

ASS. REC. BY:

REF:

Smo / 22011332/KV

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / 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.

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5 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:

SLV 6509C

Yr Regn:

01, 18

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

Truck / Traller or

Make:

Kia

Cera

c.c.

1591

Colour:

N. Red

A/C:

Insured / Std / NI / NA

Sp. Reading

148971

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KNAI-8 411M.J 5757854

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:

225/40R18

R:

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

Front

R/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

8/11/22

Rear

R/Bal.

4

mm

L/Bal.

4

mm

D.O.I.

11/11/2022

Survey held at

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

R/R

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

Date / Time

Action / Instruction

6/3 11:00 AM @ 46501

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. St

P. Ins

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 446D

Vehicle Details

Vehicle No.: SLV6509C
Vehicle to be Exported: Yes
Intended Deregistration Date: 09 Nov 2022
Vehicle Make: KIA
Vehicle Model: CERATO K3 1.6A SUNROOF
Primary Colour: Red
Manufacturing Year: 2017
Engine No.: G4FGHH689381
Chassis No.: KNAFZ411MJ5757654
Maximum Power Output: 95.3 kW (127 bhp)
Open Market Value: \$15,660.00
Original Registration Date: 09 Jan 2018
First Registration Date: 09 Jan 2018
Transfer Count: 0
Actual ARF Paid: \$15,660.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 08 Jan 2028
PARF Rebate Amount: \$11,745.00

Intended COE Rebate Details

COE Expiry Date: 08 Jan 2028
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$42,339.00
COE Rebate Amount: \$21,863.00
Total Rebate Amount: \$33,608.00

The information contained herein is correct as at 09 Nov 2022

OK

SL0U22B90001 / LIM TAN MOTOR PTE LTD
ENTRY DATE & TIME: 09/11/2022 15:01 (SGT)
SUBMITTED BY: SA1
VERSION: 1 (09/11/2022 15:01 (SGT))

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	09/11/2022 15:01 (SGT)
Reported by	Both
Date of Accident	08/11/2022 19:05 (SGT)
Exact Location of Accident	Near 3 Russels Rd, Singapore 118282
Additional Location Information	ALONG AYE NEAR ALEXANDRA HOSPITAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV6509C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YEO KAIN THIONG
NRIC No	SXXXX446D
Email Address	KIANTHIONG88@HOTMAIL.COM
Mobile Phone No	(Phone) +65-82886239
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5114756834-02

DRIVER

Name of Driver	YEO KAIN THIONG
NRIC No	SXXXX446D
Date Of Birth	02/09/1988
Occupation	Outdoor

Date Of Driving Pass	05/01/2012
Driving experience	10 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82886239
Alt. Phone Number	-
Email Address	KIANTHIONG88@HOTMAIL.COM
Address	416B FERNVALE LINK #18-98
Address complement	-
Postcode	792416
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	Chain Collision
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	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	UNKNOWN
Gender	Female

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 ON LANE 1 ALONG AYE. FRONT VEH SUDDENLY STOPPED AND I SLOWED DOWN PREPARING TO STOP. SUDDENLY SE9339M COLLIDIED INTO MY VEH. VIDEO SUBMITTED TO WORKSHOP. FRONT VEH SLU3147M WAS ALSO DAMAGED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SE9339M
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLU3147M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 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

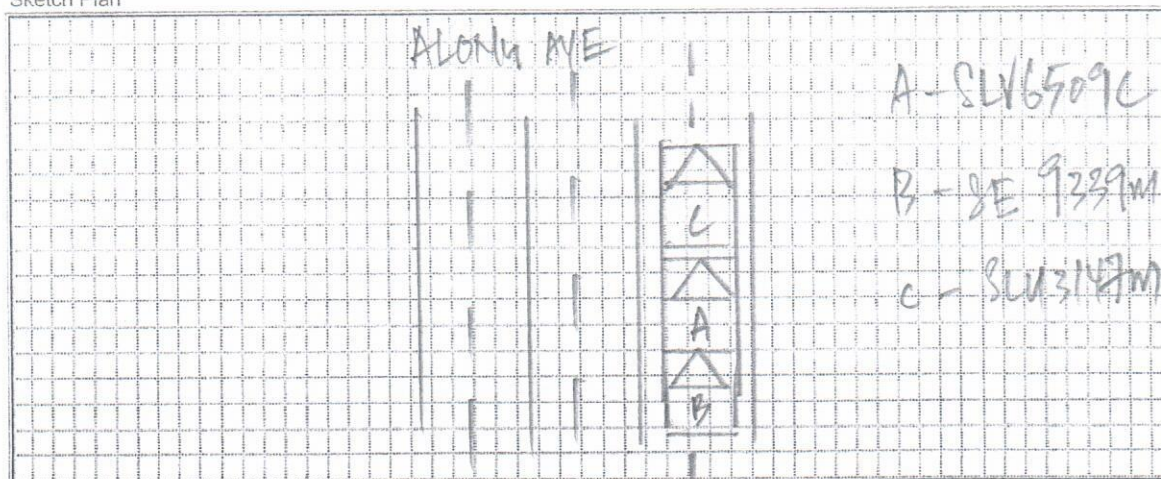
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

I WAS DRIVING ON LANE 1 ALONG AYE. FRONT VEH SUDDENLY STOPPED
AND I SLOWED DOWN PREPARING TO STOP. SUDDENLY SE9339M COLLIDIED
INTO MY VEH. VIDEO SUBMITTED TO WORKSHOP. *front VEH SUB3197m*
was also damaged.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY.
PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Declaration

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



Policyholder's Signature / Date & Time

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



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

Not Authorised
 C/Pay @ 4650/-
 Penny After Pay
 6 days



ESTIMATE TO REPAIR

VEHICLE NO. : SLV 6509 C
 MAKE : KIA
 MODEL : CERATO K3 1.6A SUNROOF
 YEAR : 2018
 CHASSIS NO : KNAFZ411MJ5757654

SURVEYOR NAME :
 DATE OF SURVEY :
 TIME OF SURVEY :

DATE : 10-Nov-22
 DATE OF ACCIDENT : 08-Nov-22
 THIRD PARTY REF : SE 9339 M
 THIRD PARTY REF : SOMPO INSURANCE (S) PTE LTD

Qty	Parts Description/ Labour	Type	Unit Price	Nett Item Amt	Amount
1 pc	Rear bumper 639			<i>Acc/ Mgmt</i> \$ 639.00	<i>2</i>
1 pc	Rear bumper reinforcement			<i>cm</i> \$ 313.00	<i>2</i>
2 pcs	Rear bumper retainer		\$ 25.00	<i>m</i> \$ 50.00	<i>x</i>
10 pc	Rear bumper clips		\$ 3.00	<i>m</i> \$ 30.00	<i>2</i>
1 pc	Rear end panel			<i>m</i> \$ 274.00	<i>2</i>
1 pc	Rear end panel garnish			<i>cm</i> \$ 58.00	<i>2</i>
1 pc	Front bumper 639			<i>mj-cm</i> \$ 639.00	<i>2</i>
1 pc	Front bumper reinforcement			<i>m</i> \$ 496.00	<i>x</i>
1 pc	Front bumper retainer		\$ 25.00	<i>su</i> \$ 50.00	<i>x</i>
10 pc	Front bumper clips		\$ 3.00	<i>m</i> \$ 30.00	<i>2</i>
1 pc	Front grille			<i>cm</i> \$ 328.00	<i>2</i>
2 pcs	Head lamp cmop		\$ 2,209.00	<i>n/s m</i> \$ 4,418.00	<i>2</i>
				\$ 7,325.00	
	Less 10%			\$ 732.50	
				\$ 6,592.50	
1 set	Rear bumper sensor	S/N		<i>h</i> \$ 200.00	<i>x</i>
1 pc	Front no plate	S/N		<i>m</i> \$ 40.00	<i>1</i>
	To putty & spray paint			<i>Boo</i> \$ 1,200.00	
	Paint treatment			<i>(Bill)</i> \$ 600.00	<i>30d</i>
	To check front wiring & focus head lights			<i>3ol</i> \$ 35.00	
	To anti rust			<i>un</i> \$ 80.00	<i>x</i>
	Labour charge			<i>?</i> \$ 800.00	<i>60d</i>
TG/ZX	TOTAL			\$ 9,547.50	

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: