

ASS. REC. BY:

REF:

LIP / 230001891Kny3

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:

(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:

02 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

1 / ERM not ready

3/4

LIP 1050d Carport (Red, \$ 6314.68, 86%)

Veh No:

SMS 2571B

Yr Regn:

02, 20

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

Truck / Trailer or

Make:

Honda Shine

C.C.

1496

Colour:

M. Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

175643

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

GP7

1218089

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

185/60R15

R:

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

Pirelli

Front

R/Bal.

8

mm

Rear

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

16/12/22

D.O.I.

6/1/2023

Survey held at

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

O/S Frt, the vehicle had commenced

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

its repair work at the time of inspection

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S + RS. SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

TOTAL

Report Format :

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



# MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z

Address: 60 JALAN LAM HUAT, CARROS CENTRE #05-68 S737869

HP: 98888885

## Estimation

Date:

5/1/2023

Vehicle:

SMS2571R

Make / Model:

HONDA SHUTTLE

Not Notarized  
11/1/23 8:10 AM  
Penny After Rain  
2 days

No.	Description	Unit	Unit Price	Amount
Parts Replacement:				
1	FRONT BUMPER 1050 Bu	1	\$ 1,250.00	\$ 1,250.00
2	FRONT BUMPER SIDE RETAINER RH Dr	1	\$ 18.70	\$ 18.70
3	FRONT BUMPER SIDE GARNISH RH In	1	\$ 198.00	\$ 198.00
4	HEADLAMP RH In	1	\$ 2,598.00	\$ 2,598.00
5	FRONT FENDER RH A	1	\$ 411.90	\$ 411.90
6	FRONT FENDER INNER SHIELD RH In	1	\$ 145.00	\$ 145.00
7	FRONT FENDER INNER EMBLEM RH An	1	\$ 42.00	\$ 42.00
8	FRONT KNUCKLE ARM RH In	1	\$ 398.00	\$ 398.00
9	FRONT KNUCKLE ARM BEARING RH In	1	\$ 215.00	\$ 215.00
10	FRONT LOWER ARM RH In	1	\$ 548.00	\$ 548.00
				\$ 5,824.60
				Less 20%
				\$ 1,164.92
				Total
				\$ 4,659.68
S/Nett items:				
1	FRONT WHEEL HUB CAP RH In	1	\$ 80.00	\$ 80.00
2	FRONT RIM RH In	1	\$ 350.00	\$ 350.00
3	FRONT BUMPER CLIP SET An	1	\$ 80.00	\$ 80.00
				\$ 510.00
Labour to:				
1	TO CHECK ELECTRICAL WIRING	1	\$ 80.00	\$ 80.00
2	REMOVE AND RENEW FRONT UNDERCARRIAGE	1	\$ 400.00	\$ 400.00
3	CONDUCT WHEEL ALIGNMENT	1	\$ 150.00	\$ 150.00
4	TO RESPRAY UNDERCOATING	1	\$ 300.00	\$ 300.00
5	APPLY ANTI RUST ON AFFECTED AREAS	1	\$ 200.00	\$ 200.00
6	SPRAY PAINTING ON AFFECTED AREAS	1	\$ 600.00	\$ 600.00
7	PANEL BEATING ON AFFECTED AREAS	1	\$ 600.00	\$ 600.00
				\$ 2,195.00
			Parts Replacement Amount	\$ 5,169.68
			Total Amount for Labour	\$ 2,195.00
			Total Amount	\$ 7,364.68

LKK Auto Consultants hereby 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	17/12/2022 09:18 (SGT)
Reported by	Driver
Date of Accident	16/12/2022 19:40 (SGT)
Exact Location of Accident	Orchard Blvd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS2571B
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FOCUS RENTALS PTE LTD
Company Reg No	2XXXXX450G
Email Address	operations@focusrentals.sg
Mobile Phone No	(Phone) +65-91997477
Alternative Phone No	(Office) +65-98875600

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	HYBRID
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D20MFL0007747_01

#### DRIVER

Name of Driver	CHIANG CHEH WEI
NRIC No	SXXXX768G
Date Of Birth	26/06/1973
Occupation	Outdoor

Date Of Driving Pass	17/11/2017
Driving experience	5 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91997477
Alt. Phone Number	-
Email Address	operations@focusrentals.sg
Address	45 CHAI CHEE ST #03-160
Address complement	-
Postcode	461045
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	Side Swipe
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

ON 16/12/22 AT ABOUT 1940HRS I WAS DRIVING VEHICLE A SMS2571B ALONG LANE 2 AT ORCHARD BOULEVARD. I BEGAN TO SLOWLY FILTER TO THE THIRD LANE. BEFORE I EVEN ABLE TO FILTER HALF OF MY VEHICLE I FELT A BANG FROM RIGHT (DRIVER) SIDE. I NOTICED THAT VEHICLE S3609CD WHICH WAS IN LANE ONE COLLIDED INTO THE RIGHT SIDE OF MY VEHICLE. AS A RESULT SOME OF THE PAINT AT THE FRONT RIGHT SIDE OF MY VEHICLE SCRATCHED. WE BOTH STOPPED FUTHER DOWN AND EXCHANGED PARTICULARS. NO GOVERNMENT PROPERTY WAS DAMAGED AND NO INJURIES AT POINT OF TIME.

#### 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	S3609CD
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	RODERICK
Contact Number	(Phone) +65-93391955
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

**SKETCH PLAN****IMPORTANT NOTICE**

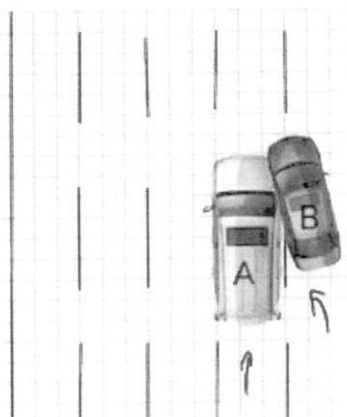
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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5. Any false reporting may be 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 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


**FLASH ACCIDENT  
REPORTING OFFICER**

FRO BALAJI

Policyholder's Signature / Date &  
TimeDriver's Signature (If driver is not the policyholder) / Date  
& Time

2300hrs 16/12/22

Witnessed by Reporting Centre  
Personnel**Sketch Plan**A. SMS2571B  
B. S3609CDORCHARD  
BOULEVARD

Describe Circumstances of the Accident

ON 16/12/22 AT ABOUT 1940HRS I WAS DRIVING VEHICLE A SMS2571B ALONG LANE 2 AT ORCHARD BOULEVARD. I BEGAN TO SLOWLY FILTER TO THE THIRD LANE. BEFORE I EVEN ABLE TO FILTER HALF OF MY VEHICLE I FELT A BANG FROM RIGHT (DRIVER) SIDE. I NOTICED THAT VEHICLE S3609CD WHICH WAS IN LANE ONE COLLIDED INTO THE RIGHT SIDE OF MY VEHICLE. AS A RESULT SOME OF THE PAINT AT THE FRONT RIGHT SIDE OF MY VEHICLE SCRATCHED. WE BOTH STOPPED FUTHER DOWN AND EXCHANGED PARTICULARS. NO GOVERNMENT PROPERTY WAS DAMAGED AND NO INJURIES AT POINT OF TIME.

Declaration

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



FLASH ACCIDENT  
REPORTING OFFICER

FRO BALAJI



Policyholder's Signature / Date &  
Time

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

2300hrs 16/12/22

Witnessed by Reporting Centre  
Personnel

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	450G
Vehicle Details	
Vehicle No.:	SMS2571B
Vehicle to be Exported:	No
Intended Deregistration Date:	06 Jan 2023
Vehicle Make:	HONDA
Vehicle Model:	SHUTTLE HYBRID 1.5 AUTO
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	LEB6562004
Chassis No.:	GP71218089
Maximum Power Output:	101.0 kW (135 bhp)
Open Market Value:	\$21,637.00
Original Registration Date:	18 Feb 2020
First Registration Date:	18 Feb 2020
Transfer Count:	2
Actual ARF Paid:	\$12,292.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Feb 2030
PARF Rebate Amount:	\$9,219.00
Intended COE Rebate Details	
COE Expiry Date:	17 Feb 2030
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$36,001.00
COE Rebate Amount:	\$25,618.00
<b>Total Rebate Amount:</b>	<b>\$34,837.00</b>

The information contained herein is correct as at 06 Jan 2023

OK