

(08/11/13) wef

ASS. REC. BY: Marcus

REF: CS/TP23003426/4943

### ASSIGNMENT

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

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

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

To Inspect Vehicle No: SLL6157C

at Workshop m/s Bent

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.**

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

Bal. or Market Value: \$60k.

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: **Yes** or **No**

GIA / PR Seen: \_\_\_\_\_ Consistent?: **Yes** or **No**

Est. Repairs: 5 days Res.: **Yes** or **No**

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

CA / REV / REP. / 24 HRS

392d  
Vehicle: **IN / OUT**

Date: \_\_\_\_\_ Person Contacted: LMA 31357

Veh No: SLL6157C Yr Regn: 02/03/17

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

Truck / Trailer or CA

Make: Honda mobilio SV c.c. 1497

Colour: silver A/C: **Insured / Std / NI / NA**

Sp. Reading: 80239 T/Radio: **Insured / Std / NI / NA**

Eng/No: \_\_\_\_\_  
C/No: MRHDD48706P000436

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: 185/65R15  
R: \_\_\_\_\_

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

TOYO / YOKO or

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

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

D.O.A. 29/03/23 D.O.I. 31/4/23

Survey held at \_\_\_\_\_

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

Rear N/S.

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

Date / Time Action / Instruction 07/13k.

13/4/23 4/5 @ 4000 in hand Kenny used \$31.12.92, 4477

Date/Time, File Pass to?

1) 13/4/23 turner

Date/Time, File Return to?

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

Report Format: TP

Lump Sum / I.B.I.: (\$ 4000 )

Days Of Repair: 5

Resurvey No. of Trip: 2

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Invs (\$ \_\_\_\_\_)

☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

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

Photos

Others

TOTAL

BLUWEL AUTOMOTIVE SERVICE PTE LTD  
1 KAKI BUKIT AVE 6 # 01-28/53/55/56  
SINGAPORE 417883 TEL :67452088

not full  
2/54 4000/  
3/4/23  
5 days

VEHICLE No: SLL 6157L

1PC	FRONT BUMPER	de/to, n	\$481.20	✓
1PC	FRONT BUMPER BEAM	n	\$288.20	x
1PC	FRONT BUMPER FOG LAMP N/S	one	\$281.50	✓
1PC	FRONT BUMPER FOG LAMP GARNISH N/S	scr/torn	\$136.20	✓
1PC	FRONT BUMPER CENTRE GRILLE	Torn	\$148.20	✓
1PC	FRONT BUMPER SIDE RETAINER N/S	one	\$30.80	✓
1PC	FRONT BUMPER TOE COVER	11	\$25.00	x
1PC	HEADLAMP N/S	scr	\$1,299.90	✓
1PC	FRONT SUPPORT PANEL	n	\$546.20	x
1PC	FRONT FENDER N/S	n	\$425.20	x
1PC	FRONT FENDER INNER SHIELD N/S	de	\$128.30	✓
1PC	FRONT FENDER INNER SIDE PANEL N/S	Body m	\$266.20	✓
1PC	FRONT KNUCKLE ARM N/S	surf	\$355.20	✓
1PC	FRONT KNUCKLE ARM BEARING N/S	ner	\$225.30	✓
			\$4,637.40	
			LESS 20%	\$3,709.92

S.NETT

1SET	FRONT BUMPER CLIPS	ner	\$35.00	✓
1SET	FRONT FENDER INNER SHIELD CLIPS N/S	ner	\$35.00	✓
1PC	FRONT SPORT RIM N/S	wagon	\$550.00	✓
1PC	FRONT TYRE N/S	scr	\$200.00	x
TO CHECK WIRING			\$50.00	20
TO SPRAY RUST PROOFING			\$80.00	30
TO REFILL AIR CON GAS			\$100.00	x
TO CONDUCT WHEEL ALIGNMENT			\$100.00	✓
TO DISMANTLE & REPLACED FRONT UNDER CARRIAGE			\$180.00	150
LABOUR FOR PANEL BEATING & REPLACED PARTS			\$880.00	600
TO PUTTY & SPRAY PAINTING			\$1,200.00	800
TOTAL			\$7,119.92	

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:

3352.8  
202  
2682.24  
620



[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	392D
<b>Vehicle Details</b>	
Vehicle No.:	SLL6157L
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Apr 2023
Vehicle Make:	HONDA
Vehicle Model:	MOBILIO SV 1.5 CVT
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	L15Z12874263
Chassis No.:	MRHDD4870GP000436
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$19,126.00
Original Registration Date:	02 Mar 2017
First Registration Date:	02 Mar 2017
Transfer Count:	0
Actual ARF Paid:	\$19,126.00 9563
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	01 Mar 2027
PARF Rebate Amount:	\$12,431.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	01 Mar 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$48,401.00
COE Rebate Amount:	\$18,926.00
<b>Total Rebate Amount:</b>	<b>\$31,357.00</b>

The information contained herein is correct as at 03 Apr 2023

OK



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Short Term Drive Vehicle,  
Cheaper Than Renting A Car.  
High Body Price When Scrap  
Direct Owner StarAd

Sort by  20 results/page**1 vehicles**

Honda Mobilio

Any Category

Advanced Search



Search

Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
------	-------	-------	--------------	----------	---------	---------	----------	--------

**Search Selection****Honda Mobilio**

Any

Any

**2017**

Any

Any

Any

**Available****Honda Mobilio 1.5A RS i-VTEC Luxe****\$66,888**

\$14,660 /yr

01-Mar-2017

1,497 cc

75,000 km

MPV

**Available**

Well Maintained By Owner. Buy With A Piece Of Mind. Affordable And Spacious For Big Family. Fuel Efficiency 7 Seaters With Rear Air Co...

Posted: 31-Mar-2023

Save this search criteria, to get email alerts whenever a match is found.

Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
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20 results/page

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## 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	30/03/2023 13:19 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/03/2023 18:00 (SGT)
Exact Location of Accident	30 Dover Ave, Singapore 139790
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL6157L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHENG CHI YIN
NRIC No	S7078392D
Email Address	CHUA_SYLVIA@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-97559027
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Mobilio
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	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D23MTPV01002251

### DRIVER

Name of Driver	CHENG CHI YIN
NRIC No	S7078392D
Date Of Birth	10/11/1970
Occupation	Indoor

Date Of Driving Pass	11/08/2008
Driving experience	14 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97559027
Alt. Phone Number	-
Email Address	CHUA_SYLVIA@YAHOO.COM.SG
Address	BLK 22 DOVER CRESCENT #10-354
Address complement	-
Postcode	130022
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 - Major/Minor Rd
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

WHILE I WAS DRIVING ALONG 30 DOVER AVE ON THE RIGHT LANE, CAR B CAME OUT FROM THE CHURCH AND WE COLLIDED.

#### 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	SMG826T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAY TENEIN

Contact Number	(Phone) +65-98460163
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the CEA 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.

**6. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

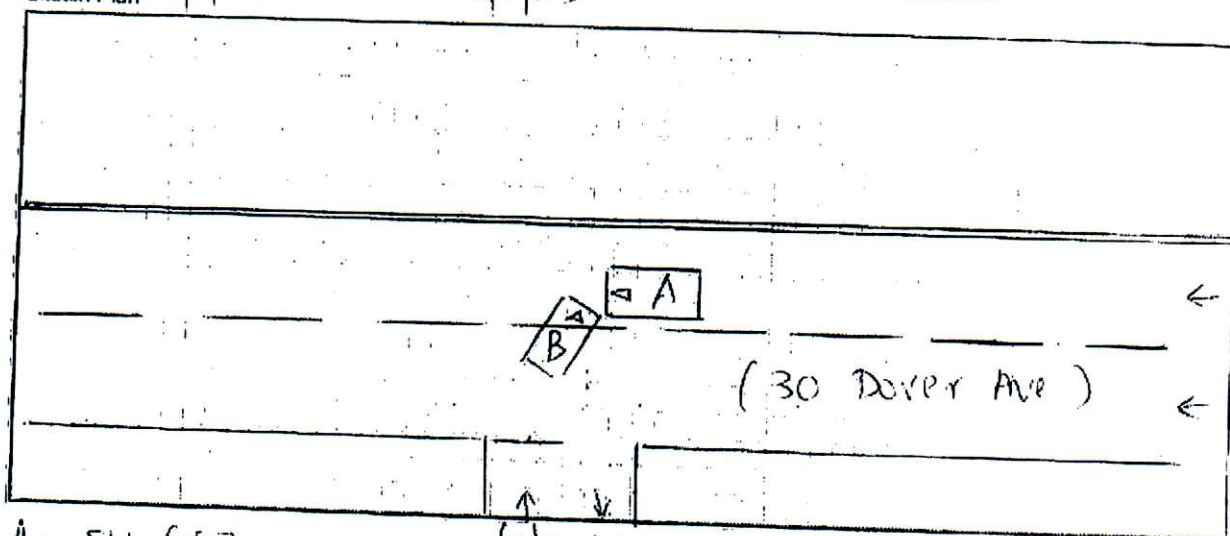
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers 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 envelope/s and 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: 30/3/23

Driver's Signature (if driver is not the policyholder):  Date & Time: 30/3/23

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card):

Sketch Plan



A - SIL G67

B - SM6 826T

1

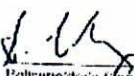



Describe Circumstances of the Accident

While I was driving along 30 Dover Ave on the right lane, Car B came out from the church and we collided.

Declaration

We declare the foregoing particulars are true in every respect

  
Policyholder's Signature / Date & Time  
30/3/23

  
Driver's Signature (if driver is not the policyholder) / Date & Time  
30/3/23

Witnessed by Reporting Centre Personnel  
(Name as in NRCCD card)