

ASS. REC-BY: Touff

REF: CS/EG1.23000414/Tm3

ASSIGNMENT

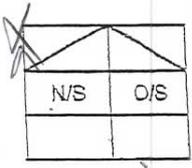
From: _____ Date: _____
 Estimated Cost: _____
OD / TP / VS / TP RES / OD RES / EVA / INV / MV
 To Inspect/Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

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: Inorder / Jammed / Leaked / Burnt or
 Brakes: Inorder / 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 EMM 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.



(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: \$6300
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 6 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
	Confirm lump sum \$6300 and 6 days (red, \$3602.4, 36%)

Date/Time, File Pass to? : Preli. Report
 1) 14/03/23 : Final Report
 Date/Time, File Return to?
 2) _____
 Report Format: tp
 Lump Sum / I.B.A. (%) _____

Days Of Repair: 6
 Resurvey No. of Trip: 1
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee: _____
 Transportation: _____
 S + 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 de -
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

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 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
			Lump sum	7,921.92

Taufik 97445749
'wk' 12/1/22 @ 5pm
cls heavy after repair
taufik @ whatto.com
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
Total Rebate Amount:	\$31,163.00

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.


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

