

ASS. REC. BY:

REF:

LIP / 23001228/KV

G

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s TSR

of _____

Insured: _____

Policy No. _____

Claims No. _____

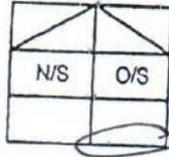
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 852k

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLG 1089J Yr Regn: 09/16

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

Truck / Trailer or _____

Make: Honda Verza c.c. 1496

Colour: M.D. Blue A/C: Insured / Std / NI / NA

Sp. Reading: 175218 T/Radio: Insured / Std / NI / NA

Eng/No: _____ C/No: RUI 1114596

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NI / S/R/m / STD / A/R/m or

Tyre Size: F: Apollo 215/60R15
R: Falken

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

Front		Rear
R/Bal. <u>2</u> mm		R/Bal. <u>2</u> mm
L/Bal. <u>2</u> mm		L/Bal. <u>2</u> mm
D.O.A. <u>1/12/23</u>		D.O.I. <u>6/2/2023</u>

Survey held at _____ Des. of Damages: Front / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>1</u>	<u>EM not ready</u>
<u>24/12/11</u>	<u>Rep. 842301 Complete</u>

Date/Time, File Pass to?

: Prel. Report

: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation

S - R.S. \$

Paint

Others

Add Fee: : Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

Report Format :

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

Empty box for additional notes or calculations.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 332A

Vehicle Details

Vehicle No.: SLG1089J

Vehicle to be Exported: Yes

Intended Deregistration Date: 03 Feb 2023

Vehicle Make: HONDA

Vehicle Model: VEZEL 1.5X A

Primary Colour: Blue

Manufacturing Year: 2016

Engine No.: L15B4034599

Chassis No.: RU11114596

Maximum Power Output: 96.0 kW (128 bhp)

Open Market Value: \$20,067.00

Original Registration Date: 21 Sep 2016

First Registration Date: 21 Sep 2016

Transfer Count: 2

Actual ARF Paid: \$10,094.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 20 Sep 2026

PARF Rebate Amount: \$6,561.00

Intended COE Rebate Details

COE Expiry Date: 20 Sep 2026

COE Category: A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years): 10

QP Paid: \$52,503.00

COE Rebate Amount: \$19,061.00

Total Rebate Amount: \$25,622.00

The information contained herein is correct as at 03 Feb 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 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	02/02/2023 14:40 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/02/2023 14:45 (SGT)
Exact Location of Accident	Hillcrest Rd, Singapore
Additional Location Information	Hillcrest Road and Dunearn Rd
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG1089J
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Lim Kian Seen Kelvin
NRIC No	S7805332A
Email Address	kellinks@gmail.com
Mobile Phone No	(Phone) +65-91166886
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezele
Variant	-
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	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	S126264789

DRIVER

Name of Driver	Lim Kian Seen Kelvin
NRIC No	S7805332A
Date Of Birth	11/02/1978
Occupation	Indoor

Date Of Driving Pass	09/05/1996
Driving experience	26 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91166886
Alt. Phone Number	-
Email Address	kellinks@gmail.com
Address	18 Woodsville Close #06-08
Address complement	-
Postcode	357799
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 - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

refer attached police report.

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	SMT5431Y
Vehicle Manufacturer	Toyota
Vehicle Model	Noah
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Lim Hock Lye
NRIC No	S7235869D
Contact Number	(Phone) +65-96373124
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Lim Kian Seen Kelvin
Gender	Male
Phone No	(Phone) +65-91166886
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLG1089J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report promptly 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 true and accurate as possible. Any willful misrepresentation or withholding of material facts may cause 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.

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 investigation 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

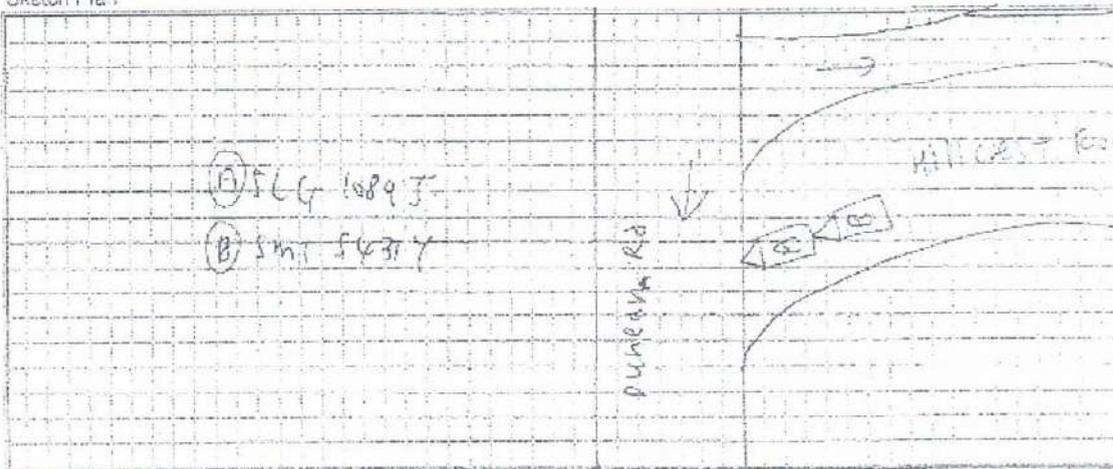
(c) my Personal Information may/are be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature: Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NR/DID card)

Sketch Plan



Describe Circumstance of the Accident

AS per Police Report.

Declaration

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



Police Officer's Signature / Date & Time



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



Witnessed by Reporting Officer / Name as in VAD/ID card



**SINGAPORE
POLICE FORCE**



T202302027017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Page 1 of 4
Report No: T202302027017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/02/2023 12:29		Vide Report No.:		Station/ Diary No.:	
Informant's Particulars:					
Name of Informant: LIM KIAN SEEN, KELVIN			Address: 18 WOODSVILLE CLOSE #08-08 SINGAPORE 957799		
ID Type / ID No.:			Contact No.:		
NRIC NO / S7805332A			Home/Office:		Mobile: 91166888
Nationality: SINGAPORE CITIZEN			Email: KELLINKS@GMAIL.COM		
Sex:	Age:	Date of Birth:	Type of Informant:		
Male	44	11/02/1978	Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Driver: No	Date/Time of Accident: 01/02/2023 14:55	Type of Location: T-Junction
Location: HILLCREST ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SLG1088J	Car	HONDA	VEZEL 1.5X A	Blue		0
SMT6431Y	Car	TOYOTA	NOAH	Purple	Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date	



SINGAPORE
POLICE FORCE



L20230227017

2 of 4

Police Station Of Origin:
Traffic Police
43 Lb Avenue 3 SINGAPORE 408885
Tel No: 65470000

Report No. T20230227017

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLG1089J	NTUC Income Insurance Co-Operative Limited	5125264780	31/05/2022	30/05/2023
Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver 1				
Name	LIM KIAN SEEN, KELVIN		ID No.	S7605332A
Related Vehicle	SLG1089J (Car)		Contact No.	91168896
Hospital/Clinic	HEALTHWAY MEDICAL CLINIC		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	01/02/2023		Date	01/02/2023
No. of Days granted Medical Leave	03		Degree of	Slight
Driver 2				
Name	LIM HOCK LYE		ID No.	S7235869D
Related Vehicle	SMT5431Y (Car)		Contact No.	96373124
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details:

01/02/2023 @ about 2.45pm, I am travelling along hillcrest road towards dunearn road. At the T junction of dunearn road, there is a stopline. I stopped my vehicle to check for the traffic from dunearn road. I noticed that there is a car oncoming at dunearn road, therefore I had to give way to that car from the main road. Moments later, I felt an impact on my rear portion. I then realised that Vehicle SMT 5431Y came from behind and hit onto my vehicle.

After this accident happen, We come down and exchange particular and left the scene. After the impact from the accident, I felt some unwell at my shoulder, my neck area, my upper back area. I then go see doctor in the evening at Healthway Medical (Choa Chu Kang) and was given 3 days of mc from 02/02/2023 to 04/02/2023.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 63470000



T.20230302.7017

3 of 4

Report No. F20230302.7017

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T:2023022027017

4 of 4

Police Station Of Origin:
Traffic Police
10 Ute Avenue 3 SINGAPORE 408665
Tel No. 65470000

Report No. T2023022027017

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
02/02/2023 12:29

Classification Of Case:

RP 1

TSR AUTOMOTIVE PTE LTD

160, SIN MING DRIVE

SIN MING AUTOCITY # 06-15

EMAIL : tsrteaworks2022@gmail.com H.P 90030857

*Not Notation
L1 Sy @ 4250h
Pickup After Rain
5 days*

Date : 2 Feb 2023

QUOTATION - THIRD PARTY CLAIM

LIBERTY INSURANCE PTE LTD

CLAIM : THIRD PARTY CLAIM

VEH. No : SL6, 1089JJ / HONDA VEREL

ATTN : MOTOR CLAIM DEPARTMENT

INSURE : AUTO & GENERAL

QTY	ITEM	AMOUNT	CONDITION
Third party vehicle : SMT 5431 Y			

1	TAILGATE	\$ <i>R</i> 980.00	✓
1	TAILGATE OUTER GARNISH <i>330</i>	\$ <i>mg cm</i> 480.00	✓
2	TAILGATE LAMPS <i>dl/mg cm n/s r</i>	\$ 840.00	✓ <i>ex e365.00</i>
1	TAILGATE W/SCREEN MOULDING	\$ <i>the</i> 220.00	✓
1	TAILGATE TRIM BOARD <i>250.50 mg</i>	\$ <i>cm R</i> 580.50	✓
1	TAILGATE LOCK	\$ <i>r</i> 385.60	X
1	TAILGATE LOCK LOWER SENSOR	\$ <i>R</i> 323.50	X
1	TAILGATE WEATHERSTRIP <i>220 n/s r</i>	\$ <i>R</i> 298.00	X <i>506.00</i>
2	TAILLAMPS	\$ <i>R</i> 1,280.40	X
2	TAILLAMP LOWER BRACKETS	\$ <i>R</i> 280.00	X
2	TAILLAMP SIDE CLIPS	\$ <i>ra</i> 40.00	X
2	TAILLAMP PANELS	\$ <i>R</i> 480.00	X
2	REAR FENDERS	REPAIR	
1	REAR FENDER INNER SIDE TRIM BOARD RH	\$ <i>mg cm</i> 558.00	✓
1	REAR FENDER UNDERSHIELD RH	\$ <i>R</i> 185.00	X
1	REAR BUMPER	\$ <i>R</i> 485.00	✓
2	REAR BUMPER SIDES <i>R? n/s r x 0195.00 dl 90</i>	\$ 1,598.00	✓
1	REAR BUMPER BUZZER	\$ <i>R</i> 388.00	X
2	REAR BUMPER SIDE RETAINERS	\$ <i>R</i> 280.00	X
2	REAR BUMPER BRACKETS	\$ <i>R</i> 240.00	X
1	REAR BUMPER REFLECTOR RH	\$ <i>R</i> 185.00	X
1	REAR EXHAUST	\$ <i>R</i> 625.00	X
1	END PANEL	\$ <i>R</i> 552.00	X
1	END PANEL TOP GARNISH <i>180.90</i>	\$ <i>mg D17</i> 332.00	✓
1	FLOOR PANEL	\$ <i>R</i> 789.50	X
1	FLOOR PANEL TOP BOARD	\$ <i>R</i> 580.00	X
1	REAR CHASSIS	REPAIR	

TOTAL PARTS : \$ 12,985.50
 LESS 10 % \$ 3,246.38
TOTAL LIST PARTS : \$ 9,739.13

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:

SPECIAL / NETT PARTS

1SET	TAILGATE CENTER STICKER	\$	<i>na</i> 480.00	<i>120sm</i>
2TUBE	TAILGATE W/SCREEN STICKER	\$	<i>na</i> 140.00	<i>X</i>
8	REAR FENDER UNDERSHIELD CLIPS	\$	<i>na</i> 36.00	<i>X</i>
10	REAR TRIM BOARD CLIPS	\$	<i>na</i> 55.00	<i>X</i>
10	REAR BUMPER CLIPS	\$	<i>na</i> 45.00	<i>✓</i>
1SET	REVERSE SENSORS	\$	<i>na</i> 300.00	<i>200sm</i>
1	REAR BUMPER TOP CHROME	\$	<i>na</i> 420.00	<i>180sm</i>
1	REAR BUMPER CENTER LOWER GARNISH	\$	<i>Dis/Doc</i> 1,200.00	<i>600sm</i>
1	REAR EXHAUST CHROME END	\$	<i>na</i> 180.00	<i>X</i>
TOTAL S/N PARTS :		\$	2,856.00	
TOTAL PARTS PRICE :		\$	12,595.13	

AMOUNT BRING FORWARD :		\$	12,595.13	
LABOUR CHARGES	AMOUNT	CONDITION		
Labour charge to do cutting , welding replace remove refix, repair accident damage area	\$ 1,600.00	<i>500</i>		
To do anti rust	\$ 150.00	<i>300</i>		
To check wiring system , replace sensors, remove refix reverse cam etc	\$ 160.00	<i>800</i>		
To do spray painting on accident affected area , inner outer	\$ 1,200.00	<i>4800</i>		
To remove refix rear w/screen	\$ 140.00	<i>1200</i>		
To remove refix, replace side trim , garnish, trim board, car seat, seat belt , upholstery etc	\$ 380.00	<i>600</i>		
To do anti rust	\$ 100.00	<i>300</i>		
To do chassis body alignment	\$ <i>na</i> 380.00	<i>X</i>		
To do sealant, seal gap, waterproofing , on rear cutting , weld accident affected area	\$ <i>na</i> 300.00	<i>X</i>		
To replace rear exhaust	\$ <i>na</i> 150.00	<i>X</i>		
To do spray painting on accident affected area (inner and outer)	<i>Approved</i> 1,600.00	<i>X</i>		
TOTAL LABOUR :	\$	6,160.00		
GRAND TOTAL PARTS & LABOUR :	\$	18,755.13		

LK Auto Care
 10000 10th Ave S
 Seattle, WA 98148
 (206) 835-1234
 www.lkautocare.com