22/03/2007

ASS. REC. BY: | REF: CS/ASM18006764/Urba2 | Special Instructions:

Surveyor: Mathew

**ASSIGNMENT (Office)**

From (Person): Smart claim Kitty Teo of: ASM Date/Time: 12.04.2018 11.11am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SFL 9257S Insured:

at Workshop m/s: Progressive Tel: 6741 5336

of: Blk 3021 Ubi Rd 1 #01-43

Policy No: Claim No: SBMOUDMN

Sum Insured: Excess: NIL

Make of Veh: D.O.A: 09042018

(Client's Record)

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement:

Date/Time: 12042018 1.43pm Person Contacted: Pei Wen Vehicle IN / OUT

| Date/Time | Action/Instruction ( ✓ ) Estimate Fire Investigation |
|---|---|
| | SFL 9257S - X |
| 13/4/18 | Revert from smart claim ; Apply SCDF report |
| | Submit extensive total loss |
| | MV: $ 16,100.00 , LTA: $ 9,726.00 , NV: $ 6274.00 |

(08/11/13) wef

ASS. REC. BY: Marcus

REF: AYP

# ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SFL92975

at Workshop m/s 2A Ubi,

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: NIL

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

| N/S | O/S |
|---|---|
| | |

Bal. or Market Value: 16k.

IDAC Accident Rport: ✓ Consistent? : Yes or No

GIA / DR 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

Veh No: SFL92975 Yr Regn: 7 / 09

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

Make: Hyundai FD130CW 1591

Colour Black A/C: Insured / Std / NI / NA

Sp.Reading Can't read. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHDC81DMAU043998

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/60R15 M+C

R: _____

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 4.55 mm | R/Bal. | 8 mm |
| L/Bal. | 4 Flatten mm | L/Bal. | 8 mm |
| D.O.A. | 9/4/18 | D.O.I | 12/4/18 3.15pm. |

Survey held at —

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

The vehicle caught fire.

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

| Date / Time | Action / Instruction |
|---|---|
| | Short circuit. LTA 9726 1yrs. 3mth dep |
| | 70% TL loss Repair cost 18k. |
| | Kitty Teo |
| | 65 68804602 |
| | kitty.teo@axa.com.sg |
| | RECEIVED 14 MAY 2018 |

Date/Time, File Pass to? _____

1) bypost

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☑ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ 200)

☐ : Weekend ($ _____)

Report Format : _____

Lump Sum / I.B.I: ($ _____)

| | |
|---|---|
| Survey Fee: | 200 |
| Transportation: | |
| ___$ x RS___SI | |
| Photos | |
| Others fire report | $170 |
| | |
| TOTAL | |

LKK AUTO CONSULTANTS PTE LTD (OD) ▾ Menu

# Service Request Details

Claim
S8M00DMN

Reference
None

Loss Date
April 9, 2018

Request Date
April 12, 2018

Due Date
April 19, 2018

Vendor Name
LKK AUTO CONSULTANTS PTE LTD (OD)

Type of Loss
Own Damage

Services
Fire
Own Damage Investigation

## Actions

Next Step
Agree to perform service

Decline Work | Accept Work

## Vehicle Information

Incident Vehicle Registration #
SFL9297S

Make
HYUNDAI

Menu

## Service Address

3022A, UBI ROAD 1, , , 408716

## Primary Contact/Insured

LIM HWEE LENG
BLK 197 #03-102, PASIR RIS ST 12, 510197, Singapore
96229083
COBUILD97@GMAIL.COM

## Claim Handler

TEO Kitty
6568804602
kitty.teo@axa.com.sg

Additional Instructions
EXCESS NIL

Messages Invoices History Documents Assessment Metrics Notes

New Message

LKK Auto Consultants Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: S8M00DMN
Our Ref: CS/ASM18006764/Urb

Date: 13 April 2018

The Motor Claims Department
AXA INSURANCE PTE LTD

Dear Sir/Madam,

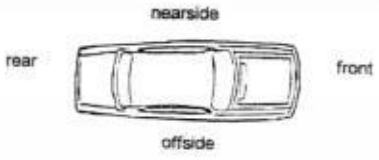
**PRELIMINARY ADVICE OF VEHICLE NO. SFL 9297S .**

We thank you for the instruction on 12/04/2018

Please be informed that we had conducted the inspection of the abovementioned vehicle 12/04/2018 at the premises of m/s: PROGRESSIVE AUTOMOTIVE PTE LTD and have the following to report:-

| | |
|---|---|
| Repairer's Estimate (Gross) | : S$ Total Loss . |
| Revised Estimate Amount | : S$ . |
| "Check" Items (Estimated) | : S$ . |
| Total Repair (Estimated) | : S$ . |
| Pre-Accident Value | : S$ 16,000.00 . |
| COE/PARF value | : S$ 9,726.00 . |
| Nett Value | : S$ 6,274.00 . |

Description of Damage:
The vehicle caught fire.




Comments:
Repair day: - days
We have not authorize repair.

Yours faithfully
MARCUS
Automotive Assessor

SINGAPORE CIVIL DEFENCE FORCE
91 UBI AVENUE 4
SINGAPORE 408827
TELEPHONE: 6280 0000
GST REG NO: MG-8400000-5

# TAX INVOICE/RECEIPT

Name : LEE SI HUA
Address : 51 UBI AVE 51 UBI AVENUE 1
51 UBI AVENUE 1
Singapore 408933

Receipt No : 523611406503610600 3636
Date/Time : 13/04/2018 17:18
eService ID : FR2018041302168

| S/No | Payment Mode | Description | Reference No | Net Amount | GST (7% GST) | Gross Amount |
|---|---|---|---|---|---|---|
| 1 | Credit Card | Fire Report | FR2018041302168 | 170.00 | 0.00 | 170.00 |
| | | | | | **Total Amount (SGD)** | **170.00** |

REMARKS:
Date and Time [09/04/2018 18:00] - Location of Fire [OPEN CARPARK OF BLK 75D REDHILL ROAD]

Note: This is a computer generated receipt. No signature is required. Receipt is void if payment is dishonoured.

MPA218047911-01 / Progressive Automotive Pte Ltd - HQ
ENTRY DATE & TIME: 10/04/2018 17:37
SUBMITTED BY: Soo Leong Keat

# 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 Authorised 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 ability.
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 Report | 10/04/2018 17:37 |
| Date Of Accident | 09/04/2018 18:00 |
| Exact Location Of Accident | OPEN CARPARK OF BLK 75D REDHILL ROAD |
| Country/State of Loss | SINGAPORE |
| **DETAILS OF OWN VEHICLE** | |
| Vehicle Registration Number | SFL9297S |
| **Insured/Policyholder** | |
| Name Of Registered Owner | LIM HWEE LENG |
| NRIC No | S0026125D |
| Email Address | COBUILD97@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96229083 |
| Alternative Phone No | OFFICE-96229083 |
| **Vehicle Particulars** | |
| Manufacturer | HYUNDAI |
| Model | I30-1.6 FD CW (A) |
| 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? | YES |
| If No, Please state action to be taken | |
| Vehicle Category | PRIVATE CAR |
| **Insurance Company** | |
| Name of Insurance Company | AXA INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | GA163577/1 |
| Cover Note Number | |
| **Driver** | |
| Name of Driver | LIM HWEE LENG |
| NRIC No | S0026125D |
| Date Of Birth | 27/10/1953 |
| Occupation | INDOOR |
| Date Of Driving Pass | 07/01/1972 |
| Driving Experience | 46 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96229083 |
| Fax Number | |
| Contact Number | OFFICE-96229083 |
| EMail Address | COBUILD97@GMAIL.COM |

| | |
|---|---|
| Address | BLK 197 PASIR RIS STREET 12<br>#03-102 |
| Postcode | 510197 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | -<br>-<br>- |
| Insurance Company of Driver's Own Vehicle | -<br>-<br>- |

**General Information of the Accident**

| | |
|---|---|
| Type Of Accident | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

**Other Information**

| | |
|---|---|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| Was any other material or property damaged? | NO |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 0 |

**Details of Police Action**

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes,Please state which Police Station | |
| Police Station Name | GEYLANG NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | **ROAD**: 132 PAYA LEBAR ROAD , **POSTCODE:** 409014 , **COUNTRY**: SINGAPORE |
| Police Station Contact | **TEL NO**: 1800-8486999 - **FAX NO**: 68486799 |
| Was notice of intended Prosecution given? | NO |
| If Yes,against whom? | |

**Circumstances of Accident**

REFER TO POLICE REPORT NO: G/20180410/2108. STATEMENT RECORDED BY SOO - PROGRESSIVE AUTOMOTIVE PTE LTD (6741 5336)

**Attachment(s)**

| | |
|---|---|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

## 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 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. The report will be forwarded by the insurers of the GIA Reports 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 lodgment of this report to the insurer, you hereby consent to the archiving of this report by the insurers and to copies of the report being made available thereafter.
8. Consent under the Personal Data Protection Act (PDPA)

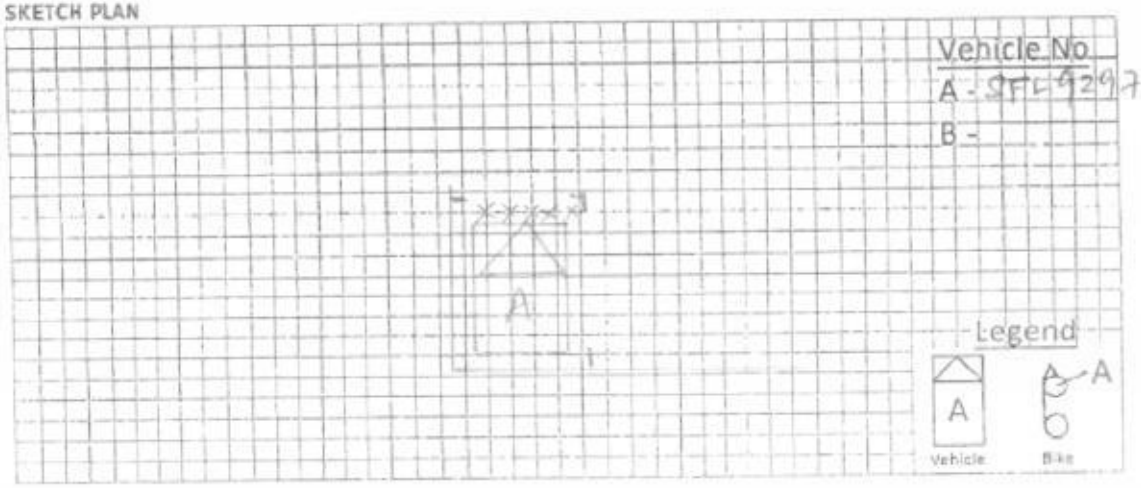
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN no.:

## Sketch Plan #2

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report No.: 6/2018/410/2108

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

| Policyholder's Signature<br>Date & Time: | Driver's Signature<br>(If driver is not the policyholder)<br>Date & Time: | Reporting Centre Personnel's Signature<br>Name:<br>NRIC/FIN No.: |
|---|---|---|

SINGAPORE POLICE FORCE

G/20180410/2108



**POLICE REPORT (NP299)**

Report No. G/20180410/2108

Police Station Of Origin
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

| Date/Time Report Made | Vide Report No. | Station Diary No. |
|---|---|---|
| 10/04/2018 16:36 | | 101 |

| Name Of Informant | Address |
|---|---|
| LIM HWEE LENG | APT BLK 197 PASIR RIS STREET 12 #03-102 SINGAPORE 510197 |
| ID Type / ID No.<br>NRIC NO / S0026125D | Contact No.<br>Home/Office: Mobile: 96229083 |
| Nationality<br>SINGAPORE CITIZEN | Email Address |

| Occupation | Sex | Age | Date of Birth | Race |
|---|---|---|---|---|
| Self- Employed | Male | 64 | 27/10/1953 | Chinese |

| Institution/School Name | Language |
|---|---|
| | |

| Date/Time Of Incident | Location Of Incident |
|---|---|
| 09/04/2018 18:00 - 09/04/2018 20:30 | 75D REDHILL ROAD SINGAPORE 154075<br>Open carpark |

**Brief details.**

On 09/04/2018 at about 1800hrs, I parked my vehicle SFL 9297 S black, Hyundai at the open carpark of Blk 75D Redhill Rd and left. On the same day at about 2030hrs, when I came back to my car, I discovered that my car was badly burnt. The police and scdf was also at scene. I am not aware of any of police incident number. I am making this report for insurance claim.

| Signature Of Officer Recording The Report: | Signature Of Informant: |
|---|---|
| G / Staff Sgt JUHARDI BIN SAADON | |
| Signature Of Interpreter:<br>Not applicable | Date/Time:<br>10/04/2018 16:36 |
| Officer In-Charge Of Case:<br>G / Bedok Police Divisional Investigation Branch /<br>Sr Staff Sgt TAN WAN TING<br>Contact No.: 62440000 | Classification Of Case: |

Authentication Stamp

SINGAPORE POLICE FORCE

SIGNATURE

# ACCIDENT STATEMENT (Part I)

*Reporting Centre: Progressive Automotive Pte Ltd*

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

To be signed by BOTH drivers

1 Date of accident: 9/4/18 | Time: 1800 | 2 Exact location of accident: Open Carpark of Blk 75D Redhill Rd | 3 Injuries even if slight: No ☒ Yes ☐

4 Material damage: To vehicles other than vehicles A and B: No ☒ Yes ☐ | To objects other than vehicles: No ☒ Yes ☐

5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) | Vehicle Video Camera Available: No ☐ Yes ☐

**Registration No. (VEHICLE A)** SFL 92975

6 Insured / policyholder (see insurance cert.)

Name (capital letters): LIM HWEE LENG

Address:

NRIC / Passport no.: S 6026125D

Tel no. (from 8am till 5pm): 96229083

HP:

7 Vehicle: Make, type: Hyundai I-30 CW

8 Insurance company: AXA ☒ ☐ TPFT ☐ TPO

Does the policy cover damage to vehicle A? No ☐ Yes ☒

Policy No.: GA163597I

9 Driver ☐ Same as Owner

Name (capital letters):

NRIC / Passport no.:

Class of licence: 3

HP:

Gender: Male ☒ Female ☐

**12 CIRCUMSTANCES**

Put a cross (X) in each of the relevant boxes applicable to your vehicle

| A | | B |
|---|---|---|
| 01 | Front Collision | 01 |
| 02 | Collision into Rear | 02 |
| 03 | Collided into Stationary Vehicle | 03 |
| 04 | Collided into Parked Vehicle | 04 |
| 05 | Collided into Pedestrian | 05 |
| 06 | Collided into Property | 06 |
| 07 | Collision - Change/Chain Lane | 07 |
| 08 | Collision - Cross Junction | 08 |
| 09 | Collision - Head on Collision | 09 |
| 10 | Collision - Hood to Rear | 10 |
| 11 | Collision - Vision/Blind Bend | 11 |
| 12 | Collision - Opening Door of Vehicle | 12 |
| 13 | Collided - Roundabout | 13 |
| 14 | Collided - U-Turn | 14 |
| 15 | Loss of Control / Lost Traction | 15 |
| 16 | Lost Control / Swerving | 16 |
| 17 | Hazard | 17 |
| 18 | Hit and Run / Vandalism / Damage while Parked | 18 |
| 19 | Hit by Falling Tree / Other Objects | 19 |
| 20 | No Collision | 20 |
| 21 | Side Swipe | 21 |
| 22 | Skid | 22 |

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B)

6 Insured / policyholder (see insurance cert.)

Name (capital letters):

Address:

NRIC / Passport no.:

Tel no. (from 8am till 5pm):

HP:

7 Vehicle: Make, type:

8 Insurance company: ☐ C ☐ TPFT ☐ TPO

Does the policy cover damage to vehicle B? No ☐ Yes ☐

Policy No. (if available):

9 Driver (Tan driving licence) (if different from insured if stated)

Name (capital letters):

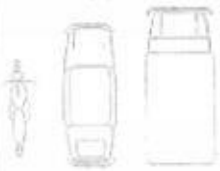
NRIC / Passport no.:

Class of licence:

HP:

Gender: Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)

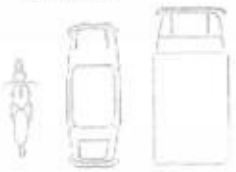


11 Sketch of accident when impact occurred 12

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

10 Indicate the point of initial impact with an arrow (→)



13 Visible damage to vehicle A

14 My remarks

15 Signatures of drivers

13 Visible damage to vehicle B

14 My remarks

B

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in this statement after signing. Policeman's each other should also sign here

For insured's Individual Statement (Part II) see overleaf →

*Reporting Centre: Progressive Automotive Pte Ltd*

## INDIVIDUAL STATEMENT (Part II)

Own Workshop Email / Fax (if any)

**To be completed and submitted within 24 hours to your insurer or 3dec or appointed workshop** (Use a separate sheet of paper where necessary)

Email: cdb.1a97@gmail.com

**Insured**

1 Occupation (if more than one, state all)

2 Vehicle registration no. | C.C. | If commercial vehicle, state permissible carrying capacity

**Of which vehicle are you the owner?**

3 Is driver the owner? Yes ✓ | No | If no, State Relationship of Driver with owner | State the vehicle number and name of insurer of driver's own vehicle (where applicable)

☐ A

4 Exact purpose for which vehicle was being used at time of accident ☑ Private use ☐ Commercial use ☐ Hire & reward ☐ Private Hire

☐ Others - please specify

☐ B

5 Is the vehicle still in use? Yes | No ✓ If no, state where it is at present Tel no.

6 Are you claiming under your own insurance policy for repair to your vehicle? Yes ✓ | No

If no, state action to be taken ☐ Third Party ☐ Reporting Only ☐ Third Party (Own Workshop)

**Driver or person in charge of vehicle at the time of accident (including insured)**

7 Date of birth | Occupation | Date of license pass | Was vehicle driven with the insured's permission? | Was driver an employee of the insured's company?

Indoor ✓ | Outdoor | Yes | No | Yes | No

8 Give details of any pre-existing impairment of sight or hearing and of any other disability

9 Full details of all driving convictions including pending prosecutions in the last 36 months

| Date | Offence | Penalty |
|---|---|---|
| | | |
| | | |

**Injured persons**

| 10 Name(s), address(es) and age (where applicable) | Injuries sustained | If vehicle occupants, state in which vehicle | Were seat belts being worn? | Was injured conveyed to hospital by ambulance? |
|---|---|---|---|---|
| | | | Yes / No | Yes / No |
| | | | Yes / No | Yes / No |
| | | | Yes / No | Yes / No |
| | | | Yes / No | Yes / No |

**Damage to property & vehicles (other than vehicles A and B)**

| 11 Name(s) and address(es) of owner(s) | Vehicle registration no. or details of property | Nature of damage | Insurer's name and address (if known) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**Police action**

12 Was the accident reported to the Police? Yes ✓ | No

If yes, please state which Police station

13 Was notice of intended prosecution given? Yes | No ✓

If yes, against whom?

**Accident details**

14 Weather conditions: Dry ✓ | Raining | Others

15 Road surface: Wet | Dry ✓ | Others

16 Speed of vehicles: A ____ km/hr | B ____ km/hr

17 What warnings were given by driver or other party?

18 Were street lights illuminated? Yes | No

19 What signs were displayed on your vehicle/the other vehicle(s)?

20 If your vehicle is commercial, state weight of load carried at time of accident

21 State how accident happened, width of roads, speed limits, etc (Refer to attached)

22 State number of Passengers (including Driver) 01

**Declaration**

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

Policyholder's signature _____ Date _____

Driver's signature (if driver is not the policyholder) _____ Date _____

mv $ 17,810.00



repair value: $9700 ++

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

| | |
|---|---|
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 6125D |

### Vehicle Details

| | |
|---|---|
| Vehicle No.: | SFL9297S |
| Vehicle to be Exported: | Yes |
| Intended De-registration Date: | 11 Apr 2018 |
| Vehicle Make: | HYUNDAI |
| Vehicle Model: | FD I30 CW 1.6 A |
| Primary Colour: | Black |
| Manufacturing Year: | 2009 |
| Engine No.: | G4FC9U695505 |
| Chassis No.: | KMHDC81DMAU053998 |
| Maximum Power Output: | 89.7 kW (120 bhp) |
| Open Market Value: | $14,728.00 |
| Original Registration Date: | 17 Jul 2009 |
| First Registration Date: | 17 Jul 2009 |
| Transfer Count: | 2 |
| Actual ARF Paid: | $14,728.00 |

### Intended PARF Rebate Details

| | |
|---|---|
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 16 Jul 2019 |
| PARF Rebate Amount: | $8,100.00 |

### Intended COE Rebate Details

| | |
|---|---|
| COE Expiry Date: | 16 Jul 2019 |
| COE Category: | A - Car (1600cc & below) |
| COE Period(Years): | 10 |
| QP Paid: | $12,899.00 |
| COE Rebate Amount: | $1,629.00 |
| **Total Rebate Amount**: | **$9,729.00** |

The information contained herein is correct as at 11 Apr 2018

OK

# Enquire PARF/COE Rebate for Registered Vehicle

| | |
|---|---|
| **Vehicle Owner Particulars** | |
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 6125D |
| **Vehicle Details** | |
| Vehicle No.: | SFL9297S |
| Vehicle to be Exported: | No |
| Intended De-registration Date: | 12 Apr 2018 |
| Vehicle Make: | HYUNDAI |
| Vehicle Model: | FD I30 CW 1.6 A |
| Primary Colour: | Black |
| Manufacturing Year: | 2009 |
| Engine No.: | G4FC9U695505 |
| Chassis No.: | KMHDC81DMAU053998 |
| Maximum Power Output: | 89.7 kW (120 bhp) |
| Open Market Value: | $14,728.00 |
| Original Registration Date: | 17 Jul 2009 |
| First Registration Date: | 17 Jul 2009 |
| Transfer Count: | 2 |
| Actual ARF Paid: | $14,728.00 7364 |
| **Intended PARF Rebate Details** | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 16 Jul 2019 |
| PARF Rebate Amount: | $8,100.00 |
| **Intended COE Rebate Details** | |
| COE Expiry Date: | 16 Jul 2019 |
| COE Category: | A - Car (1600cc & below) |
| COE Period(Years): | 10 |
| QP Paid: | $12,899.00 |
| COE Rebate Amount: | $1,626.00 |
| **Total Rebate Amount:** | **$9,726.00** |

The information contained herein is correct as at 12 Apr 2018

OK

SGCARMART.COM





Browse by Category ▼ Sort b

**11 vehicles** Hyundai i30 Advanc

| | Make | Model | Price | Depreciation | Reg Date | Eng Cap | Mil |
|---|---|---|---|---|---|---|---|
| **Search Selection** | **Hyundai i30** | | Any | Any | **2009** | Any | |

**Hyundai i30 1.6A** **$15,800** $8,470 /yr 12-Jun-2009 1,591 cc 13

Don't Miss! (100% Quality Buy) 1 Careful Teacher Owner! Price Still Can Negotiable! Very Good For Short Term Usage! C Low Mileage! Super Fuel Saver! Accident Free! Please Cal...

Posted: 12-Apr-2018 Tags: 2009 Hyundai i30, Hyundai i30, Hyundai, i30, Used Hyundai

**Hyundai i30 1.6A Sunroof** **$15,900** $7,350 /yr 10-Jul-2009 1,591 cc 17

Good Buy! Original Paintwork Since Day 1! Super Fuel Saver! Good Interior Condition! Price Negotiable!

Posted: 12-Apr-2018 Tags: 2009 Hyundai i30, Hyundai i30, Hyundai, i30, Used Hyundai

**Hyundai i30 1.6A Sunroof** **$13,800** $8,370 /yr 03-Feb-2009 1,591 cc

Selling Cheap! Less Than $8K Depreciation! Road Tax Just Renewed! Dont Miss! Well Maintained, Excellent Condition! Mi Bank Or In House Loan Available. Call For More Enquiries!

Posted: 11-Apr-2018 Tags: 2009 Hyundai i30, Hyundai i30, Hyundai, i30, Used Hyundai

**Hyundai i30 1.6A Sunroof** **$16,800** $7,980 /yr 13-Jul-2009 1,591 cc 5(

1 Owner, Full KOMOCO Servicing, No Repairs Needed, Looks Like New, Best Condition In Town, Drive Till Scrap W/O Ma Provided, 24/7 Free Towing Included. Trade In/Loan/Insur...

Posted: 07-Apr-2018 Tags: 2009 Hyundai i30, Hyundai i30, Hyundai, i30, Used Hyundai



**ıdai i30 1.6A** **$15,300** $7,890 /yr 28-Apr-2009 1,591 cc 10

ɜd Buy Back Of $8500/- Upon Scrap. Low Depreciation Of $6000/- No Scratches. Interior Like New. 4 Owner Dı

# PROGRESSIVE AUTOMOTIVE PTE LTD

Blk 3022A Ubi Road 1 #01-45/46 Singapore 408716
TEL: 6741 5336 FAX: 6741 7208 Email: progauto@progauto.com.sg
GST:201006949C RCB NO:201006949C

**M/S :** AXA INSURANCE PTE LTD
8 SHENTON WAY #24-01
AXA TOWER
S068811

ATTN: Motor Claim Department

Your Ref No: OD 0418-6442
Claim Type: Own Damage
Accident Date: 09/04/2018

**Estimate No:** **EST1503511**
Date: 11 Apr 2018
Policy No: GA163577/1
Veh Reg No: **SFL9297S**
Make/Model: HYUNDAI FD I30 CW 1.6 A
Chassis No: KMHDC81DMAU053998
Engine No: G4FC9U695505
Reg. Date: 17/07/2009

## Estimate Repair Cost to Vehicle No :SFL9297S

| | Description | U/Price | Quantity | Price S$ | Amount S$ |
|---|---|---|---|---|---|
| | **Spare Parts** | | | | |
| 1 | VEHICLE BADLY DAMAGED (FIRE CASE) | 0.00 | 1 PCS | 0.00 | |
| | | | | 0.00 | 0.00 |
| | | | | Total | S$ 0.00 |

TOTAL: SINGAPORE DOLLAR ONLY

**For PROGRESSIVE AUTOMOTIVE PTE LTD**

AUTHORISED SIGNATURE

not authorised
Hale
marcus
13/4/18
EXCESS?
TOTAL LOSS?

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:

SINGAPORE CIVIL DEFENCE FORCE

# FIRE REPORT

**1. GENERAL INFORMATION**

| | |
|---|---|
| INCIDENT NO. : /20180409/0849 | LOCATION OF FIRE: |
| FIRE REPORTED ON : 09 April 2018 | Beside Block 75D, Redhill Road<br>Singapore 154075 |
| TIME OF CALL : 20:49:12 hrs | |
| STATION COVERAGE : Alexandra Fire Station | |

**2. INCIDENT INFORMATION**

FIRE INVOLVED: The engine of a Hyundai car (SFL9297S).

METHOD OF EXTINGUISHMENT: By SCDF crew using a hose reel jet and a dry powder fire extinguisher from fire appliance.

PROBABLE CAUSE OF FIRE: Accidental (Electrical origin at engine compartment)

DAMAGE SUSTAINED: As a result of the fire, the engine and the windscreen of the car were damaged.

**3. FATALITY/INJURY INFORMATION**

| NAME | PIN/FIN | ADDRESS | DEAD/INJURIES SUSTAINED |
|---|---|---|---|
| NIL | NIL | NIL | NIL |

**REPORT CERTIFIED TRUE AND CORRECT BY:**

BASIR BIN MD YUSOF
for COMMISSIONER
SINGAPORE CIVIL DEFENCE FORCE

*This is a computer generated Fire Report. No signature is required.*

SCDF
The Life Saving Force

Singapore Government
Integrity · Service · Excellence

# Fire Report Application

**Your request for the Fire Report has been confirmed and the amount of SGD170.00 will be deducted from your account. You will receive the report within 8 working days upon completion of investigations. Please quote the following transaction number when making enquiries.**

Download Tax Invoice/Receipt

**Transaction Number:** FR2018041302168 **Date/Time:** 13/04/2018 17:18

| | | | | | |
|---|---|---|---|---|---|
| **INCIDENT DETAILS** | | | | | |
| **Date and Time** | 09/04/2018 18:00 | | | | |
| **Location of Fire** | OPEN CARPARK OF BLK 75D REDHILL ROAD | | | | |
| **Fire Involved** | SFL 9297S | | | | |
| **REQUESTOR DETAILS** | | | | | |
| **Requestor Type** | Private Companies | | | | |
| **Requestor ID Type** | Others | **Requestor ID** | G2702040U | | |
| **Name of Applicant** | LEE SI HUA | | | | |
| **Company Name** | LKK AUTO CONSULTANT PTE LTD | | | | |
| **Company UEN** | | | | | |
| **Company Reference Number** | | | | | |
| **CONTACT DETAILS** | | | | | |
| **Mode of Collection** | Email | | | | |
| **Main Contact No.** | 62563561 | **Office No.** | | | |
| **Handphone No.** | | **Fax No.** | | | |
| **Email Address** | sur@lkkauto.com | | | | |
| **Address** | **Block No.** | 51 UBI AVE | **Floor No.** | **Unit No.** | |
| | **Street Name** | 51 UBI AVENUE 1 | | | |
| | **Building Name** | 51 UBI AVENUE 1 | **Postal Code** | 408933 | |
| **PAYMENT DETAILS** | | | | | |
| **Payment Mode** | Credit/Debit Card | | | | |
| **EP Reference No.** | 5236114065036106003636 | | | | |
| **PSi Reference No.** | e43902ac-aab5-4169-8c8d-0dc207a1a397 | | | | |
| **Total Fees** | SGD170.00 | | | | |