

ASS. REC. BY:

REF:

C12/2200-9776/kgy3

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:

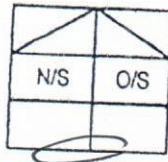
Excess:

(Client's Record)

Make of Veh:

2:30pm

(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:

05 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:

JTP 78870

Yr Regn:

04, 09

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

Truck / Trailer or

Make:

Honda Proton

c.c

1789

Colour

M. Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

2185/7

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

RNB

1094357

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/60R16

R:

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

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

3/10/22

D.O.A.

5/10/2022

Survey held at

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

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

Date / Time

Action / Instruction

7/11 2:30pm @ 2600L Cash paid to 3520-96, 58%

Date/Time, File Pass to?

1) 09/11/2022



: Prel. Report



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

5

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

S - RS, SI

Fees

Others

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Report Format:

MER-TP

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

2600

TOTAL

# ACCORD AUTO SERVICES PTE LTD

10 Ang Mo Kio Industrial Park 2A

#03-11 AMK Autopoint Singapore 568047

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

*Not Attached  
11 Sep @ 2600h  
Purning After Rain  
5 days*

## ESTIMATE

### CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

3 ANSON ROAD #15-00

SPRINGLEAF TOWER

SINGAPORE 079909

ATTN: ACCIDENT CLAIMS DEPARTMENT

DATE : 03.10.2022  
VEHICLE NO : SJP7987D  
VEH MAKE/MODEL : HONDA STREAM 1.8X  
YOM : 2008  
CHASSIS NO : RN61094357  
DATE OF ACCIDENT : 03.10.2022

NO	QTY	DESCRIPTION	AMOUNT \$
		<b>LIST PRICE:-</b>	
1	1	REAR TAILGATE	\$ <i>By</i> 903.20
2	SET	REAR TAILGATE WINDSCREEN MOULDING	\$ <i>na</i> 85.60
3	1	REAR TAILGATE LOGO	\$ <i>na na</i> 31.90
4	1	REAR TAILGATE "H" EMBLEM PANEL	\$ <i>na</i> 262.40
5	1	REAR TAILGATE LOGO "STREAM"	\$ <i>na</i> 41.60
6	1	REAR TAILGATE RUBBER	\$ <i>at</i> 169.40
7	1	REAR BUMPER	\$ <i>By</i> 678.20
8	1	REAR BUMPER SIDE RETAINER LH	\$ <i>na</i> 29.40
9	1	REAR BUMPER SIDE RETAINER RH	\$ <i>na</i> 29.40
10	1	REAR END PANEL TOP GARNISH	\$ <i>na</i> 216.70
11	1	REAR END PANEL INNER	\$ <i>na</i> 98.20
12	1	REAR END PANEL OUTER	\$ <i>na</i> 394.20
13	1	TOWING COVER	\$ <i>na</i> 23.50
14	1	EXHAUST TIP	\$ <i>na</i> 300.00
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
TOTAL - LIST ITEM			\$ 3,263.70
LIST 20%			\$ 652.74
TOTAL			\$ 2,610.96

**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:

*✓  
✓  
+  
x  
✓  
50/na  
✓  
x  
x  
✓  
x  
x  
x  
x*



Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: [claims@mycarworkshop.com.sg](mailto:claims@mycarworkshop.com.sg)

## ESTIMATE

03.10.2022

NO	QTY	DESCRIPTION	AMOUNT \$
----	-----	-------------	-----------

Page 1/2

		<u>SPECIAL NETT ITEMS:-</u>	
1	1 SET	REAR NUMBER PLATE WITH FRAME	\$ <i>NA</i> 50.00
2	SET	REVERSE SENSOR	\$ <i>CM</i> 350.00
3	SET	REAR BUMPER CLIPS	\$ <i>NA</i> 35.00
4	SET	REAR END PANEL TOP GARNISH CLIPS	\$ <i>NA</i> 35.00
5	1	REAR TAILGATE GLASS SEALANT	\$ <i>NA</i> 80.00
6	2 SET	REAR FENDER INNER SHIELD CLIPS	\$ <i>NA</i> 70.00
7			

Total - SN Item	\$	620.00
-----------------	----	--------

		<u>Labour Charges:-</u>	
--	--	-------------------------	--

1		SPRAY PAINT ON ALL AFFECTED AREA	\$ 1,000.00
2		LABOUR REMOVE/REFIX ACCIDENT DAMAGE PARTS TO KNOCK, JACK, CUT WELD AND REALIGN ACCIDENT AFFECTED AREA	\$ 1,000.00
3		TO CHECK WIRING SYSTEM & LIGHT	\$ 120.00
		TO APPLY ANTI RUST TREATMENT	\$ 120.00
5		TO REMOVE/REFIX/REPLACE REAR REVERSE CAMERA	\$ <i>NA</i> 150.00
6		TO REMOVE/REFIX/REPLACE REAR TAILGATE INNER COMPARTMENT, MECHMISM TO NEW TAILGATE	\$ 200.00
7		TO REMOVE/REPLACE REAR TAILGATE GLASS	\$ 150.00
8		TO REMOVE/REFIX REVERSE SENSOR	\$ 150.00
9			
10			
		<b>Total - L/C</b>	<b>\$ 2,890.00</b>

<b>Sub-Total</b>	<b>\$ 6,120.96</b>
------------------	--------------------

7% GST	\$	428.47
--------	----	--------

<b>Total</b>	<b>\$</b>	<b>6,549.43</b>
--------------	-----------	-----------------

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC  
Owner ID: 837C

### Vehicle Details

Vehicle No.: SJP7987D  
Vehicle to be Exported: Yes  
Intended Deregistration Date: 05 Oct 2022  
Vehicle Make: HONDA  
Vehicle Model: STREAM 1.8X A  
Primary Colour: Grey  
Manufacturing Year: 2008  
Engine No.: R18A1804573  
Chassis No.: RN61094357  
Maximum Power Output: 103.0 kW (138 bhp)  
Open Market Value: \$21,516.00  
Original Registration Date: 09 Apr 2009  
First Registration Date: 09 Apr 2009  
Transfer Count: 0  
Actual ARF Paid: \$21,516.00

### Intended PARF Rebate Details

PARF Eligibility: Forfeited  
PARF Eligibility Expiry Date: -  
PARF Rebate Amount: \$0.00

### Intended COE Rebate Details

COE Expiry Date: 28 Feb 2029  
COE Category: B - Car (1601cc & above)  
COE Period(Years): 10  
PQP Paid: \$31,933.00  
COE Rebate Amount: \$20,442.00  
**Total Rebate Amount: \$20,442.00**

The information contained herein is correct as at 03 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	03/10/2022 14:29 (SGT)
Reported by	Both
Date of Accident	03/10/2022 11:45 (SGT)
Exact Location of Accident	509 Serangoon Rd, Singapore 218152
Additional Location Information	ALONG SERANGOON ROAD TWD LAVENDER STREET
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP7987D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHAN CHEE KIONG
NRIC No	SXXXX837C
Email Address	CHANCHEEKIONG@YAHOO.COM
Mobile Phone No	(Phone) +65-81389368
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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	1800

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01006005

### DRIVER

Name of Driver	CHAN CHEE KIONG
NRIC No	SXXXX837C
Date Of Birth	03/05/1971
Occupation	Indoor



Date Of Driving Pass .....	11/10/1988
Driving experience .....	34 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-81389368
Alt. Phone Number .....	-
Email Address .....	CHANCHEEKIONG@YAHOO.COM
Address .....	BLK 54 GEYLANG BAHRU #08-3593
Address complement .....	-
Postcode .....	330054
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 .....	Collision - Head to Rear
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) .....	3
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 .....	LILIAN LEE LIAN
Gender .....	Female

#### PASSENGER 2

Name .....	NICHOLAS CHAN PIN YE
Gender .....	Male

#### 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

TRAFFIC WAS RED. I STEPPED MY VEHICLE. SUDDENLY I FELT AN IMPACT FROM MY REAR, VEHICLE B HAD COLLIDED INTO ME.

#### 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	SLQ6373C
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Lancer
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	SHIVAKUMAR SANJEEVIAH
NRIC No	SXXXX553D
Contact Number	(Phone) +65-98802753
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1



SKETCH PLAN

VEH A: SP 7577D  
VEH B: SL2673C  
VEH C:

**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.

Channe 3/10/22  
1:50pm

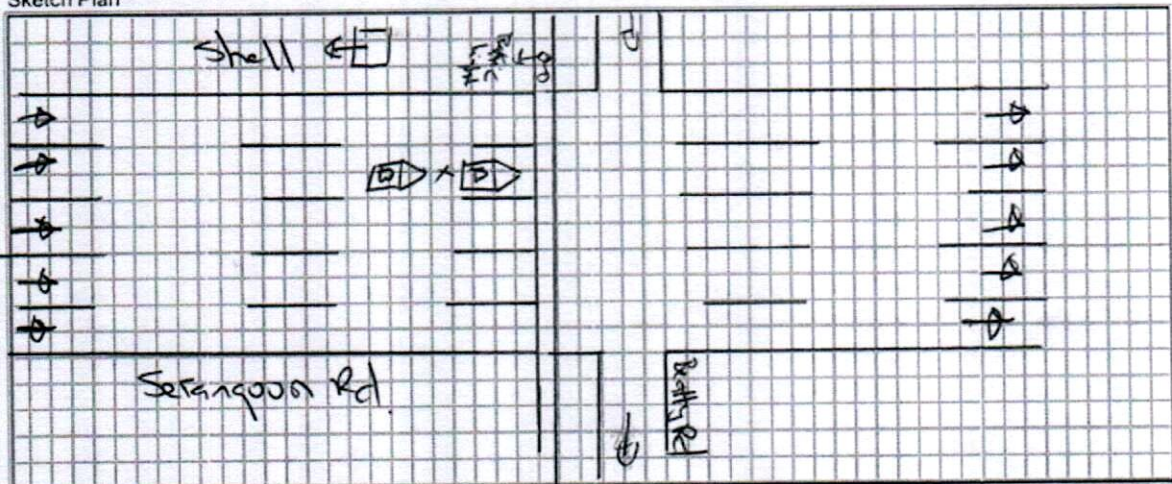
Policyholder's Signature / Date & Time

Channe 3/10/22  
1:50pm

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

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

Sketch Plan





Describe Circumstance of the Accident

DATE OF ACCIDENT: 2/10/22 TIME OF ACCIDENT: 11:45hr.

VEH A: SSP 79870 VEH B: ~~SSP~~ 6732 VEH C: HIL

Traffic was red. I stopped my vehicle. Suddenly I felt an impact from my rear, vehicle B had collided into me.

Declaration

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

3/10/22  
Chance 150pm

Policyholder's Signature / Date & Time

3/10/22  
Chance 1:50pm

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC Card)