

ASS. REC'D: Tuffin

REF: US/C T12201.2001 / Tvp3.

ASSIGNMENT

2028 Sep

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop/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

Bal. or Market Value: 4125K.

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 WP

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLV8200D Yr Regn: 2008 / Sep

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

Truck / Trailer or

Make: Porsche 987 Boxster C.C. 3387

Colour: Silver A/C: Insured / Std / NI / NA

Sp. Reading: 95320 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WP0ZZZ98784722711

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Burn / STD A/Rim or

Tyre Size: F: 235 / 35 R19

R: 275 / 35 R19

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

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 01/12/27.

Survey held at Bifrost

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

Frt O/S

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report

1) _____
Date/Time, File Return to?

☐ : Final Report

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. Sl. _____

Photos _____

Others _____

TOTAL

Report Format: _____

Lump Sum / I.B.R. / _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

BIFROST AUTO PTE LTD

8 KAKI BUKIT AVE 4, PREMIER @ KAKI BUKIT

#01-49 SINGAPORE 415875

Tel: +65 64524457

Fax: +65 64524584

Company Reg No: 201929175W

Repair Estimate

Vehicle number: SLV8200D

Make & Model: Porsche 987 Boxster

Chassis number: WPOZZZ98Z8U722711

Date of survey:

Name of surveyor:

Contacts:

No.	Description of spare parts	Qty	Amount S\$
1	Front bumper	1	\$ 2,124.70
2	Front bumper RH side signal lamp	1	\$ 128.60
3	Front bumper RH side retainer	1	\$ 92.90
4	Front bumper LH side retainer	1	\$ 92.90
5	RH headlamp assy	1	\$ 2,672.80
6	Front RH fender	1	\$ 1,485.55
7	Front RH fender splash shield	1	\$ 273.00
8	Front RH sport rim	1	\$ 1,834.20
9	Front RH wheel bearing	1	\$ 556.00
10	Front RH lower arm	1	\$ 873.20
11	Front RH knuckle arm	1	\$ 1,321.00
12	Front RH shock absorber	1	\$ 1,495.80
13	Front RH door	1	\$ 2,334.50
14	Front RH door weatherstrip	1	\$ 216.00
15	Front RH door inner trim board	1	\$ 832.90
16	Front RH door lock	1	\$ 446.70
17	Front RH side mirror assy	1	\$ 1,446.80

\$ 18,227.55
Parts less 10% \$ 1,822.76
Total \$ 16,404.80

No.	Special Nett Items	Qty	Amount S\$
1	Front bumper clips	1 set	\$ 100.00
2	Front RH tyre	1	\$ 780.00
3	Front RH door sealant	1	\$ 120.00
4	Front RH door inner trim board	1 set	\$ 80.00
5	Brake fluid	1	\$ 100.00

Total: \$ 1,180.00

No.	Labour and painting	Amount S\$
1	Labour charges to remove, check, replace and reinstall damages bodyparts. To panel beating, cut/weld and realign all affected panels and areas	\$ 1,200.00
2	Spray painting on affected areas and panels	\$ 1,200.00
3	Check wiring and lighting system on affected areas	\$ 70.00
4	Apply rust coating chemical on affected areas and panels	\$ 120.00
5	Test drive and adjust wheel alignment system	\$ 220.00
6	Remove and replace front undercarriage parts to assist repair	\$ 550.00
7	Remove and replace front RH door inner mechanism to new door	\$ 180.00

400
566
30
30
80
715
X

Agreed Amount: _____ (Part by Part / Lump sum)
Working days: _____

Total: \$ 3,540.00

Spare Parts: \$ 16,404.80
Special Nett: \$ 1,180.00
Labour: \$ 3,540.00

Total Amount: \$ 21,124.80

Tan Kah 9749549
'wp' 01/12/22 @ 5pm
L/S Ready after repair
Tan Kah @ Kuantan
3-4 days

- To check consistency of accident
- to check part price.

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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 388D

Vehicle Details

Vehicle No.: SLV8200D
Vehicle to be Exported: Yes
Intended Deregistration Date: 30 Nov 2022
Vehicle Make: PORSCHE
Vehicle Model: 987 BOXSTER S TIPTRONIC RS 60 SPYDER
Primary Colour: Silver
Secondary Colour: Red
Manufacturing Year: 2008
Engine No.: 66801890
Chassis No.: WPOZZZ98Z8U722711
Maximum Power Output: 223.0 kW (299 bhp)
Open Market Value: \$98,309.00
Original Registration Date: 17 Sep 2008
First Registration Date: 17 Sep 2008
Transfer Count: 3
Actual ARF Paid: \$98,309.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date: 16 Sep 2028
COE Category: E - Open Category
COE Period(Years): 10
PQP Paid: \$33,377.00
COE Rebate Amount: \$19,340.00
Total Rebate Amount: \$19,340.00

The information contained herein is correct as at 29 Nov 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	11/11/2022 10:38 (SGT)
Reported by	Both
Date of Accident	10/11/2022 13:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Crawford St towards Republic Ave
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV8200D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Low Lijun, Veronica (Liu Lijun, Veronica)
NRIC No	S8229388D
Email Address	ron_andante@yahoo.co.uk
Mobile Phone No	(Phone) +65-82009088
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Porsche
Model	Boxster
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	Private car
Transmission	Auto
CC	3387

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	Low Lijun, Veronica (Liu Lijun, Veronica)
NRIC No	S8229388D
Date Of Birth	30/09/1982
Occupation	Indoor

Date Of Driving Pass	18/06/2013
Driving experience	9 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-82009088
Alt. Phone Number	-
Email Address	ron_andante@yahoo.co.uk
Address	46 Burnfoot Terrace
Address complement	-
Postcode	S459835
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 - Change/cross lane
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)	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 to attached 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	SLM5801L
Vehicle Manufacturer	Volvo
Vehicle Model	T5
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Deng Rong
NRIC No	S2623011Z

Contact Number	(Phone) +65-97979755
Address	-
Address complement	-
Postcode	-
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SE0N22BB0001

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 Authorized Person.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to reconsider 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 letter, report or any other referred to the Police for investigation.
6. The 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 lodgment 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 inquiries 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 including 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
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
Title/Print Name:

SECTION 1/1/17

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving towards repablic Ave and under the Merdeka Bridge, I noticed a white vehicle coming too close to me on the right. I ~~heard~~ sounded my horn but he didn't stop and I couldn't go further left as I was against ^{the} wall.

The white vehicle knocked into my right view mirror and we both came to a halt. Driver stepped out and he pitted my mirror ^{plate} that fell out back claiming it's not a big incident, ~~we~~ ^{he} gave me his mobile after shifting his car in front of mine & when I tried to get a pen & paper, he drove off.

I chased him back and told him to stop his vehicle as I needed a copy of his driver's licence. We stopped the vehicles at the slip road beside Nicole Highway, before Nicoll Highway MKF Station Link Bridge (Bus stop) to get ~~it~~ & I got a picture of his driver's licence before we parted ways.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/PIN No: