

ASS. REC. BY:

PASUL
PRS

REF:

CS3 / FWD 2000 7343 / R1 + #3 | 7812

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SME 7147J

at Workshop m/s V-TECH Auto

of 1, Spoon L&S #06-04

Insured:

FWD

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:

63k

IDAC Accident Rpt:

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:

SME 7147J

Yr Regn:

2018 1029

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

Truck / Trailer or

Make:

Hyundai Elantra 1.6 GLS c.c 1891

Colour:

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

20685

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMH0841CMJU741630

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Good / Jammed / Leaked / Burnt or

Brake: Good / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195/65R15

R:

h

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

TOYO / YOKO or

Hexon

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

14/07/2020

D.O.I.

16/07/2020

Survey held at

V-TECH

Des. of Damages (Frt) Rear / O/S / N/S / U/C / Rooftop or

Rear O/S & FRt

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

Date / Time

Action / Instruction

~~ESTIMATE RANGE OF REPAIR / days 4k-5k / 5 days~~SUBMIT LUMP SUM \$3400, 5DAYS
(RED:5800;63%)

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Rep. Format:

Lump Sum / I.B.R. (%)

Days Of Repair:

5

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

LKK

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 15/07/2020 13:04
Date Of Accident 14/07/2020 12:50
Exact Location Of Accident BT TIMAH RD TOWARDS BOTANIC GARDEN
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SME7147J
Insured/Policyholder
Name Of Registered Owner ZHANG PENG
NRIC No SXXXX781I
Email Address PAULZHANG1977@GMAIL.COM
Mobile Phone No (LOCAL) +65-90607132
Alternative Phone No OFFICE-NOPHONE

Vehicle Particulars

Manufacturer HYUNDAI
Model ELANTRA-1.6 AD GLS (A)

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 DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number MT/00692244
Cover Note Number

Driver

Name of Driver ZHANG PENG
NRIC No SXXXX781I
Date Of Birth 06/09/1977
Occupation OUTDOOR
Date Of Driving Pass 08/07/2017
Driving Experience 3 YEARS AND 0 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-90607132
Fax Number
Contact Number OFFICE-NOPHONE
Email Address PAULZHANG1977@GMAIL.COM

Address 619 BT OANJANG RING RD #15-812
Postcode 670619
Is driver an employee of the Insured's Company NO
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 CHAIN COLLISION
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

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 SDA9899L
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver CHONG CHIN CHUNG
NRIC/Passport Number SXXXX232H
Contact Number 98354795
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLZ899U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

DING YEN SHEE DANIEL

SXXXX532A

93363962

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 willful 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.

I AM AWARED THAT MY INSURER MAY HAVE A 30 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

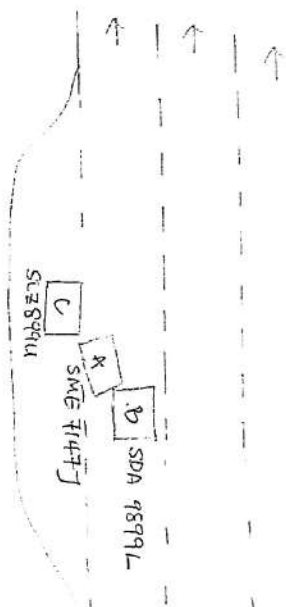
Policyholder's Signature
Date & Time: 14/7 530pm

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

Reporting Centre Personnel's Signature
Name:
NHIC/POL NO.:

SKETCH PLAN

Boyle Town Rd towards Extonville, Extonville



- Ⓐ SME 7147J
- Ⓑ SDA 9899L
- Ⓒ SLZ 899U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Boyle Town Rd towards Extonville. Suddenly, TP bang me from behind. I held my brake. But the impact was too strong forcing me to bang the other car.

Luckily nobody was injured.

DECLARATION

I/We, the below, the below (2002) to the below, and the below (2002) to the below

300003

Driver's Name: Signature
Date: 14th 33rd

Driver's Name: Signature
Date: 14th 33rd

☐ Claim from policy
☒ Claim from policy
☐ Claim from policy
☐ For record reference

Witness: W. Rich
Date: 14th 33rd
Signature: SME 7147J

Responsible Person's Signature
Date: 14th 33rd

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	781I
Vehicle No.:	SME7147J
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Jul 2020
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA AD 1.6 GLS AT (AMS)
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	G4FGJU251528
Chassis No.:	KMHD841CMJU741630
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$10,901.00
Original Registration Date:	12 Oct 2018
First Registration Date:	12 Oct 2018
Transfer Count:	0
Actual ARF Paid:	\$10,901.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Oct 2028
PARF Rebate Amount:	\$8,175.00
COE Expiry Date:	11 Oct 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$28,457.00
COE Rebate Amount:	\$23,434.00
Total Rebate Amount:	\$31,609.00

The information contained herein is correct as at 16 Jul 2020

OK



Used 2018 Hyundai Elantra 1.6A



Merimen e-Claims



art.com/used_cars/info.php?ID=910569&DL=1089

Hyundai Elantra 1.6A GLS

Overview

Financial

Accessories

Similar

Research

Photos

Map

Price \$63,800**Depreciation** ⓘ \$7,080 /yr
View models with similar depre**Reg Date** 10-Oct-2018
(8yrs 2mths 23days COE left)**Mileage** 28,000 km (15.8k /yr)**Manufactured** ⓘ 2018**Road Tax** ⓘ \$738 /yr**Transmission** Auto**Dereg Value** ⓘ \$31,281 as of today (change)**OMV** ⓘ \$10,951**COE** ⓘ \$28,000**ARF** ⓘ \$10,951**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

View specs of the Hyundai Elantra (2016-2018)

Category

PART Car

Status

Available