

7/10/2007

ASS. REC. BY

REP

CS/INC19002676/Atd302

Special Instruction

Surveyor

Adnan

ASSIGNMENT (Office)

From (Person)

Daniel Koh

of

INC

Date/Time

9.42am @ 13/2/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No.

SLZ 4580L

Insured:

GBG 7083D

at Workshop m/s

Chew Motor

Tel:

6747 9241

of

1 Kaki Bkt Ave 6 # 01-41 Autobay

Policy No.

Claim No.

MT-1030426-001

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

20/1/19

CA / REV / REP. / REV 24 HRS ^{lup}

H.O.D. Endorsement:

Date/Time:

10:11am @ 13/2/19

Person Contacted:

Suleyi

Vehicle

IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SLZ 4580L - CS / FCJ 18021569 / At d 3n2 DOA: 14/11/2018
	GBG 7083D - X
	Part by Part \$161.04 (Red: 383.26 : 33%)
	2 days.

ASS. REC. BY:

REF:

Adnan

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 2 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: SL24580L Yr Regn: 2018 May

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

Truck / Trailer or

Make: Hyundai Accent c.c 1368

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

Sp.Reading: 11535 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCU418TJ4423645

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: 175/70R14

R: 175/70R14

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

TOYO / YOKO or KUMHO

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 13/02/19 @ 1113AM

Survey held at Chew Motor

Des. of Damages: Frt / Rear / O/S / NI / UIC / Rooftop or

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

Date / Time Action / Instruction

TP INC.

RECEIVED 26 MAR 2019

MV :
PV :
Nett :

Date/Time, File Pass to?	Date/Time, File Return to?
1) <u>26/3 Typist</u>	2)
3)	4)
5)	6)
Prel. Report:	
Final Report:	

Part Prices Check:	
IN	OUT

Survey Fee:	Date:
Basic & Add.	<u>290</u>
___ S + RS, ___ SI	
Photos	
Others	
TOTAL	<u>290</u>

Nivitha (LKK Auto)

From: Daniel Koh <daniel.koh@income.com.sg>
Sent: Wednesday, 13 February 2019 1:24 PM
To: 'assignments@lkkauto.com'
Subject: FW: TP CASES FARMED OUT TO LKK ON 13/2/2019

Dear Veron/ Nivitha,

Resend with claim ref no and officer in charge

Daniel Koh
Senior Admin Assistant
Motor Insurance
T +65 6430 7901
www.income.com.sg



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at Income.com.sg/careers

IN with you

From: Daniel Koh
Sent: Wednesday, 13 February 2019 9:42 AM
To: 'assignments@lkkauto.com' <assignments@lkkauto.com>
Cc: Teng Ken Leong <kenleong.teng@income.com.sg>; Thio Tse Kiat <tsekiat.thio@income.com.sg>
Subject: FW: TP CASES FARMED OUT TO LKK ON 13/2/2019

Dear Veron / Catherine,

Please assist to survey the vehicles as per Mr Teng's instruction :-

S/NO	THIRD PARTY	OUR INSURED	WORKSHOP / CONTACT	DOA / REF / OFFICER
1	SJR3431G	GBA2291J	YOU YI AUTOMOBILE / Chris 67021555	28-1-2019 / MT-1029869-002 / David Phua
2	SKE7070U	YN9001T	YOU YI AUTOMOBILE / Chris 67021555	11-2-2019 / MT-1031762-001 / Azhari
3	SFR1221G	SGX8003E	YOU YI AUTOMOBILE / Chris 67021555	2-2-2019 / MT-1030845-002 / Muhammad Airwan
4	SLE1210K	SME1674T	YOU YI AUTOMOBILE / Chris 67021555	10-2-2019 / MT-1031369-002 / Serene Lim
5	SLZ4580L	GBG7083D	CHEW MOTOR / Sukyi 67479241	29-1-2019 / MT-1030426-001 / Eric Tang

Please contact workshops.

Please ack.

Thank You

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

Owner ID Type: Company
Owner ID: 4540N

Vehicle Details

Vehicle No.: SJM4311P
Vehicle to be Exported: No
Intended Deregistration Date: 12 Feb 2019
Vehicle Make: HONDA
Vehicle Model: STREAM 1.8 RSZ A
Primary Colour: Brown
Manufacturing Year: 2008
Engine No.: R18A1789643
Chassis No.: RN61080715
Maximum Power Output: 103.0 kW (138 bhp)
Open Market Value: \$17,738.00
Original Registration Date: 02 Jan 2009
First Registration Date: 02 Jan 2009
Transfer Count: 3
Actual ARF Paid: \$17,738.00

Intended PARF Rebate Details

PARF Eligibility: Forfeited
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 01 Jan 2024
COE Category: B - Car (1601cc & above)
COE Period(Years): 5
PQP Paid: \$15,668.00
COE Rebate Amount: \$15,314.00
Total Rebate Amount: \$15,314.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 12 Feb 2019

OK

MSME19014975 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 31/01/2019 16:36
 SUBMITTED BY: Chia Pei Ying

Your NCD will be affected due to late reporting
 Actual e-Filing Submission Date & Time: 31/01/2019 16:45

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	31/01/2019 16:36
Date Of Accident	29/01/2019 17:30
Exact Location Of Accident	CTE (BRADDELL FLYOVER)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ4580L
Insured/Policyholder	
Name Of Registered Owner	BIZLINK RENT-A-CAR PTE LTD
Co Reg No	200402911Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92434885
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ACCENT
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994542/100858073-00000
Cover Note Number	
Driver	
Name of Driver	OUYANG CHENG @ NIL
NRIC No	G0956897U
Date Of Birth	18/05/1992
Occupation	INDOOR
Date Of Driving Pass	13/06/2017
Driving Experience	1 YEAR AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-86879556
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address -
 Postcode -
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident SIDE SWIPE
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 2
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance? NO
 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) 1

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

I WAS TRAVELLING STRAIGHT ALONG CTE TOWARDS BRADDELL FLYOVER. SUDDENLY, VEHICLE B WHO WAS ALONG THE SLIP ROAD OF PIE ENCROACHED INTO MY LANE. I TRIED TO AVOID HIM BUT COULD NOT DO SO. THE LH SIDE MIRROR WAS HIT BY VEHICLE B. UPON THE IMPACT, DRIVER B DID NOT STOP IMMEDIATELY. THUS, I WENT TO CHASE HIM AND ONLY TO STOP HIM ABOUT 10 MINUTES LATER. AFTERWHICH, I TOOK PHOTO OF HIS PARTICULARS.

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 GBG7083D
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

ALG - Adrian

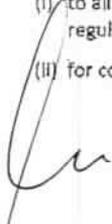
SKETCH PLAN

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.

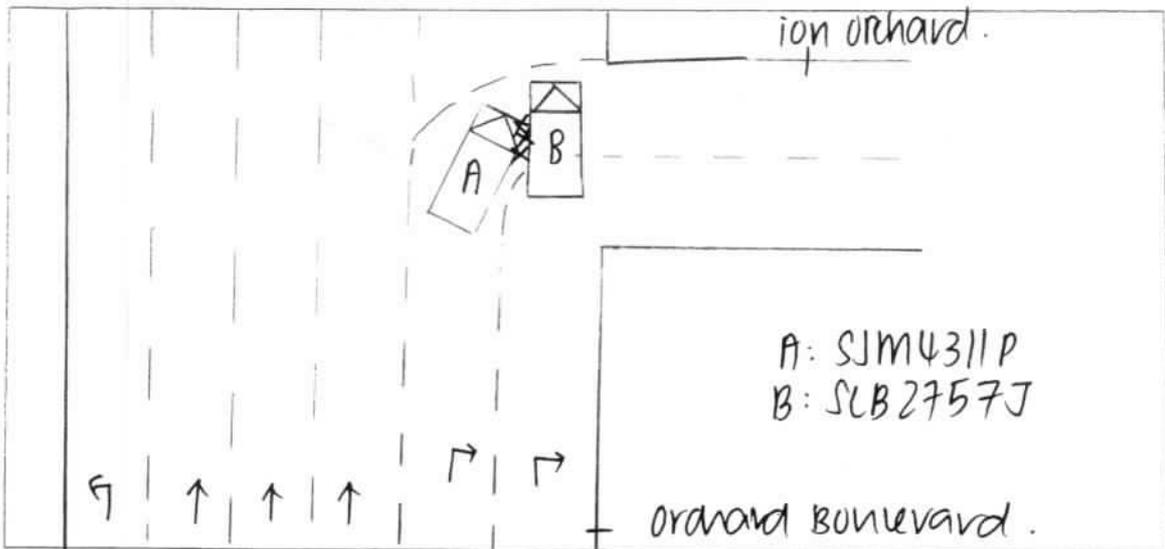

 Policyholder's Signature
 Date & Time:




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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on the second lane from extreme right out of six lanes along Orchard Boulevard.

I turned on my indicator to prepare to turn right into Ion Orchard as I was at a right-turn only lane.

Just when I was about to turn, vehicle "B" on my right went straight and hit onto the front right portion of my vehicle and caused damages.

Driver "B" admitted his fault as he was travelling straight on a right-turn lane.

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:

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

MSME19014975 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME 31/01/2019 16:36
 SUBMITTED BY: Chia Pei Ying

Your NCD will be affected due to late reporting
 Actual e-Filing Submission Date & Time: 31/01/2019 16:45

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	31/01/2019 16:36
Date Of Accident	29/01/2019 17:30
Exact Location Of Accident	CTE (BRADDELL FLYOVER)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLZ4580L
Insured/Policyholder	
Name Of Registered Owner	BIZLINK RENT-A-CAR PTE LTD
Co Reg No	200402911Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92434885
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ACCENT
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994542/100858073-00000
Cover Note Number	
Driver	
Name of Driver	OUYANG CHENG @ NIL
NRIC No	G0956897U
Date Of Birth	18/05/1992
Occupation	INDOOR
Date Of Driving Pass	13/06/2017
Driving Experience	1 YEAR AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-86879556
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address -
 Postcode -
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident SIDE SWIPE
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 2
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance? NO
 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) 1

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

I WAS TRAVELLING STRAIGHT ALONG CTE TOWARDS BRADDELL FLYOVER. SUDDENLY, VEHICLE B WHO WAS ALONG THE SLIP ROAD OF PIE ENCROACHED INTO MY LANE. I TRIED TO AVOID HIM BUT COULD NOT DO SO. THE LH SIDE MIRROR WAS HIT BY VEHICLE B. UPON THE IMPACT, DRIVER B DID NOT STOP IMMEDIATELY. THUS, I WENT TO CHASE HIM AND ONLY TO STOP HIM ABOUT 10 MINUTES LATER. AFTERWHICH, I TOOK PHOTO OF HIS PARTICULARS.

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 GBG7083D
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 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 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.

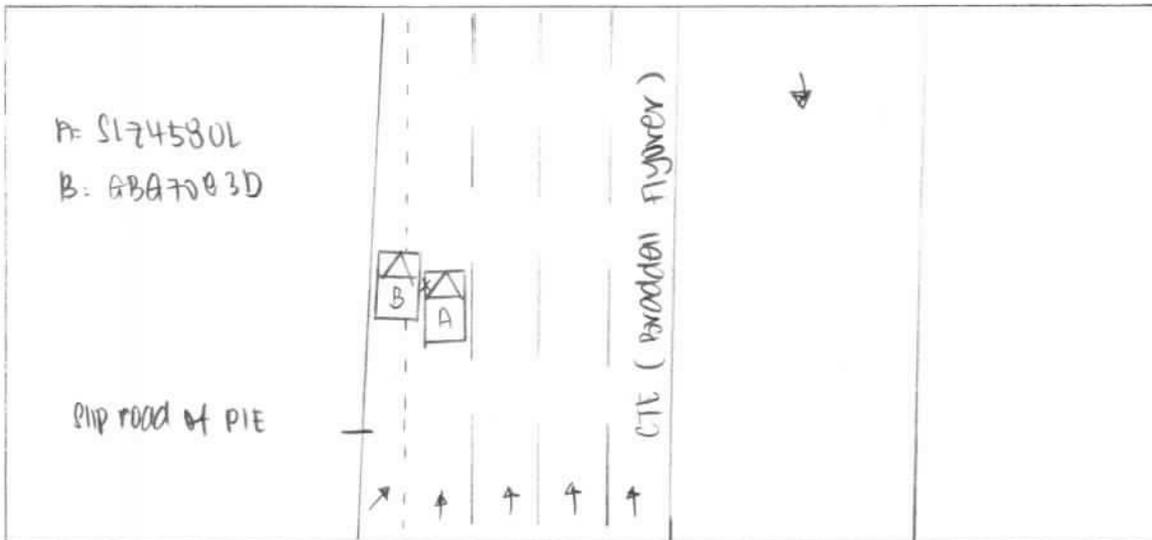


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along CTE towards Braddell flyover. Suddenly, vehicle B who was along the slip road of PIE encroached into my lane. I tried to avoid him but could not do so. The LH side mirror was hit by vehicle B.

upon the impact, driver B did not stop immediately. Thus I went to chase him and only to stop him about 10 minutes later. Afterward, I took photo of his particular.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Handwritten Signature]

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

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

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

Owner ID Type: Company
Owner ID: 2911Z

Vehicle Details

Vehicle No.: SLZ4580L
Vehicle to be Exported: Yes
Intended Deregistration Date: 31 Jan 2019
Vehicle Make: HYUNDAI
Vehicle Model: ACCENT (RB) 1.4 CVT
Primary Colour: Silver
Manufacturing Year: 2018
Engine No.: G4LCJU963788
Chassis No.: KMHCU41BTJU423645
Maximum Power Output: 73.6 kW (98 bhp)
Open Market Value: \$7,776.00
Original Registration Date: 03 May 2018
First Registration Date: 03 May 2018
Transfer Count: 0
Actual ARF Paid: \$7,776.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 02 May 2028
PARF Rebate Amount: \$5,832.00

Intended COE Rebate Details

COE Expiry Date: 02 May 2028
COE Category: A - Car up to 1600cc & 97kW
(130bhp)
COE Period(Years): 10
QP Paid: \$38,830.00
COE Rebate Amount: \$31,064.00
Total Rebate Amount: \$36,896.00

The information contained herein is correct as at 31 Jan 2019

OK



新福德車廠私人有限公司

NTHC

NEW HOCK TECK MOTOR PTE. LTD.

1 Kaki Bukit Ave 6, Blk C #01-43 Autobay@Kaki Bukit, Singapore 417883

Email: admin@nhtmotor.com Website: www.nhtmotor.com

Tel: 6747 9241 Fax: 6741 7276

UEN: 201718370K

30/01/2019

Blk 1 Kaki Bukit Ave 6

01-43

Singapore 417883

TPINC.
Denise

Accident date: 29/01/2019

Estimated repair cost for vehicle no: SLZ4580L HYUNDAI ACCENT 1.4 A '18

CHASSIS: KMHCU41BTJU423645

S/n	Qty	Items	U/price	Amount
1	1	Front L/H Door Side Mirror Assy	Paint	\$467.00 ✓
2	1	Front L/H Door Side Mirror Glass	New	\$88.00 +
3	1	Front L/H Door Side Mirror Cover	cut	\$62.00 ✓
4	1	Front L/H Door Side Mirror Signal Lamp	Control	\$147.30 ✓

676.3
541.04

Subtotal :- \$764.30

Labour charges

To remove & refit L/H side mirror

220

\$180.00 100

Spray painting

\$200.00 120

Subtotal :- \$380.00

Total:- \$1,144.30

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:

Adrian Hig
L/S 02Days.

total: 761.04 (P/P) ✓
~~#/S: 600~~



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

DAMAGE ASSESSMENT REPORT

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: CS/INC19002676/Atd3e2

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 28-03-2019



ATTN : ERIC TANG

Code: INC

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBG 7083D	Veh. Inspected	SLZ 4580L
Policy No.		Coverage (\$)	0.00
Claim No.	MT-1030426-001	Excess (\$)	0.00
Assign From	DANIEL KOH	Assign Date	13/02/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI ACCENT	c.c	1368
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHCU41BTJU423645	Colour	GREY
Odometer	11535 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	175/70 R14	KUMHO	6 mm
L/H Front Tyre	175/70 R14	KUMHO	6 mm
R/H Rear Tyre	175/70 R14	KUMHO	6 mm
L/H Rear Tyre	175/70 R14	KUMHO	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	29/01/2019	Inspect Date / Time	13/02/2019 (11:13 AM)
Survey held at	CHEW MOTOR PTE LTD BLK 1 KAKI BUKIT AVE 6 #01-41 AUTOBAY @ KAKI BUKIT SINGAPORE 417883		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: **2 Working Days**



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLZ 4580L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT L/H DOOR SIDE MIRROR ASSY	DAMAGED	467.00	467.00
1	FRONT L/H DOOR SIDE MIRROR GLASS	NOT NECESSARY	88.00	-
1	FRONT L/H DOOR SIDE MIRROR COVER	CUT	62.00	62.00
1	FRONT L/H DOOR SIDE MIRROR SIGNAL LAMP	CRACKED	147.30	147.30
	LESS 20% DISCOUNT		-	-135.26
			764.30	541.04
	LABOUR			
	TO REMOVE & REFIT L/H SIDE MIRROR.		180.00	100.00
	SPRAY PAINTING.		200.00	120.00
			380.00	220.00
	GRAND TOTAL		1,144.30	761.04
RECOMMENDED COST OF REPAIRS (CONFIRMED)				761.04

Report Ref No. CS/INC19002676/Atd3e2

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.