Kenneth	2300.4939//cp
· Chiny · //	ASSIGNMENT
From: Date:	Veh No: SUT 93108 45 17 17
Estimated Cost:	TI Rean.
OD /TP/WS/TP RES/OD RES/EVA/INV/MV	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
To Inspect Vehicle No:	(4)
at Workshop m/s	Total Water Colf C.C 1343
of City (10	No. insured / Std / NI / NA
Insured: SLN 6292T	Sp.Reading 96079 T/Radio: Insured / Std / N1 / NA
Policy No. DMHCSNA00016232200	Eng/No:
Claims No. SNM23D203369/C02/TOHHS	CNO: WW 77744 Z14W 0469
Sum Insured: Excess:	Gen. Cond: Good Fair / Poor / Burnt
(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Brake: Inomer/Jammed/Leaked/Burnt or
	Modi: NII / S/Rim / STO A/Rim or
(Policy Condition)	Tyre Size: F:
Pamark: The year had assessed to	R: 225/45 ZRIZ
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM/
Bal. or Market Value:	TOYO/YOKO or windfare
	Fron! Rear
	R/Bal. 6 mm R/Bal. 6 mm
7.103 01 110	L/Bal. 6 mm L/Bal. 8 mm
20,000,000,000	D.O.A. 10/5/23 D.O.I. / 1/8/201
TO NO THE OF NO	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted: Vehicle: IN / OU	- My May
Date / Time   Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
	the state of the s
26/6 // By \$ 4630/ Cah	(red 2812.40, 37%)
Oato/Time, File Pass to? : Prell. Report	(red 2812.40, 37%)  Days Of Repair: 6
Dato/Tima, File Pass 10? : Prell. Report	Days Of Repair: 6
Dato/Time, File Pass to?  : Prell. Report : Final Report : 26/6/23-tyrnist	Days Of Repair: 6  Resurvey No. of Trip: Survey Fee:
Onto/Time, File Pass to?  Preil. Report  Final Report	Days Of Repair: 6  Resurvey No. of Trip: Survey Fee:  Transportative:  Site Insp (\$ ) S + RS SI
Outo/Time, File Pass to?  : Prell. Report : Final Report : 26/6/23-typist  Add Fee:	Days Of Repair: 6 Resurvey No. of Trip: Survey Fee:
Dato/Time, File Pass to?  : Prell. Report : Final Report : 26/6/23-typist  Add Fee:	Days Of Repair: 6  Resurvey No. of Trip: Survey Fee:  Site Insp (\$ )_s+RS_SI
Outo/Time, File Pass to?  : Prell. Report : Final Report : 26/6/23-typist  Add Fee:	Days Of Repair: 6  Resurvey No. of Trip: Survey Fee:  Site Insp (\$ ) _ \$ + R\$ _ \$I  Interview (\$ ) _ \$ Let's
Dato/Time, File Pass to?  : Prell. Report : Final Report : 26/6/23-typist  Add Fee:	Days Of Repair: 6  Resurvey No. of Trip: Survey Fee:  Transportative:  Site Insp (\$ ) _ S + RS _ SI  Interview (\$ ) E + RS _ SI  Tech Invs (\$ ) Others

#### > Back to OneMotoring

#### Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 271C

Vehicle Details

Vehicle No.: SLJ9310B
Vehicle to be Exported: No

Intended Deregistration Date: 10 May 2023

Vehicle Make: VOLKSWAGEN

Vehicle Model: GOLF 1.4 TSI AT 5G13HZ

Primary Colour: Red
Manufacturing Year: 2016

Engine No.: CZC138695
Chassis No.: WVWZZZAUZHW046911

Maximum Power Output: 92.0 kW (123 bhp)

Open Market Value: \$20,409.00

Original Registration Date: 30 Dec 2016
First Registration Date: 30 Dec 2016

Transfer Count:

Actual ARF Paid: \$10,573.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 29 Dec 2026
PARF Rebate Amount: \$6,872.00

Intended COE Rebate Details

COE Expiry Date: 29 Dec 2026
COE Category: E - Open Category

COE Period(Years): 10

 QP Paid:
 \$50,010.00

 COE Rebate Amount:
 \$17,445.00

 Total Rebate Amount:
 \$24,317.00

The information contained herein is correct as at 10 May 2023

SC1I235A0002 / CHENG HOE MOTOR PTE LTD[768761] ENTRY DATE & TIME: 10/05/2023 18:48 (SGT) SUBMITTED BY: CHIONG BENG CHOON VERSION: 1 (10/05/2023 18:48 (SGT))



# 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 witholding 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 10/05/2023 18:48 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 10/05/2023 07:30 (SGT) **Exact Location of Accident** Singapore Additional Location Information YISHUN AVE 1 Country/State of Loss Singapore

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLJ9310B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

**Email Address** Mobile Phone No Alternative Phone No No AARON CHAN DE JUN SXXXX271C aaronchandejun@gmail.com (Phone) +65-97356111

VEHICLE PARTICULARS

Manufacturer

Model 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? Vehicle Category

Transmission CC

Volkswagen

Golf

Private use

No - Claiming third party

Private car Auto 1395

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Income Insurance Limited 5127334039

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

AARON CHAN DE JUN SXXXX271C 12/06/1995 Indoor



Date Of Driving Pass 25/03/2014 Driving experience 9 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-97356111 Alt. Phone Number **Email Address** aaronchandejun@gmail.com Address BLK 467A YISHUN AVE 6 #12-1291 Address complement Postcode 761467 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 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) 3 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 WIFE Gender Female

#### PASSENGER 2

Name SON 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 STATEMENT

#### ATTACHMENT(S)

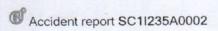
Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

EMAIL TO INS

### DETAILS OF OTHER VEHICLE PROPERTY 1



Vehicle Registration Number	SLN6292T
Vehicle Manufacturer	*
Vehicle Model	
Vehicle Variant	
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	CHIN WEI KHONG
NRIC No	SXXXX210J
Contact Number	(Phone) +65-88344977
Address	A CONTRACTOR OF THE PROPERTY O
Address complement	2
Postcode	
Insurance Company Name	2
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

Oescribe Circumstance of the Accident  NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRA  Claim under your Own Comprehensive policy. Pls check your policy for	
( ) Claim Own Policy ( ) Claim Third party (  ) Claim OD/ TP at other workshop (	) Reporting Onlly
	A: SLJ9310B (W 2 passengers: Wife & 10m) B: SLN 6292T (alone) (hin Wei Knong S9470210J 88344977
Vehicle No: SLJ 9310B (Income) Date & Time: 10/05/23 @ 0730 (clear day	
Il was driving on & right lane along Yishun Ave Sudden impact from my front RH portion. Milar Sch (ut into my lane without checking hor signals and co portion of my vehicle, the impact caused my vehicle hit onto e side Kerb on my right. After e impact, i have pulled to a side to stop, drove over & we took particulars before we left & scene.	162927 had abruptly Hidled unto e left  to push to e right &
PIS: My 13 month old buy was on board & car du monitor & seek for medical treatment if necessary	ing é impact, will
* Damages on my rehill! LH portion, side mirror (Sup)  Declaration	ng outwards & hit Unto DRH portion hit unto Side Ke

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

Policyholder's Signature / Date & Time

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

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

#### 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 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 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.
- 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
- (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.

/cz. 10/05/23

Policyholder's Signature / Date & Time

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

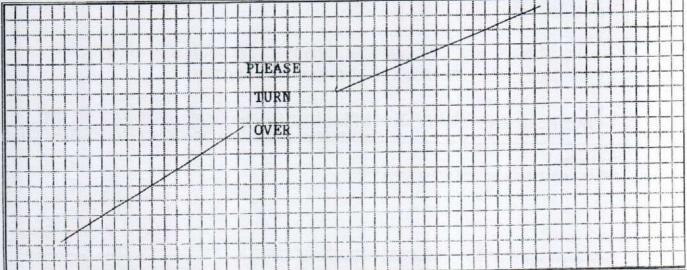
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

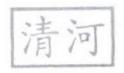
VEHNO SLJ9310B

INSURER MOME DATE OF ACC 10/05/13 @ 0730

onnel 10/05/23







## CHENG HOE MOTOR PTE LTD

Blk 1019, Yishun Industrial Park A, #01-374/382, Singapore 768761 Tel: 67556142 Fax: 67557719

Email: chmotor@singnet.com.sg

TP INSURER:

China Taiping Insurance (Singapore) Pte. Ltd. (HQ)

VIN'S CAR RENTAL PTE LTD

Singapore

PARTICULARS OF CLAIM

Claim Type:

THIRD PARTY

Ref. No:

TP/CHINA (SLN6292T)

Policy No:

DMHCSNA00016232200

AARON CHAN DE JUN

Date of Loss:

10/05/2023

Vehicle Reg. No.:

**SLJ9310B** 

Driveable?

Party At Fault:

UNKNOWN

CZC138695

Driver (Insured):

CHIN WEI KHONG

Driver (TP): Make/Model:

VOLKSWAGEN GOLF, 1.2 (A7) TSI

30/12/2016

Vehicle Colour:

(A)

Vehicle Reg. Date:

RED

Chassis No:

WVWZZZAUZHW046911

Engine No: Odometer:

0 KM

NOT Northank

Paint Type:

Total Loss?

NO

Est. Duration of Repair

(day)

0

Ul Pay & 46501 Menory After Pains Eday,

Description of Accident/Loss

REFER TO GIA REPORT

Remarks:

VEHICLE SEND IN TO YISHUN WORKSHOP ON 30/05/2023

Present Location:

CHENG HOE MOTOR PTE LTD (YISHUN)

COST OF CLAIMS		Amount
Parts		5,823.40
Miscellaneous Items		0.00
Labour		1,640.00
Paintwork Labour		0.00
Towing		0.00
	Gross Total (S\$)	7,463.40
	+ GST 8.00% (S\$)	597.07
	Nett Amount (S\$)	8,060.47

This claim is handled by: DORLYN LI YAZHU

Generated using Merimen e-Claims Internet Estimation & Adjusting System

### REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 30 May 2023)

Parts:

144

Labour: Repairer's

VOLKSWAGEN GOLF 1.2 (A7) TSI (A) (Catalogue:Merimen Singapore 1.0)

51) 9310 B 71 CHINA .0) Dolf-10/5/23

(Price-denominated Standard List) Print Code: (Unsubmitted, no print-code for SLJ9310B)

Validity:

These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with

the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk \*.

### Estimates on Parts

Estimates on Miscellaneous Items

No.	Qty Part No.	Particulars	%Disc	%Depr	Amount
1	1	*1 pc front bumper	Builmi 0.00	0.00	*580.00 F <b>*</b>
2	1	*1 pc front bumper LH fog lamp	0.00	0.00	*150.00 F 🕏
3	1	*1 pc front bumper LH side retainer	DIV 0.00	0.00	*25.00 F
4	1	*1 pc front bumper LH parking sensor	h 0.00	0.00	*115.00 F
5	1	*1 pc front LH headlamp	Gg 0.00	0.00	*650.00 F -
6	1	*1 pc front LH fender	R 0.00	0.00	*290.00 F 4
7	1	*1 pc front LH fender mounting bracket	su 0.00	0.00	*24.00 F 5
8	1	*1 pc frt LH shock absorber	Ju 0.00	0.00	*180.00 F
9	1	*1 pc frt LH knuckle arm	J- 0.00	0.00	*450.00 F
10	1	*1 pc frt LH wheel hub bearing	~~ 0.00	0.00	*220.00 F 🖠
11	1	*1 pc frt LH sport rim	no 0.00	0.00	*780.00 F
12	1	*1 pc frt RH sport rim	ner 0.00	0.00	*780.00 F 4
13	1	*1 pc frt RH shock absorber	By 0.00	0.00	*180.00 F
14	1	*1 pc frt RH knuckle arm	A 0.00	0.00	*450.00 F
15	1	*1 pc frt RH wheel bearing	Mr 0.00	0.00	*220.00 F 7
16	1	*1 pc frt RH lower arm	DF1 0.00	0.00	*200.00 F ス
F=Fra	anchise part.				
			Sub Total (S\$)		5,294.00
		+ Margin on L,N Ite	ems 10.00% (S\$)		529.40
			Total Parts (S\$)		5,823.40

Report was unsubmitted during this print-out.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items	LKK Auto Consultants hence notify
There are no new miscellaneous items selected.	the Repairer of the following:
	To resurvey before/after spray painting
	<ul> <li>To display damaged part(s) during resurvey</li> </ul>
	Parts prices are subject to confirmation
₩ W W W W W W W W W W W W W W W W W W W	<ul> <li>Third party survey is on a "Without Prejudice" basis</li> </ul>
Estimates on Labour	No illegal modification(s) is allowed
No Particulars	Supplementary item(s) must resurveyed and Type is subject to final approval from Insurance Company

No F	rarticulars	is subject to final approval from Insurance Compan
Labou	r Items	Acknowledged by Repairer

<ul> <li>Supplementary item(s) must is subject to final approval from</li> </ul>	Insurance Company

Lab Type	Amount
	4501
New	500.00

Lal	1) TO REMOVE AND REFIX FRT BUMPER, HEADLAMP, FRT		New	500.00
2	KNOCK AND REPAIR FRT LH DOOR AND RE-ALIGN TO SAN 2) TO PUTTY AND RESPRAY ON FRT BUMPER, FRT LH FEN	Control of the Contro	New	700.00
3	3) TO REMOVE AND REFIX FRT LH AND RH UNDERCARRAI		New	350.0020d
4	4) TO RUSTPROOFING		New	30.00
5	5) TO CONDUCT COMPUTERISED WHEEL ALINGMENT		New	60.00
			*	

Gross Labour Cost (S\$)

1,640.00

Report was unsubmitted during this print-out. Generated using Merimen e-Claims IEAS