

Steve

CS3/SMR 22010260/Eqy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/s _____

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
XX	

Bel. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est Repairs: 3 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: SMY 18254Yr Regn: 22/1/21

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

Truck / Trailer or

Make: Honda Fitc.o. 1317Colour: GREEN

A/C: Insured / Std / NI / NA

Sp. Reading 68244

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 6R110 24205

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: 185/60R15R: 1)

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

Front

Rear

R/Bal. 4 mmR/Bal. 4 mmL/Bal. 4 mmL/Bal. 4 mmD.O.A. 7/10/22D.O.I. 18/10/22Survey held at Rotor Auto

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

MV-92K

Steve finalised final fig \$1476, 3 days. (Red \$1010, 41%)

Date/Time, File Pass to?

☐

: Preli. Report

1) 16/11 Typist

Date/Time, File Return to?

☐

: Final Report

2) _____

Report Format: _____

TP

Lump Sum / L.S. (\$

1476

Days Of Repair: 3Resurvey No. of Trip: 2Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Procs

Others

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Business
Owner ID:	568K
Vehicle Details	
Vehicle No.:	SMY1825U
Vehicle to be Exported:	Yes
Intended Deregistration Date:	27 Oct 2022
Vehicle Make:	HONDA
Vehicle Model:	FIT BASIC 1.3 CVT SENSING
Primary Colour:	Grey
Manufacturing Year:	2020
Engine No.:	L13B1531458
Chassis No.:	GR11024205
Maximum Power Output:	72.0 kW (96 bhp)
Open Market Value:	\$17,007.00
Original Registration Date:	22 Feb 2021
First Registration Date:	22 Feb 2021
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Feb 2031
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	21 Feb 2031
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$41,001.00
COE Rebate Amount:	\$32,800.00
Total Rebate Amount:	\$36,550.00

ROTOR AUTO ELECTRICAL PTE LTD

Blk 3 Pioneer Road North #01-21, Singapore 628457

Tel: 6266 3296 Fax: 6266 1859

Co. Reg. No.: 200202516H GST Reg. No.: 20-0202516-H

Sten (LKK) 17/10/22, 19.01.22

83228813

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P/P

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Your Ref.

MS FIRST CAPITAL INSURANCE LTD
6 RAFFLES QUAY
#21-00
SINGAPORE 048580

ESTIMATE : **ES2210002**
Date : 17.10.2022
ACC Date : 07.10.2022
Policy # :
Terms : C.O.D
Page(s) : 1

ATTN : Motor Claim Dept.

RE : Accident Involving SMY 1825 U & SHC 4748 P On 07.10.2022
At AYE Towards City Before Clementi Exit

QUANTITY	PARTICULARS	UNIT PRICE (S\$)	AMOUNT (S\$)
1	REAR BUMPER / BR	980.00	784.00
10	REAR BUMPER CLIP / m	4.00	32.00
2	REAR BUMPER REFLECTORS X	100.00	160.00
1 Set	RR REVERSE SENSOR (NETT) X	200.00	200.00

To remove & refit damage parts.

200 600.00

To respray RR Bumper, boot lid & affected area.

400 600.00

To check wiring

30.00

To do anti rust coating

30 80.00

SUB-TOTAL : 2,486.00
GST 7% : 174.02
TOTAL : 2,660.02

Rotor Auto Electrical Pte Ltd

LKK Auto Consultants hence notify the insurer of the following:
• The survey before/after spray painting
• The damaged part(s) during resurvey
• The survey is on a "Without Prejudice" basis
• The legal modification(s) is allowed
• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:

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 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. 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	08/10/2022 16:30 (SGT)
Reported by	Driver
Date of Accident	07/10/2022 19:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE TOWARDS CITY BEFORE CLEMENTI EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY1825U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LIMOVO
Company Reg No	53360568K
Email Address	LIMOVORENTAL@GMAIL.COM
Mobile Phone No	(Phone) +65-90691425
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	Commercial vehicle
Transmission	Auto
CC	1300

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5120608312-01

DRIVER

Name of Driver	TAN ZHENG YU
NRIC No	T0002555G
Date Of Birth	10/01/2000
Occupation	Indoor

 Accident report SN0722A8000E

Date Of Driving Pass	28/12/2018
Driving experience	3 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98160619
Alt. Phone Number	-
Email Address	LIMOVORENTAL@GMAIL.COM
Address	BLK 293D BUKIT BATOK STREET 21 #35-546
Address complement	-
Postcode	654293
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Raining
Road Surface	Wet

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)	1
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

I WAS DRIVING ALONG LANE 1 WHEN VEHICLE IN FRONT OF ME STOP, I MANAGED TO STOP IN TIME AND VEHICLE (SHC4748P) COLLIDED ONTO ME WHILE TRYING TO SWITCH TO LANE 2.

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	SHC4748P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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 accurately the details of the accident to speed up the claims process.
2. This Form must be completed by the Insured Party under the Accident Order.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may affect insurance companies to **proceeding 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 Insured Party's signature on this report, you hereby consent to the archiving of this report at the centre and to copies of the report being made available if needed.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My Insurer, my underwriter and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and transfer my personal data/personal information set out in this form and any other personal information provided by me or my Insurer to my Insurer, collectively the "Personal Information", and disclose and transfer such Personal Information to all Insurers involved in this accident (all Insurers) who have insured vehicle(s) involved in this accident; shall be permitted to disclose "Insurers", the Insurers' legal representatives, the Monetary Authority of Singapore and any relevant government agency/department (such as the police), for the purpose(s) of:

(b) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to my claims;

(c) processing, handling and/or dealing with my claims;

(d) processing, handling and/or dealing with my instructions or responding to any enquiries by me;

(e) processing my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail).

(f) processing, handling and/or dealing with my claims.

(g) processing, handling and/or dealing with my claims.

(h) processing, handling and/or dealing with my claims.

(i) processing, handling and/or dealing with my claims.

(j) processing, handling and/or dealing with my claims.

(k) processing, handling and/or dealing with my claims.

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(m) processing, handling and/or dealing with my claims.

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(t) processing, handling and/or dealing with my claims.

(u) processing, handling and/or dealing with my claims.

(v) processing, handling and/or dealing with my claims.

(w) processing, handling and/or dealing with my claims.

(x) processing, handling and/or dealing with my claims.

(y) processing, handling and/or dealing with my claims.

(z) processing, handling and/or dealing with my claims.



Driver's Signature (Insured Party) / Date
 08/10/2022

Witness Signature (Reporting Centre Personnel)
 (Name as in NRIC/ID card)
 ST1400774 Look Hui

A - 8007 V325	
B - 8007 V325	

Describe the Circumstances of the Accident

REFER TO GEARS

Declaration

We declare the foregoing particulars are true in every respect



[Signature]

[Signature]

Driver's Signature (If Driver is not the policyholder) Date

19/10/2022