount quoted above is subject to prevailing GST at time of tax invoice.

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 witholding 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	29/09/2022 21:37 (SGT)
Reported by	Owner
Date of Accident	28/09/2022 10:11 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ADMIRALTY ROAD WEST NEAR LAMPPOST 54
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG3863D

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINGAPORE SAFETY DRIVING CENTRE LTD
Company Reg No	1XXXXX427W
Email Address	hafiz@ssdcl.com.sg
Mobile Phone No	(Phone) +65-64826060
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	City
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	0

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5114139806

DRIVER

Name of Driver	KADAVUL SABISHKUMAR
Passport No/FIN	MXXXX305N
Date Of Birth	22/05/2000
Occupation	Indoor

SKETCH PLAN

IMPORTANT NOTICE

1. Please [illegible] correctly the details of the accident as seen at the [illegible].
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.

SINGAPORE SAFETY DRIVING CENTRE LTD
2, Woodlands Industrial Park E4
Singapore 757387
Tel: 6482 6060 Fax: 6482 3808
Co. Reg. No. 198303427W

KADAVUL

KIM HIN AUTO PTE LTD TEL: 6453-7018

29/9

Policyholder's Signature / Company Chop

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

Witnessed by Reporting Centre Personnel (Name / NRIC No.)

KHONG YEE TENG

Sketch Plan