

A Sin Ming Autocity, 160 Sin Ming Drive #03-03 Singapore 575722

T 6453 2121 (4 lines) / 6458 1111 (24 hrs)

F 6459 9795 / 6459 0433

E admin@vinsautogroup.com.sg

www.vinsautogroup.com.sg

Our Ref:

OD/072020/4439

Invoice No:

Accident date: 20/7/2020

Date: 21/7/2020

Your Ref:

SLK6851X

MOTOR CLAIM DEPARTMENT

AIG ASIA PACIFIC INSURANCE PTE LTD

AIG Building 78 Shenton Way #07-16 Singapore 079120

ESTIMATE COST OF REPAIRS TO

Vehicle No. : SLK6851X

Model: HYUNDAI ELANTRA AD 1.6 GLS AT

1	pc	Front bonnet	\$	1,910.00
1	рс	Front RH bonnet hinge	\$	49.10
1	рс	Front LH bonnet hinge	\$	49.10
1	рс	Front bonnet lock	\$	129.90
1	рс	Front RH headlamp	\$	1,750.40
1	рc	Front LH headlamp	\$	1,750.40
1	рc	Front grille with outer chrome moulding	\$	1,082.90
1	рс	Front bumper	\$	474.00
1	рc	Front bumper top rubber	\$	32.40
1	рc	Front bumper no.plate garnish	\$	21.40
1	pc	Front bumper towing cover	\$	18.10
1	pc	Front bumper lower lip	\$	48.90
1	рс	Front RH bumper flog lamp	\$	265.10
1	pc	Front RH bumper flog lamp cover	\$	115.40
1	pc	Front RH bumper side retainer	\$	28.00
1	pc	Front LH bumper side retainer	\$	28.00
1	рс	Front bumper sponge	\$	110.70
1	pc	Front bumper reinforcement	\$	695.80
1	pc	Front support panel	\$	949.30
1	pc	Front support panel top cover	\$	78.10
1	pc	Aircon condensor	\$	745.10
			\$	10,332.10
		Less 20%	\$	(2,066.42)
			\$	8,265.68
			and the state of t	and however and the second



A Sin Ming Autocity, 160 Sin Ming Drive #03-03 Singapore 575722

T 6453 2121 (4 lines) / 6458 1111 (24 hrs)

6459 9795 / 6459 0433

admin@vinsautogroup.com.sg

www.vinsautogroup.com.sg

Your Ref: SLK6851X

1	pc	Front no.plate	\$ 40.00	N
over expenses as a second		To refill aircond gas	\$ 120.00	-
		To replace and reset headlamp system	\$ 180.00	
		To repair front damage	\$ 580.00	
		To spray painting	\$ 780.00	
			\$ 9,965.68	

VIN'S MOTOR PTE LTD

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 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	21/07/2020 09:12
Date Of Accident	20/07/2020 17:35
Exact Location Of Accident	APT BLK 234A SERANGOON AVENUE 2 CARPARK

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLK6851X

Insured/Policyholder

Name Of Registered Owner

CHIN TET KUEN

NRIC No SXXXX421Z

Email Address

TKCHIN61@OUTLOOK.COM

Mobile Phone No

(LOCAL) +65-97709708

Alternative Phone No

OFFICE-97709708

Vehicle Particulars

Manufacturer

HYUNDAI

Model

ELANTRA AD 1.6 GLS AT

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?

ES.

If No, Please state action to be taken

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

MT/00739720

Cover Note Number

Driver

Name of Driver CHIN TET KUEN

NRIC No SXXXX421Z
Date Of Birth 25/05/1961
Occupation INDOOR
Date Of Driving Pass 22/01/1979

Driving Experience

41 YEARS AND 5 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-97709708

Fax Number

Contact Number

OFFICE-97709708

EMail Address

TKCHIN61@OUTLOOK.COM

Address

APT BLK 234A SERANGOON AVENUE 2 #09-133

Postcode

551234

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD ON COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

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

REFER TO SKETCH PLAN.

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

SMM1249X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

KIM JIALING PNG

NRIC/Passport Number

SXXXX246F

Contact Number

92212218

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:

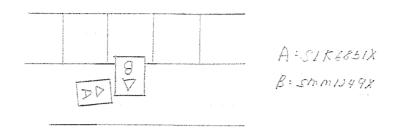
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 dentre Rersonnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ASSESSED SINCOMSTANCES OF THE ACCIDENT
On 20th July 2020, of around 17:35 hours, I was driving
V
in Apt 6/K 2349 Serongson Avenue 2 corport. Suddenly 1 saw
·
a car som/349x was reversing into a corport lot and
•
I couldn't stop in time.
ECLAPATION .

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:

entre Rersonnel's Signature Reporting Name:

NRIC/FIN NO!

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 421Z

Vehicle DetailsVehicle No.: SLK6851X

Vehicle to be Exported:NoIntended Deregistration Date:21 Jul 2020Vehicle Make:HYUNDAI

Vehicle Model: ELANTRA AD 1.6 GLS AT

Primary Colour: Silver Manufacturing Year: 2016

Engine No.: G4FGGU014353

Chassis No.: KMHD841CMHU331936 Maximum Power Output: 93.8 kW (125 bhp)

Open Market Value:\$18,224.00Original Registration Date:24 Jan 2017First Registration Date:24 Jan 2017

Transfer Count: 0

Actual ARF Paid: \$18,224.00

Intended PARF Rebate Details
PARF Eligibility: Yes

PARF Eligibility Expiry Date: 23 Jan 2027
PARF Rebate Amount: \$13,668.00

Intended COE Rebate Details
COE Expiry Date: 23 Jan 2027

COE Category: A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years): 10

 QP Paid:
 \$50,889.00

 COE Rebate Amount:
 \$33,105.00

Total Rebate Amount: \$46,773.00

The information contained herein is correct as at 21 Jul 2020

ОК