

A.S. REC. BY: RashidREF: CS/CT120068386/R1+P3

6803

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SMD 4210Jat Workshop m/s ACCORD AUTOof 1009, BUKIT MERAH LN 3 #01-80Insured: CTI

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

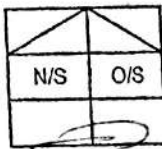
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

Bal. or Market Value: ISK

IDAC Accident Report \_\_\_\_\_ Consistent? : Yes or No

GIA / PR 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: SMD 4210J Yr Regn: 2018/ANHType: ☒ M. Car / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: HYUNDAI ELANTRA AD1.6 c.c. 1591Colour: RED A/C: ☒ Insured / Std / NI / NASp. Reading: 31592 T/Radio: ☒ Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMH0841CM3U7L5015Gen. Cond: Good / ☒ Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / ☒ S/Rim / STD A/Rim orTyre Size: F: 195/65R15

R: \_\_\_\_\_

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

TOYO / YOKO or NEXEN

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 12/05/2020 D.O.I. 13/08/2020Survey held at ACCORD AUTODes. of Damages: Frt ☒ Rear / O/S / N/S / U/C / Rooftop or

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

| Date / Time | Action / Instruction  |
|-------------|---|
|             |   |
|             |   |
|             | Finalised amount is \$ 5,165.08 / 6 days of part by part repair (red:8031.10;58%) |
|             |   |
|             |   |
|             |   |
|             |   |
|             |   |

Date/Time, File Pass to?

☐ : Prel. ReportDays Of Repair: 6

1) \_\_\_\_\_

☐ : Final Report

Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?

Survey Fee: \_\_\_\_\_

2) \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

S + RS. \$ \_\_\_\_\_

☐ : Interview (\$ \_\_\_\_\_)

Photos \_\_\_\_\_

☐ : Tech. Invs (\$ \_\_\_\_\_)

Others \_\_\_\_\_

☐ : Weekend (\$ \_\_\_\_\_)

TOTAL \_\_\_\_\_

Report Format: \_\_\_\_\_

Lump Sum / L.S. (\$) \_\_\_\_\_

## 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 12/08/2020 17:00  
Date Of Accident 12/08/2020 09:00  
Exact Location Of Accident LOYANG AVE > CHANGI VILLAGE (NEAR BUS STOP B13)  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE:

Vehicle Registration Number SMD4210J  
**Insured/Policyholder**  
Name Of Registered Owner NG CHOONG SIONG  
NRIC No SXXXX680J  
Email Address FREDAMYNG@HOTMAIL.COM  
Mobile Phone No (LOCAL) +65-92266975  
Alternative Phone No OFFICE-92266975

### Vehicle Particulars

Manufacturer HYUNDAI  
Model ELANTRA AD 1.6 GLS AT (AMS)  
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 SOMPO INSURANCE SINGAPORE PTE. LTD.  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number D19MTPV01011084  
Cover Note Number 18/08/2019-17/08/2020

### Driver

Name of Driver NG CHOONG SIONG  
NRIC No SXXXX680J  
Date Of Birth 06/05/1969  
Occupation INDOOR  
Date Of Driving Pass 13/01/1994  
Driving Experience 26 YEARS AND 6 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-92266975  
Fax Number  
Contact Number OFFICE-92266975  
Email Address FREDAMYNG@HOTMAIL.COM

Address BLK 22 BUKIT BATOK ST 52 #11-02  
Postcode 659245  
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 -  
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 4  
Was any body injured in the Accident? YES  
Was any injured conveyed to hospital by ambulance? YES  
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? YES  
If Yes, Please state which Police Station  
Police Station Name PASIR RIS NEIGHBOURHOOD POLICE CENTRE  
Police Station Address ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-5852999 - FAX NO: 65855261  
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? YES  
Remarks/ Reasons: SD CARD WITH TRAFFIC POLICE  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1:

Vehicle Registration Number YM5423R  
Vehicle Make/Model/Colour MITSUBISHI  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver SAIREE BIN SINWAN  
NRIC/Passport Number SXXXX607F  
Contact Number 87557806  
Address  
Postcode  
Insurance Company Name

a Of Damage  
Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number FBL2809J  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category MOTORCYCLE  
Name of Driver SHEIKH SULAIMAN BANAFEK  
NRIC/Passport Number SXXXX762I  
Contact Number 91449495  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 3:**

Vehicle Registration Number FBL4111A  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category MOTORCYCLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**INJURED PERSON 1:**

Name SHEIKH SULAIMAN BANAFEK  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? FBL2809J  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 2:**

Name MOTORCYCLIST  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? FBL4111A  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

# Accident 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:

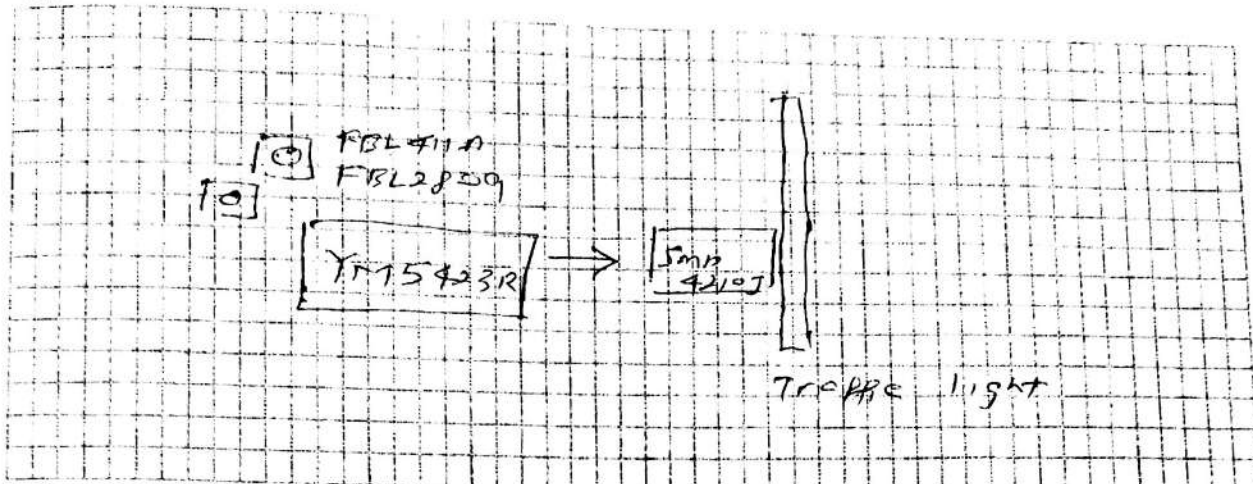
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this Form and any other personal information provided by me or possessed by my insurer (collectively the "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: Rachel Lim  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 12/8/2022 about 8:50am, I (Smp4210J) was travelling on Loyang Ave near to Bus Stop 13 and Loyang Park Connector toward Cheng Village with no passenger on board. I was driving on the further right lane. When approaching the traffic junction, I saw the traffic light turned yellow. I then slow down and stopped in front of the stop line. Suddenly, I felt a bang behind me. I immediately went down to check. I then noticed that a lorry (YM5423R) hit my rear. I also noticed that there were 2 motorcycles (FBL411A and FBL2809J) involved in the accident which were behind the lorry and saw one of the motorcyclist were bleeding.


|  |   |  |
|--|---|--|
| <p><b>Important:</b><br/>You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.</p> |   | <ul style="list-style-type: none"> <li>- Reporting Only</li> <li>- Claim OD</li> <li>- Claim TP</li> <li>- Claim <del>OD</del> TP at other workshop</li> </ul> |
|  | ✓ |  |

DECLARATION

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

  
Policyholder's signature  
Date & Time

  
Driver's Signature  
(if driver not the policyholder)  
Date & Time

  
Reporting Centre Personnel's Signature  
Name: Pateswaran, Ann  
Nric/Fin No.





**SINGAPORE  
POLICE FORCE**



T/20200812/2053

1 of 4

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20200812/2053

**REPORT OF A TRAFFIC ACCIDENT**

|  |                                     |                          |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made:<br>12/08/2020 13:15 | Vide Report No.:<br>G/20200812/0062 | Station Diary No.:<br>43 |
|--|-------------------------------------|--------------------------|

**Informant's Particulars**

|  |            |                              |  |                            |
|--|------------|------------------------------|--|----------------------------|
| Name of Informant:<br>NG CHOONG SIONG    |            |                              | Address:<br>22 BUKIT BATOK STREET 52 #11-02 SINGAPORE 659245 |                            |
| ID Type / ID No.:<br>NRIC NO / S6915680J |            |                              | Contact No.:<br>Home/Office: Mobile: 92266975                |                            |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:<br>fredamyng@hotmail.com                              |                            |
| Sex:<br>Male                             | Age:<br>51 | Date of Birth:<br>06/05/1969 | Type of Informant:<br>Driver                                 |                            |
| Race:<br>Chinese                         |            |                              | Language:<br>English   | Institution / School Name: |
| Occupation:<br>MANAGER                   |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry:     |                            |

**General Information of the Accident**

| General Information of the Accident  |   |                       |   |                                    |
|--|---|-----------------------|---|------------------------------------|
| Type of Accident:  | Injury<br>Attended by Police                | Drink<br>Drive:<br>No | Date/Time of<br>Accident:<br>12/08/2020 08:55 | Type of Location:<br>Straight Road |
| Location:<br>Along Road 1<br>LOYANG AVENUE                                       |   |                       |   |                                    |
| Loyang Ave near to Bus stop B13 and Loyang Park connector towards Changi Village |   |                       |   |                                    |
| Weather:<br>Clear  | Road Surface:<br>Dry                        |                       | Road Speed Limit:                             |                                    |
| Traffic Flow:<br>Dual Carriage Way   | Traffic Control:<br>Traffic Light - Working |                       | Traffic Volume:<br>Moderate                   |                                    |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear                     |   |                       | Anyone conveyed by<br>ambulance:<br>Yes       |                                    |

**Details of Vehicle Involved**

| Vehicle No. | Type       | Make       | Model                             | Color | Condition           | No of Passenger |
|-------------|------------|------------|-----------------------------------|-------|---------------------|-----------------|
| FBL2809J    | Motorcycle |            |                                   |       |                     | 0               |
| FBL4111A    | Motorcycle |            |                                   |       |                     | 0               |
| SMD4210J    | Car        | HYUNDAI    | ELANTRA<br>AD 1.6 GLS<br>AT (AMS) | Red   | Slightly<br>Damaged | 0               |
| YM5423R     | Lorry      | MITSUBISHI |                                   | White |                     | 0               |



**SINGAPORE  
POLICE FORCE**



T/20200812/2053

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

2 of 4

Report No. T/20200812/2053

## CONTINUATION OF REPORT

| Details of Vehicle Insurance |                                 |                 |            |             |
|------------------------------|---------------------------------|-----------------|------------|-------------|
| Vehicle No.                  | Insurance Company               | Insurance No    | Effective  | Expiry Date |
| SMD4210J                     | TENET SOMPO INSURANCE PTE. LTD. | D19MTPV01011084 | 18/08/2019 | 17/08/2020  |

| Details of Person Involved        |                         |  |                                   |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No       |                         |  |                                   |
| No. of Pedestrians Injured: NIL   |                         | Use of Pedestrian Crossing: NA         |                                   |
| Rider                             |                         |  |                                   |
| Name                              | Sheikh Sulaiman Banafek | ID No.                                 | S78167621                         |
| Related Vehicle                   | FBL2809J (Motorcycle)   | Contact No.                            | 91449495                          |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                     | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                     | Degree of Injury                       | NIL                               |
| Driver                            |                         |  |                                   |
| Name                              | NG CHOONG SIONG         | ID No.                                 | S6915680J                         |
| Related Vehicle                   | SMD4210J (Car)          | Contact No.                            | 92266975                          |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | NIL                     | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                     | Degree of Injury                       | NIL                               |
| Driver                            |                         |  |                                   |
| Name                              | Sairee Bin Sinwan       | ID No.                                 | S7933607F                         |
| Related Vehicle                   | YM5423R (Lorry)         | Contact No.                            | 87557806                          |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                     | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                     | Degree of Injury                       | NIL                               |





**SINGAPORE  
POLICE FORCE**



T/20200812/2053

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Report No. T/20200812/2053

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

**CONTINUATION OF REPORT**

**Brief Details.**

On 12/08/2020 at about 8.58am, I (SMD4210J) was travelling on Loyang Ave near to Bus stop B13 and Loyang Park connector towards Changi Village with no passenger on board. I was driving on the furthest right lane. When approaching the traffic junction, I saw the traffic light turned yellow. I then slowed down and stopped in front of the stop line. Suddenly, I felt a bang behind me. I immediately went down to make a checked. I then noticed that a lorry (YM5423R) hit my rear. I also noticed there were 2 motorcycle (FBL4111A and FBL2809J) involved in the accident which were behind the lorry and saw one of the motorcyclist were bleeding. I observed that the lorry driver is not injured however, the 2 motorcyclist were injured. The lorry driver then started to shout at me asking why I stopped. I then went in to my car as I do not want to escalate the matter. After the lorry driver cool down, I then walked around and check on the motorcyclist.

Shortly after, the ambulance came and made a check on 2 motorcyclist. I took some photos of the scene and the vehicles. I exchanged particulars with the lorry driver and the motorcyclist. Traffic police came and interviewed and took down particulars for all parties. Subsequently the motorcyclist from FBL4111A was conveyed by ambulance. Traffic police then took my in car camera SD card, then issued me with an acknowledged slip vide report: G/20200812/0062. Traffic police then left the scene.

The particulars as follow:

The lorry driver: Sairee Bin Sinwan, S7933607F, 87557806.

The motorcycle of FBL2809J: Sheikh Sulaiman Banafek, S7816762I, 91449495

I did not exchanged particulars with the motorcyclist of FBL4111A as he was in the ambulance.

My vehicle suffered damaged on my rear portion were scratched and dented. I wishes to state that I have in car camera pointing installed. I was unsure if there is any CCTV around the vicinity. I am not injured.



**SINGAPORE  
POLICE FORCE**

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1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999



T/20200812/2053

4 of 4

Report No. T/20200812/2053

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 JOHNNY TAN KOK JOO

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 DAVID YAP

Contact No.: 96192349

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

12/08/2020 13:15

Classification Of Case:



**SINGAPORE POLICE FORCE**  
**ACKNOWLEDGEMENT SLIP**

Ref: Report No: 6/20200812/0062

I, SSgt Fahm  
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)  
of TP Hq  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 One SD card + 16GB
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from Sgt Choong Siong SG915680J, SMID4210J  
(Name, NRIC or Passport No. / Rank and No.)

of \_\_\_\_\_  
(Address / Police Station / NPC / NPP)  
on 12/08/2020 at 1015h  
(Date) (Time)

Witnessed by / \* Handed over by:

(\* Delete if applicable)

[Signature]

(Signature)

Ng Choong Siong SG915680J  
(Name, NRIC or Passport No. / Rank and No.)

Received by:

[Signature]

(Signature)

Fahm  
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

re Pr  
side Ow  
mer ID Type  
Vehicle De  
Vehicle N  
Inter  
Ve

to OneMotoring

**PARF/COE Rebate for Registered Vehicle**

**Vehicle Owner Particulars**

Owner ID Type:

Singapore NRIC

Owner ID:

680J

**Vehicle Details**

Vehicle No.:

SMD4210J

Vehicle to be Exported:

No

Intended Deregistration Date:

13 Aug 2020

Vehicle Make:

HYUNDAI

Vehicle Model:

ELANTRA AD 1.6 GLS AT (AMS)

Primary Colour:

Red

Manufacturing Year:

2018

Engine No.:

G4FGJU219148

Chassis No.:

KMHD841CMJU715015

Maximum Power Output:

93.8 kW (125 bhp)

Open Market Value:

\$10,853.00

Original Registration Date:

18 Aug 2018

First Registration Date:

18 Aug 2018

Transfer Count:

0

Actual ARF Paid:

\$10,853.00

**Intended PARF Rebate Details**

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

17 Aug 2028

PARF Rebate Amount:

\$8,139.00

**Intended COE Rebate Details**

COE Expiry Date:

17 Aug 2028

COE Category:

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

COE Period(Years):

10

QP Paid:

\$33,798.00

COE Rebate Amount:

\$27,074.00

**Total Rebate Amount:**

**\$35,213.00**

The information contained herein is correct as at 13 Aug 2020

OK

## Hyundai Elantra 1.6A GLS S

Overview

Financial

Accessories

Similar

Research

Photos

**Price** \$65,800**Depreciation** \$7,420 /yr  
View models with similar depre**Reg Date** 21-Aug-2018  
(8yrs 7days COE left)**Mileage** 38,000 km (19.2k /yr)**Manufactured** 2018**Road Tax** \$738 /yr**Transmission** Auto**Dereg Value** \$36,163 as of today (change)**OMV** \$12,477**COE** \$33,404**ARF** \$12,477**Engine Cap** 1,591 cc**Power** 93.8 kW (125 bhp)**Curb Weight** 1,345 kg**No. of Owners** 1**Type of Vehicle** Mid-Sized Sedan

## Features

1.6L 4 Cylinder 16 Valve DOHC Dual CVVT Engine, 125Bhp, 6 Speed Auto Transmission, ABS, SRS, Multi Function Steering, Front/Rear Disc Brakes. View specs of the Hyundai Elantra (2016-2018)

## Accessories

Leather Seat, 17 Inch Sports Rims, Factory Fitted Audio System With USB/AUX Port, Rear Aircon, Reverse Camera, Solar Film, Traction Control.