

08/11/13) wef

ASS. REC. BY: John

REF:

CS/CT1 22011684/Rnp3

4388

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To inspect Vehicle No: 6A 224at Workshop no/s MOTOR IMAGEof 25, LEW KEE RD

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_

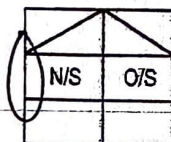
Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

2.30

Remark: The veh had commenced its  
repair at the time of inspection.

Bal. or Market Value: \_\_\_\_\_

49K

IDAC Accident Rpt: \_\_\_\_\_

Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_

Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_

days

Res.: Yes or No

Lum Sum: \_\_\_\_\_

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Date / Time Action / Instruction

REPAIR LIMIT - 23K

Veh No: 6A 224Yr Regn: 2015 / JulyType: ☒ Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make: SUBARU FORESTER 2.0i-L PR

1995

Colour: RedA/C: ☒ Insured / ☐ Std / ☐ NI / ☐ NASp. Reading: 127687T/Radio: ☒ Insured / ☐ Std / ☐ NI / ☐ NA

Eng No: \_\_\_\_\_

C/No: 3F1S7SKC 5FG 052311Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModi: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim orTyre Size: F: 225/60R17

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 19/11/22D.O.A. 22/11/22Survey held at MOTOR IMAGEDes. of Damages: ☐ Fnt / ☐ Rear / ☐ O/S / ☒ NIS / ☐ U/C / ☐ Rooftop or

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

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Photos

Others

Report Format : \_\_\_\_\_

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

Add Fee:

☐

: Site Insp (\$ \_\_\_\_\_)

☐

: Interview (\$ \_\_\_\_\_)

☐

: Tech. Invs (\$ \_\_\_\_\_)

☐

: Weekend (\$ \_\_\_\_\_)

TOTAL

AGE ENTERPRISES PTE. LTD.  
G KEE ROAD  
PORE 159097

ESTIMATE : ACCIDENT/BODY REPAIRS  
WORKSHOP : LENG KEE  
CONTACT NO :  
REFERENCE : INS/IC/CHI/0258/2022  
DATE : 19-NOV-2022

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD  
3 ANSON ROAD  
#15-00 SPRINGLEAF TOWER  
SINGAPORE S(079909)  
TEL : 6389 6111  
FAX : 6222 1033

OWNER'S NAME : LAU KUM YEE  
ADDRESS : APT BLK 556 JURONG WEST STREET 42  
#02-427  
S(640556)  
TELEPHONE NO : 9737 4234

TYPE OF CLAIM : THIRD PARTY CLAIM  
POLICY NO : 1  
VEHICLE NO : EA22Y  
MODEL CODE : SJ5CK7C  
MODEL/YEAR : FORESTER 2.0I-L AWD CVT  
ENGINE NO : FB201686003  
CHASSIS NO : JF1SJ5KC5FG052311  
MILEAGE : 1 KM  
DATE IN : 19/11/2022  
LIABILITY : 0.00  
EXCESS CLAUSE : 0.00  
ESTIMATE BY : JEFF TEH TENG CHUEN  
ACCIDENT DATE : 19/11/2022

Print Date : 19/11/2022  
Print Time : 17:06:39

ED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO EA22Y

JO JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1 ZZ/001	REPAIR AND REPLACE FRONT LHS FENDER, FRONT LHS DOOR, REAR LHS DOOR, AND FRONT LHS ROCKER PANEL	<del>2800.00</del>	1200
2 ZZ/002	RESPRAY FRONT LHS FENDER, FRONT LHS DOOR, REAR LHS DOOR AND FRONT LHS ROCKER PANEL	<del>2640.00</del>	1680
3 ZZ/003	TRANSFER FRONT LHS DOOR AND REAR LHS DOOR MECHANISM	400.00	/
4 ZZ/004	TO CONDUCT FAULT DIAGNOSTIC AND RESET	<del>300.00</del>	250
5 ZZ/005	SUNDRIES	<del>80.00</del>	20
TOTAL LABOUR CHARGES		6220.00	



LIST FOR ACCIDENT VEHICLE REGN NO EA22Y

PARTS DESCRIPTION	PARTS NUMBER	DAMAGED PARTS & PRICES			
		NETT	LIST	S/NETT	S/LIST REMARKS
1 FRT FENDER LH <i>repair</i>	(W/O SIGNAL LP) 57120SG0309P	277.50			
2 PNL COMPL DR F LH <i>bu</i> ✓	60009SG0529P	740.00			
3 PNL COMPL DR R LH <i>bu</i> ✓	60409SG0119P	703.00			
4 TAPE DR SASH F F LH <i>new</i> ✓	90422SG010	5.60			
5 TAPE DR SASH F M LH <i>new</i> ✓	90422SG030	18.50			
6 TAPE DR SASH F R LH <i>new</i> ✓	90422SG050	18.50			
7 TAPE DR SASH R F LH <i>new</i> ✓	DT 1PC 90422SG070	18.50			
8 TAPE DR SASH R M LH <i>new</i> ✓	90422SG090	11.10			
9 TAPE DR SASH R R LH <i>new</i> ✓	90422SG110	14.80			
10 GARNISH F FENDER LH <i>SEA</i> ✓	91112SG111	18.50			
11 GARNISH AY DR F LH <i>MIS</i> ✓	SG131/130 91112SG132	203.50			
12 GARNISH AY DR R LH <i>SEA</i> ✓	91112SG152	148.00			
SUB TOTAL		2177.50	0.00	0.00	0.00
LESS DISCOUNT ( NETT-20 %)		435.50	0.00	0.00	0.00
GRAND TOTAL		1742.00	0.00	0.00	0.00
OVERALL TOTAL		1742.00			

LEGEND: REMARKS( OK ) = APPROVED, REMARKS( X ) = NOT APPROVED



OF ESTIMATE FOR VEHICLE REGN NO EA22Y

LABOUR CHARGES	6220.00
AL SPARE PARTS CHARGES	1742.00
	-----
AND TOTAL	7962.00 *
	-----

\* All charges do2 not include GST.

SURVEYOR'S PARTICULARS

NAME :  
 SURVEYED DATE :  
 AUTHORIZED DATE :  
 EXCESS CLAUSE : 0.00  
 LIABILITY : 0.00  
 REMARKS :

Panel - 4p 96010068

22/11/22 21425

5 days

P/R

Resy before paint

PLS NOTE : This estimate is based on visual inspection of the affected vehicle. Should we require further labour charges & spare parts in the process of repairs, we shall inform you accordingly.

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:

# 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	19/11/2022 15:05 (SGT)
Reported by	Driver
Date of Accident	19/11/2022 07:20 (SGT)
Exact Location of Accident	1 Jurong West Ave 1, Singapore
Additional Location Information	JURONG WEST AVE 1
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	EA22Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LAU KUM YEE
NRIC No	SXXXX438B
Email Address	kumlau18@gmail.com
Mobile Phone No	(Phone) +65-97374234
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
Variant	FORESTER 2.0 I-L
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	2000

## INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100423296-07

## DRIVER

Name of Driver	CHUA PUAY HIAN
NRIC No	SXXXX706F
Date Of Birth	15/02/1959
Occupation	Indoor

Date Of Driving Pass ..... 18/06/1994  
 Driving experience ..... 28 YEARS AND 5 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-97374234  
 Alt. Phone Number ..... -  
 Email Address ..... chuaph@gmail.com  
 Address ..... BLK 556 JURONG WEST ST 42  
 Address complement ..... #02-427  
 Postcode ..... 640556  
 Is the driver the policyholder? ..... No  
 If No, Relationship of the Driver with the Insured ..... Spouse  
 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 - Major/Minor Rd  
 Weather Conditions ..... Clear  
 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

Refer Sketch Plan

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 ..... SMR6782M  
 Vehicle Manufacturer ..... Volkswagen  
 Vehicle Model ..... Golf  
 Vehicle Variant ..... -  
 Vehicle Colour ..... White  
 Vehicle Category ..... Private car  
 Name of Driver ..... -  
 Contact Number ..... -



SS .....  
ress complement ..... -  
stcode ..... -  
Insurance Company Name ..... -  
ature 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 Authorised 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' law yers/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

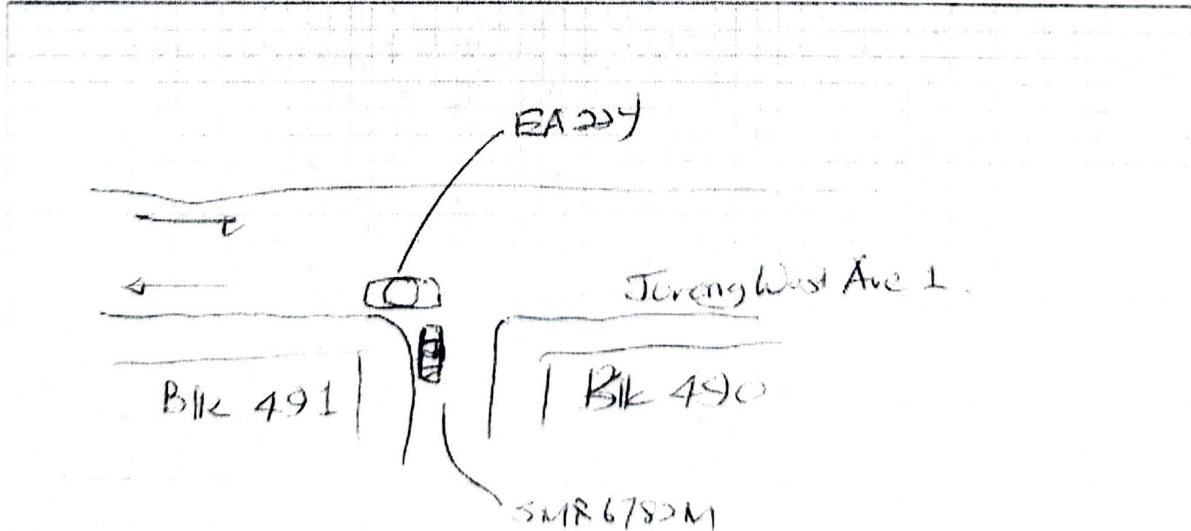
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan




Describe Circumstance of the Accident

As I was driving towards home after breakfast at 7:20 am, a car coming out of the carpark at Blk 490 & 491, hit me at the passenger side. I was travelling along Jurong West Ave 1. I stopped, took pictures and exchange information. And we then drove away.

#### Declaration

We declare the foregoing particulars are true in every respect.

Policymaker's signature (Date & Time)

 19/11/22

Witness's signature (Date & Time)





## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	438B
<b>Vehicle Details</b>	
Vehicle No.:	EA22Y
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Nov 2022
Vehicle Make:	SUBARU
Vehicle Model:	FORESTER 2.0I-L CVT AWD SR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	FB201686003
Chassis No.:	JF1SJ5KC5FG052311
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$13,860.00
Original Registration Date:	31 Jul 2015
First Registration Date:	31 Jul 2015
Transfer Count:	0
Actual ARF Paid:	\$13,860.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Jul 2025
PARF Rebate Amount:	\$8,316.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	30 Jul 2025
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$69,001.00
COE Rebate Amount:	\$17,590.00
<b>Total Rebate Amount:</b>	<b>\$25,906.00</b>

The information contained herein is correct as at 23 Nov 2022



# Subaru Forester 2.0i-L Sunroof

Overview

Financial

Accessories

Similar

Research

Photos

Map

**88** 汽车贸易  
**MOTOR TRADING**



Price	\$49,800		
Depreciation ?	\$16,120 /yr <a href="#">View models with similar depre</a>	Reg Date	24-Jul-2015 (2yrs 8mths COE left)
Mileage	N.A.	Manufactured ?	2015
Road Tax ?	\$1,208 /yr	Transmission	Auto
Dereg Value ?	\$25,641 as of today (change)	OMV ?	\$13,634
COE ?	\$65,501	ARF ?	\$13,634
Engine Cap	1,995 cc	Power	110.0 kW (147 bhp)
Curb Weight ?	1,566 kg	No. of Owners ?	2