

ASS. REC BY: Touffan

REF: CS/EG1.23000414/Tm3

**ASSIGNMENT**

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

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

OD / TP / VS / 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: \_\_\_\_\_

Veh No: SMM 3952K Yr Regn: 2019 June

Type:  M.Car /  M.Cycle /  Bus / Van / Lorry /  Taxi / Prime Mover /  Truck / Trailer or \_\_\_\_\_

Make: Win Auto SR C.C. 1591

Colour: Grey A/C: Insured / Std / Nil / NA

Sp. Reading: 98028 T/Radio: Insured / Std / Nil / NA

Eng/No: \_\_\_\_\_ C/No: KWAFS416 MK 504414

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: 225/45R17

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

BS / DUN / EXNOVA /  GY / FS / LIZA / MIC / DHTSU / PIR / SUMI / TOYO / YOKO or \_\_\_\_\_

Front R/Bal. 6 mm Rear R/Bal. 6 mm

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

D.O.A. \_\_\_\_\_ D.O.I. 17/1/23

Survey held at EMM1 Auto

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

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

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

Bal. or Market Value: \$86k

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

Date/Time, File Pass to?  : Preli. Report

1) \_\_\_\_\_  : Final Report

Date/Time, File Return to? \_\_\_\_\_

2) \_\_\_\_\_

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

Lump Sum / I.B.A. / ? \_\_\_\_\_

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

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

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

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

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

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

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

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

\$ + RS \_\_\_\_\_ \$

Photos \_\_\_\_\_

Others \_\_\_\_\_

# EM-1 AUTO PTE LTD

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/P) 6457 5776 (F)

Email Address: em1autopteltd@gmail.com

COMPANY / GST REG. NO. : 201316380R

Vehicle Number : **SMM 3952K**  
 Vehicle Model : **KIA CERATO SUNROOF**  
 Accident Date : **10.01.2023**  
 Original Reg Date : **27.06.2019**

Date : **12.01.2023**  
 Chassis : **KNAF5416MK5044414**  
 TP Ins. : **ERGO**

## ESTIMATE

1	1 pc	Headlamp HID LH			2,210.00	can
2	2 pcs	Headlamp Bottom Retainer	53.00	RHx	106.00	LH se
3	1 set	Headlamp Clip			20.00	ner
4	1 pc	Front Bumper			872.00	de
5	2 pcs	Front Bumper Side Retainer	39.00	RHx	78.00	LH only
6	1 set	Front Bumper Clip			40.00	ner - 30
7	1 pc	Front Bumper Badge			58.00	ner
8	1 pc	Front Bumper Reinforcement			460.00	?
9	1 pc	Front Bumper Sponge			129.00	?
10	1 pc	Front Bumper Lower Garnish Skirt			712.00	al
11	1 pc	Front Bumper Signal Lamp LH			152.00	ent
12	1 pc	Front Bumper Side Garnish LH			139.00	ent
13	1 pc	Front Bumper Sensor (Original) LH			195.00	?
14	1 pc	Front Bumper Sensor Holder LH			46.00	ner
19	1 pc	Front Fender LH			471.00	by
20	1 pc	Front Fender Inner Shield			156.00	de
21	1 set	Front Fender Inner Shield Clips			30.00	ng
23	1 pc	Front Absorber LH			320.00	x
24	1 pc	Front Lower Arm LH			385.00	?
25	1 pc	Front Knuckle Arm LH			392.00	?
26	1 pc	Front Wheel Bearing LH			165.00	?

7,136.00

Less 10% 713.60

6,422.40

### Special Nett

1	1 pc	Sport Rim			500.00	ent
2	1 pc	Sport Rim Tyre			320.00	x

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:

C/F

7,242.40

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Vehicle No : SMM 3952K

B/F

7,242.40

## Labour charge

Panel Beating			1,000.00	500
Spray painting			1,000.00	500
Check Wiring			50.00	30
Anti rust			90.00	30
Remove and install Front Under Carriage			250.00	150?
To Check Four Wheel Alighment			90.00	80
To reset and erase fault code system sensor			180.00	100
			9,902.40	
			Less 20%	1,980.48
			<b>Lump sum</b>	<b>7,921.92</b>

Taufik 97445749  
'wk' 12/1/22 @ 5pm  
cls heavy after repair  
taufik @ what's app  
5 days

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	032J
Vehicle Details	
Vehicle No.:	SMM3952K
Vehicle to be Exported:	Yes
Intended Deregistration Date:	11 Jan 2023
Vehicle Make:	KIA
Vehicle Model:	CERATO 1.6(A) SUNROOF
Primary Colour:	Grey
Manufacturing Year:	2018
Engine No.:	G4FGKH737206
Chassis No.:	KNAF5416MK5044414
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$19,017.00
Original Registration Date:	27 Jun 2019
First Registration Date:	27 Jun 2019
Transfer Count:	0
Actual ARF Paid:	\$19,017.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Jun 2029
PARF Rebate Amount:	\$14,262.00
Intended COE Rebate Details	
COE Expiry Date:	26 Jun 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$26,170.00
COE Rebate Amount:	\$16,901.00
<b>Total Rebate Amount:</b>	<b>\$31,163.00</b>

The information contained herein is correct as at 11 Jan 2023

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 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	11/01/2023 17:22 (SGT)
Reported by	Both
Date of Accident	10/01/2023 19:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JEM BASEMENT 2 CARPARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMM3952K

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ASHARI BIN JOHARI
Passport No/FIN	SXXXX032J
Email Address	ashari_johar@yahoo.com
Mobile Phone No	(Phone) +65-98356987
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1600

### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MQ002531-R01

### DRIVER

Name of Driver	ASHARI BIN JOHARI
Passport No/FIN	SXXXX032J
Date Of Birth	01/02/1975
Occupation	Outdoor

Date Of Driving Pass ..... 04/10/2003  
 Driving experience ..... 19 YEARS AND 3 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-98356987  
 Alt. Phone Number ..... -  
 Email Address ..... ashari\_johari@yahoo.com  
 Address ..... APT BLK 416 JURONG WEST ST 42 #12-779  
 Address complement ..... -  
 Postcode ..... 640416  
 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 ..... Side Swipe  
 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) ..... 4  
 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 ..... FAZLINA  
 Gender ..... Female

PASSENGER 2

Name ..... AFIQ  
 Gender ..... Male

PASSENGER 3

Name ..... ARYAN  
 Gender ..... Male

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 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 ..... SMG2290A  
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 Authorised 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. 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' 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.

*[Signature]*  
Policyholder's Signature / Date & Time

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

CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-58/60/61 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
Witnessed by Reporting Centre (Claims Section)  
Personnel

Sketch Plan



