	\mathcal{O}		
ASS, REC. B	v: far	W	

EG. BY:	(Am)	ASSIGNME	
	Date:	Veh No:	
ed Cost:	The second secon	Type: X	

MET:

From: Estimate OD / TP / WS / TP RES / OD RES / EVA / INV / MV SLA 534D To Inspect Vehicle No: at Workshop m/s A Dumurahe vac 48, 704 hum RD EAST \$705-123 Insured: Policy No. Claims No. Sum Insured: (Client's Record)

(Policy Condition) Remark: The veh had commenced its repair at the time of inspection.

Make of Veh:



Bal. or Market Value: Consistent?: Yes or No IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Res.: Yes or No days Est. Repairs: 3 Val.: Yes or No Lum Sum:

CA I REV I REP. I 24 HRS

Vehicle: IN / OUT

Person Contacted: Date / Time Action / Instruction

Add Fee:

Date/Time File Pass to? Preli. Report **Final Report** Distoffvno, File Echum to?

Fer Cina: Lung-Sun Helita Days Of Repair:

Interview (\$ Flolos Tech lays 15 Mesterni "

1.1

Repair Estimate



VAG Singapore Pte Ltd 48 Toh Guan Road East #05-123, Enterprise Hub Singapore 608586

Tel: 6267 9916

Fax: 6267 9313

www.avantage.sg

Date: 7-Apr-2020 Vehicle Num: SLA534D

Chassis No: KMHDH41CMGU656535

Make/Model: Hyundal Elantra

TOTAL PRICE QTY. PARTS S/N 480.00 480.00 \$ \$ Rear bumper cover 28.00 28.00 \$ LH rear bumper mounting 28.00 28.00 \$ \$ RH rear bumper mounting 3 300.00 300.00 \$ cut-\$ 1 Rear lower spoiler 400.00 400.00 \$ \$ RH outer taillight 400.00 400.00 1 RH inner taillight 1,636.00 TOTAL PARTS 1,636.00 TOTAL AMOUNT MISCELLANEOUS ITEM 20 69:00 60.00 Sundries LABOUR 250 Removal, refitting and transferring of wiresets for rear bumper cover and \$00.00 400.00 taillamps 250 690.00 600.00 Surface preparation, spray paint and polish of rear bumper and bootlid 120.00 120.00 3 To perform parking aid test, diagnostics and clearing of fault codes after repair 90010068 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 2.816.00 Third party survey is on a "Without Prejudice" basis TOTAL 197.12 \$ No illegal modification(s) is allowed GST 7% 3,013.12 Supplementary item(s) must be resurveyed and GRAND TOTAL is subject to final approval from Insurance Comp Acknowledged by Repairer Signature:

Date:

MVAG20040985 / VAG Singapore Pte Ltd - HQ ENTRY DATE & TIME: 07/04/2020 16:08 SUBMITTED BY: Wong Yang Jun Isaac

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
- 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

*ACCIDENT STATEMENTS

Date Of Report

07/04/2020 16:08

Date Of Accident

07/04/2020 11:20

Exact Location Of Accident

OPPOSITE BLK 491 JURONG WEST AVE 1

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

and the Maria

SLA534D

Insured/Policyholder

Name Of Registered Owner

HAJI KAMARUL ZAMAN BIN NORDIN

NRIC No

SXXXX991F

Email Address

ET1J_06@YAHOO.COM

Mobile Phone No

(LOCAL) +65-90629281

Alternative Phone No.

OFFICE-90629281

Vehicle Particulars

Manufacturer **HYUNDAI**

Model

ELANTRA 1.6 AT ABS D/AB 2WD 4DR

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?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

AXA INSURANCE PTE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

VPA/P1725672

Cover Note Number

Driver

Name of Driver

HAJI KAMARUL ZAMAN BIN NORDIN

NRIC No

SXXXX991F

Date Of Birth

11/04/1980

Occupation

OUTDOOR

Date Of Driving Pass

Driving Experience

14/01/2005

Gender

15 YEARS AND 2 MONTHS MALE

Mobile Number

(LOCAL) +65-90629281

Fax Number

Contact Number

OFFICE-90629281

EMail Address

ET1J_06@YAHOO.COM

Address

BLK 285C TOH GUAN ROAD #02-86 SINGAPORE

Postcode

603285

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

OWNER

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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)

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

PLEASE REFER TO ATTACHED

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:

Vehicle Registration Number

GBK2547U

Vehicle Make/Model/Colour

Details Of Properties

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)

Page 2 of 17

Sketch Plan

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.
- 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.
- 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.
- 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.
- 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:
 - 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:
 - 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
 - (10) 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.:

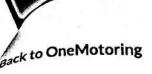
Sketch Plan #2

ETCH PLAN		
A-52A5-84D R-68-2542		
DESCRIBE CIRCUMSTANCES OF TH	E ACCIDENT	
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DECLARATION		
I/We declare the foregoing particulars Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature

Date & Times

Genet, deteletorement

NRIC/FIN No.:



uire PARF/COE Rebate for Registered Vehicle

nicle Owner Particulars	the state of the s	
vner ID Type:		Michigan Company of the Mills of the company of the Company
vner ID:	Singapore NRIC	
hicle Details	991F	
hicle No.:	transport to the contract of t	
hicle to be Exported:	\$LA534D	
tended Deregistration Date:	No	
ehicle Make:	07 Apr 2020	
ehicle Model:	HYUNDAI	
rimary Colour:	ELANTRA 1.6 AT ABS D/AB 2WD 4DR	
Manufacturing Year:	White	
The state of the s	2015	
Engine No.:	G4FGFU067626	
Chassis No.:	KMHDH41CMGU656535	
Maximum Power Output:	97.0 kW (130 bhp)	
Open Market Value:	\$15,146.00	
Original Registration Date:	20 Feb 2016	
First Registration Date:	20 Feb 2016	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$15,146.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	19 Feb 2026	
PARF Rebate Amount: Intended COE Rebate Details	\$11,359.00	
COE Expiry Date:	19 Feb 2026	
COE Category:	E - Open Category	
COE Period(Years):	10	
QP Paid:	\$51,000.00	
COE Rebate Amount:	\$29,932.00	
Total Rebate Amount:	\$41,291.00	

The information contained herein is correct as at 07 Apr 2020