

ASS. REC. BY:

REF:

CS3/CTI18020540/R1cd37

Special Instruction:

Surveyor:
menmen

ASSIGNMENT (Office)

From (Person): Chong Boon Sen of CTIDate/Time: 13/11/2018 @ 4pm

Estimated Cost:

Bill to:

OD ~~TP~~ / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SKD 2934RInsured: YN 9321 Uat Workshop m/s AMA Auto careTel: 8778 3636of 36 Toh Guan Rd East # 01-36Policy No: DMCVSN 3105201802Claim No: SNM18D05278C02

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 08/11/2018

CA / REV / REP. / REV 24 HRS

(up?)

19/11/18 @ after 9:30am

H.O.D. Endorsement:

Date/Time: 4:30pm @ 13/11/18

Person Contacted:

MelvinVehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	<u>SKD 2934R - X</u>
	<u>YN 9321U - X.</u>
	<u>Dismantle: 20/11/2018</u>
	<u>After repair: 23/11/2018.</u>

PRS
Form

REF: CT1

Surveyor:
Mummin.

ASSIGNMENT

From: Date: 19/11/18

Estimated Cost:

OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV

To inspect Vehicle No: SKD 2934R

at Workshop m/s AMA Autocare

of 36 Joh Guan Rd East # 01-36

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

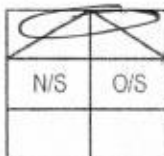
(Client's Record)

Make of Veh:

After 9-30am

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

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

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKD 2934R Yr Regn: Nov / 11

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

Truck / Trailer or

Make: Hyundai ELANTRA C.C 1591

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

Sp. Reading: 88269 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KM H0H41CM C4346005

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: 205/55R16 R: 205/55R16

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

Front	Rear
R/Bal. 6 mm	R/Bal. 6 mm
L/Bal. 6 mm	L/Bal. 6 mm
D.O.A. 08/11/18	D.O.I. 19/11/18

Survey held at AMA

Des. of Damages ☒ FR ☐ Rear ☐ O/S ☐ N/S ☐ U/C ☐ Rooftop or

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

Date / Time Action / Instruction

Estimate repair range \$5,000 - \$6,000.

Signature
21/11/2018

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Invs (\$)

☐ Weekend (\$)

Report Format: PRQ

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

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	12 Nov 2018		13 Nov 2018 16:00 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	
Main Claimant:	NORHAYATI BINTE ISMAIL
Vehicle Reg. No.:	SKD2934R
Date of Loss:	08/11/2018 00:00 - :59
Claim Type:	TP / SNM18D05278C02
Policy/Cover Note No.:	DMCVSN3105201802
Vehicle Reg. No. (Insured):	YN9321U
Policy No. (Claimant):	
Excess:	S\$0.00
Repairer:	Ama Autocare Pte Ltd (HQ) 36 Toh Guan Road East, #01-36, 608580 Jurong East - Tel:
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Chong Boon Sen]
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 22/11/2018]

ASSOCIATED MAIL RECEIVED [View All](#) [Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS [View All](#) [Search Tasks](#) [Create New Task](#) [Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

CHIA S ARUL LLC
ADVOCATES & SOLICITORS
UEN 201330709H

ARULCHELVAN S

Our Ref : SKD 2934R (Jr)

Your Ref : To be advised

12 November 2018

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

BY EMAIL ONLY

Dear Sirs,

RE: PROPERTY DAMAGE CLAIM
CLAIMANT : NORHAYATI BINTE ISMAIL
ACCIDENT INVOLVING SKD 2934R & YN 9321U ALONG CARPARK @ 17
CLEMENTI AVENUE 3 ON 8 NOVEMBER 2018
PRE-REPAIR SURVEY NOTICE

1. We act for Norhayati Binte Ismail, the owner of motor vehicle no. SKD 2934R which was involved in the aforesaid accident.
2. We hereby in compliance with the Pre-Action Protocol for Non-Injury Motor Accident Claims, Appendix C of the State Courts Practice Directions Amendment No. 1 of 2016 ("the NIMA Protocol") give you **NOTICE** that we are claiming against your insured motor vehicle no. YN 9321U for damages, costs and disbursements as a result of your insured driver's negligence.
3. Please let us know if you wish to conduct a pre-repair survey on our client's motor vehicle at:

Workshop	AMA Autocare Pte Ltd
Address	36 Toh Guan Road East #01 - 36 Singapore 608580
Contact Person	Mr. Melvin (8778 3636)

4. Pursuant to paragraph 2.3 of the NIMA Protocol, in the event we do not receive your response within next two (2) working days (excluding any Saturday, Sunday or public holiday), our client will instruct the workshop to commence appraisal and repairs to the damaged motor vehicle without further reference to you.
5. Please advise the appointed surveyor to endorse on page 2 of this letter after the completion of each inspection.

Yours faithfully,

MR ARULCHELVAN S

cc: Client (By Email)

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 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 Report	10/11/2018 08:45
Date Of Accident	08/11/2018 00:00
Exact Location Of Accident	C/PARK @ 17 CLEMENTI AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD2934R
Insured/Policyholder	
Name Of Registered Owner	NORHAYATI BINTE ISMAIL
NRIC No	S1546824F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91878330
Alternative Phone No	OFFICE-91878330

90014169

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A80461252 QMX
Cover Note Number	

Driver

Name of Driver	ROSLI BIN SALLEH
NRIC No	S1670980H
Date Of Birth	14/09/1964
Occupation	INDOOR
Date Of Driving Pass	22/09/1984
Driving Experience	34 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91878330
Fax Number	91878332
Contact Number	
EMail Address	NOEMAIL

Address BLK 442 CLEMENTI AVE 3 #02-115

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions RAINING

Road Surface WET

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? YES

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? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER ATTACHED ACCIDENT REPORT FROM THE DRIVER. TIME UNKNOWN

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YN9321U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver LIM CHEE LIAN

NRIC/Passport Number

Contact Number 90520645

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN


IMPORTANT NOTICE

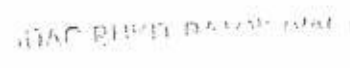
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 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 lodgment 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:

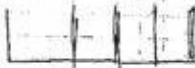
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

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



MY CAR FACE OUT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CHRONOLOGICAL OF INCIDENT
1. CAME HOME @ 2300HRS ON 7TH NOV 2018
2. PARKED AT MY USUAL SEASON LOT
3. GOING TO WORK ON 8TH NOV 2018 @ 7.30AM
4. SAW A YELLOW PLASTIC BAG WITH TELEPHONE NUMBER SAYING "SORRY CAN CALL ME 90520645"
5. AT THIS POINT NOTICED MY BONNET BADLY DENTED LOOKING AT THE DAMAGE IT'S A LORRY WHO HAVE HIT MY VEHICLE.
6. CALL THE NUMBER AND MR LIM CHEE LIAN ANSWERED
7. HE APOLOGISED AND SAID DID NOT NOTICE MY VEHICLE DUE TO HEAVY RAIN.
8. MR LIM GAVE HIS VEHICLE NUMBER
V/N 9321U
LIM CHEE LIAN
90520645

DECLARATION

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:

IVAC BUKIT RATOK (VAC)
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

AUTHORISATION, ASSIGNMENT AND INDEMNITY

To: _____ Date: _____

Re: Accident on _____ involving vehicles
along _____ no. _____

I/We, _____ (NRIC No. _____) of _____

the owner of motor vehicle no. _____ refer to the above accident. I/We am/are of the view that I/we am/are not responsible for causing the accident at all. I/We hereby authorise you to appoint an independent surveyor on my/our behalf to inspect my/our motor vehicle and advise you on its reasonable repair costs. You are hereby authorised to commence repairs to the said motor vehicle in accordance with the report of the independent surveyor.

In consideration of you agreeing not to collect from me/us the repair costs, rental fees for another motor vehicle (if applicable) and surveyor's fees now, I/we agree to assign the whole proceeds of my/our third party claim to you. My/Our solicitors shall accept this as my/our irrevocable authority to pay the compensation monies in my/our third party claim directly to you after deducting their costs on a solicitor and client basis.

I/We undertake to co-operate fully with you and my/our solicitors to see my/our third party claim to a successful conclusion and hereby authorise you to instruct my/our solicitors to commence legal proceedings and take all necessary steps to recover the claim from the negligent party, where necessary.

If the third party claim is unsuccessful or if you are advised by my/our solicitors that it would not be advisable to commence (or continue, if commenced) the third party claim, I/We hereby instruct and authorise you to make a claim directly to my/our insurance company on my/our behalf, with the proceeds payable to you. I/We will pay you the excess amount payable by me/us under my/our own motor insurance policy and any other reasonable charges that you may have incurred.

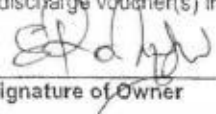
If my/our solicitors are of the view that it is not advisable to commence (or continue, if commenced) the third party claim or the third claim fails, or my/our own insurers' claim is not applicable, I/we undertake to pay you the costs of repairs to my/our motor vehicle done by you as recommended by the independent surveyor, rental fees of an alternative vehicle (if applicable), surveyor's fees, immediately upon notification by you or my/our solicitors.

If the third party's insurers or the Court at the mediation session, or my/our solicitors, hold the view that I/we have contributed to the cause of the accident, then you are authorised, in your discretion, to accept the third party's insurer's offer to settle my/our third party claim and I/we will then pay you the difference between the claimed sum and the amount paid by the third party's insurers. In this regard I/we recognize that there is a possibility that I/we may also be held wholly liable for the above accident after the relevant information and documents are obtained by my solicitors. In such an event I/we agree to pay you the repair costs, rental fee for another motor vehicle (if applicable) and surveyor's fees.

I/We confirm that in the event that my/our own insurance policy requires me/us to send my/our motor vehicle to IDAC for inspection and/or to a workshop required by my/our insurers for repair, prior to making an own damage claim, and if I/we have not done so, it is because I/we now hold the view that I/we have good claim against the negligent party and that I/we have no intention of making an own damage claim presently. I/We accept that there is therefore a risk that I/we may be liable to pay you monies and not be able to rely on my/our own insurance policy because of my/our decision to enter into this agreement with you.

In the event that I/we decide to terminate the authority of **M/S CHIA S ARUL LLC.** appointed by me/us to make my/our above claim(s) or I/we do not co-operate with you or my/our solicitors, I/we shall forthwith be liable to pay to you the costs of repairs, rental fees for another vehicle, (if applicable), surveyor's fees and pay to **M/S CHIA S ARUL LLC.** their fees and disbursements incurred in pursuing my/our claim.

I/we irrevocably authorise you through your appointed representative to sign all necessary documents including discharge voucher(s) in connection with arising out of my/our third party claim.


Signature of Owner

Signature of Witness

WARRANT TO ACT

Re: Road traffic accident involving my motor-vehicle _____ and motor-vehicle no(s).
_____ on _____ along

I/We _____

NRIC/Co. Reign No. _____ of (address) _____
_____ the owner(s) of motor vehicle no. _____

_____ hereby appoint you, **M/S CHIA S ARUL LLC**, Advocates & Solicitors,
to act for me/us for the purpose of bringing and commencing an action for the damages I/we have suffered as a result of
the aforesaid accident.

I/We hereby absolutely authorise and empower you to act for me/us in all aspects of this matter and to use your absolute
discretion in accepting any offer of settlement which you deem to be fair and reasonable and to release all such settlement
funds including loss of use or vehicle rental fees (where applicable), surveyor's fees, police report fees, etc. to my motor-
workshop, _____. I/We also authorize you to liaise and take all instructions from _____
_____ who are my/our duly appointed and authorised agents with regard to my/our claims for damages
as result of the above accident.

You may proceed to apply the relevant authorities or bodies to obtain necessary reports or information arising from or in
connection with the aforesaid accident as may be required by you. Thereafter you may proceed to negotiate on my/our
behalf with the party/parties and/or with the insurer(s) concerned for settlement.

In the event that a settlement is not forthcoming or reached, you may, without reference to me/us, commence legal
proceedings against the other party/parties for the recovery of the damages due to me/us.

I/We shall render full co-operation by giving instructions to you and signing documents connected with the proceedings as
and when required by you. I/We shall attend Court giving evidence at the hearing of the proceedings where necessary and
do all that is reasonable to ensure recovery of the damages in the above matter.

If you are of the opinion that proceedings should not be commenced, or if commenced should be discontinued, than I/we
shall abide by your advice and shall be liable to pay the repair costs, vehicle rental fees (if applicable), surveyor's fees and
any other expenses incurred by _____ in repairing my/our vehicle to their full extend or for
the extend that it is unpaid by the negligent party. I will also pay your reasonable fees and expenses in acting for me/us in
the event that you are not paid your reasonable fees and expenses by the negligent party.

Your fees, on a solicitor and client basis, shall be determined by agreement between the said workshop and you, or as may
be determined upon taxation where applicable, which shall be deducted from the settlement funds. In the event that I/we
are personally liable to pay your fees and expenses, I/we are unable to agree on the sums than they shall be determined
by taxation.

I/We fully understand and irrevocably agree and authorise you to release all the balance of the settlement funds less your
fees and expenses, directly to my/our said motor-workshop and I/we hereby absolve you of any and all liability during the
course of your following any/or all of my/instructions or the instructions of my/our said motor-workshop.



Signature/Co. Stamp of Owner

Signature of Witness

Name: _____


Name: _____

I/We hereby appoint you to act for me/us in the following matter:-

Accident on: _____ involving
Vehicles: _____
At/Along _____
:

I/We also authorize you to institute legal proceedings in my/our name(s) and to receive instructions from _____ as agents in respect of my/our claim.

I/We further authorize you to deduct your legal costs from the proceeds of my/our claim and to release to _____ the balance of such proceeds.

Signature: : 
Name : _____
NRIC no. : _____
Address : _____

Contact numbers : _____

> [Back to OneMotoring](#)

Enquire Transfer Fee

Vehicle Details	
Vehicle No. :	SKD2934R
Vehicle Type :	P10 - Passenger Motor Car
Vehicle Attachment 1 :	With Sun Roof
Vehicle Scheme :	Normal
Vehicle Make :	HYUNDAI
Vehicle Model :	ELANTRA 1.6 AT ABS D/AB 2WD 4DR SR
Chassis No. :	KMHDH41CMCU346005
Propellant :	Petrol
Engine No. :	G4FGBU397132
Engine Capacity :	1591 cc
Maximum Power Output :	95.6 kW (128 bhp)
Maximum Laden Weight :	1680 kg
Unladen Weight :	1267 kg
Year Of Manufacture :	2011
Original Registration Date :	17 Nov 2011
Lifespan Expiry Date :	-
COE Category :	A - Car (1600cc & below)
Quota Premium :	\$56,112.00
COE Expiry Date :	16 Nov 2021
Road Tax Expiry Date :	16 May 2019
PARF Eligibility Expiry Date :	16 Nov 2021
Inspection Due Date :	16 Nov 2020
Intended Transfer Date :	23 Nov 2018
CO2 Emission :	-
CO Emission :	-
HC Emission :	-
NOx Emission :	-
PM Emission :	-

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

You may print this page for reference.

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	6824F
Vehicle Details	
Vehicle No.:	SKD2934R
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Nov 2018
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA 1.6 AT ABS D/AB 2WD 4DR SR
Primary Colour:	Silver
Manufacturing Year:	2011
Engine No.:	G4FGBU397132
Chassis No.:	KMHDH41CMCU346005
Maximum Power Output:	95.6 kW (128 bhp)
Open Market Value:	\$14,512.00
Original Registration Date:	17 Nov 2011
First Registration Date:	17 Nov 2011
Transfer Count:	3
Actual ARF Paid:	\$14,512.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Nov 2021
PARF Rebate Amount:	\$8,707.00
Intended COE Rebate Details	
COE Expiry Date:	16 Nov 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$56,112.00
COE Rebate Amount:	\$16,736.00
Total Rebate Amount:	\$25,443.00

The information contained herein is correct as at 23 Nov 2018

OK

...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	12 Nov 2018		13 Nov 2018 16:00 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured: -, Co. Reg. No.: -

Main Claimant: **NORHAYATI BINTE ISMAIL**

Vehicle Reg. No.: SKD2934R	Date of Loss: 08/11/2018 00:00 - :59 [83 Months and 22 Days From LTA Reg Date (Man Yr)]
Claim Type: TP / SNM18D05278C02	Policy/Cover Note No.: DMCVSN3105201802
Vehicle Reg. No. (Insured): YN9321U	Policy No. (Claimant):
	Excess: S\$0.00

Repairer: **Ama Autocare Pte Ltd (HQ)** 36 Toh Guan Road East, #01-36, 608580 Jurong East - Tel:

Handling Insurer: **China Taiping Insurance (Singapore) Pte. Ltd. (HQ)** - Tel: 6389 6111 ... [Handled by **Chong Boon Sen**]

Adjuster: **LKK Auto Consultants Pte Ltd (HQ)** - Tel: 6256-3561 ... [Handled by **MOHD RASUL**] ... **[Final Rpt due 22/11/2018]**

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Claim Documents

***SKD2934R (SNM18D05278C02)**
[YN9321U]
TP
NORHAYATI BINTE ISMAIL
Nov 8 2018 12:00AM
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Ama Autocare Pte Ltd

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No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	21/11/18 11:33	General View		Load PDF	
2	21/11/18 11:34	Photographs of Damaged Parts		Load PDF	
3	04/12/18 15:29	Photo After Spray		Load PDF	

Documentation

1 per page ☒

No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	13/11/18 16:00	PRS CONTACT		Load PDF	

Documents Checklist

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Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

Show Remarks To: ☐ Handling Insurer

Note: Remarks are private unless you show it to other parties.

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/CTI18020540/R1CD3S2

Date: 12/12/2018

REFERENCE

Handling Insurer: China Taiping Insurance (Singapore) Pte. Ltd. Policy No: DMCVSN3105201802

Claimant Vehicle No: SKD2934R Insured Vehicle No: YN9321U

Date of Loss: 08/11/2018 Nature of Claim: TP Claim No: SNM18D05278C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SKD2934R

Make & Model: HYUNDAI ELANTRA, 1.6 ABS D/AB 2WD 4DR (A) Engine No: G4FGBU397132

Reg. Date: 17/11/2011 (Man. Year: 2011) Chassis No: KMHDH41CMCU346005

Colour: Grey Odometer: 88269 km

Engine Capacity: 1591 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Fair Steering (Serviceable): Yes Footbrake (Serviceable): Yes

Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 205/55R16 Rear Tyre Size: 205/55R16

Front Left Side: Goodyear 6 mm Rear Left Side: Goodyear 6 mm

Front Right Side: Goodyear 6 mm Rear Right Side: Goodyear 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 13/11/2018

Date Inspected: 19/11/2018 Inspected At: Ama Autocare Pte Ltd (HQ)
36 Toh Guan Road East, #01-36
Singapore 608580

Estimated Period of Repair: 5.0 days

Adjuster: MOHD RASUL

Manager: CELINE FONG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

- A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
- B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.
THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.
- C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$5,000.00 - \$6,000.00

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 06 Dec 2018)

Parts: 143 HYUNDAI ELANTRA 1.6 ABS D/AB 2WD 4DR (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SKD2934R)

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 *.

Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >