

ASS. REC. BY: Steve

REF: CS/CT/2001/9920/ETD3

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.
 Val. or Market Value: _____
 DAC Accident Rpt: _____ Consistent? : Yes or No
 CIA / 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

N/S	O/S
X	X

Veh No: SMD 9581E Yr Regn: 13/9/08
 Type: M.Ca / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai ETANHA c.c. 1591
 Colour: Beige A/C: Insured / Std / Nil / NA
 Sp. Reading: 32841 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: KMH0841CMJ4686361
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 195/50R16
 R: 1
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 8/10/20 RICO 60 D.O.I. 9/10/20
 Survey held at _____
 Des. 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
	<u>MV-67K</u>
	<u>lump sum \$7950, 5days (red: 6440:44%)</u>

Date/Time, File Pass to? : Prel. Report
 : Final Report
 Date/Time, File Return to?
 Pop. Formed?
 Lump Sum / L.E.I.?

Days Of Repair: 5
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee:	_____
Transportation:	_____
S + RS: \$	_____
Fees:	_____
Others:	_____
TOTAL	_____



Rico 60 Auto Services Pte Ltd . Blk 8 , Kaki Bukit Avenue 4 , #02-24
 Premier @ Kaki Bukit Singapore 415875 , Email: claims@rico60.com
 Tel: 6286 6060 , FAX: 6286 7060

VEHICLE NUM:	SMD 9581 E
MAKE & MODEL:	HYUNDAI ELANTRA
MILEAGE:	
TYRE:	
CHASSIS NUM:	

ATTN: _____

NO	DESCRIPTION PARTS	QTY	PRICE
1	REAR WINDSCREEN MOULDING X	1	
2	BOOTLID / DD	1	
3	BOOTLID SPOILER / BR	1	
4	BOOTLID LOGO (HYUNDAI) / nec	1	
5	BOOTLID EMBLEM (ELANTRA) / nec	1	
6	BOOTLID EMBLEM (S) / nec	1	
7	BOOTLID HANDLE ?	1	
8	BOOTLID LOCK SWITCH X	1	
9	BOOTLID REVERSE CAMERA 2 AM ?	1	
10	BOOTLID CARPLATE LAMP (L+R) ?	2	
11	BOOTLID LAMP (L+R) (RH) / BR (LH) ?	1/2	
12	BOOTLID INNER TRIM X	1	
13	BOOTLID LOCK / BT	1	
14	BOOTLID LOCK COVER X	1	
15	BOOTLID LOCK CATCH X	1	
16	BOOTLID HINGE (L+R) / BT	2	
17	BOOTLID STOPPER (L+R) X	2	
18	BOOTLID WEATHERSTRIP / TN	1	
19	TAIL LAMP (L+R) (RH) / BR	2	
20	TAIL LAMP PANEL (L+R) (RH) AM ?	1/2	
21	REAR BUMPER / BR	1	
22	REAR BUMPER RETAINER (L+R) / BR	2	
23	REAR BUMPER REINFORCEMENT BAR ?	1	
24	REAR BUMPER BRACKET (L+R) X	2	
25	REAR BUMPER BEAM ?	1	
26	REAR BUMPER SPONGE ?	1	
27	REAR BUMPER REVERSE SENSOR (L+R) (RH) / BR	1/2	
28	REAR BUMPER REFLECTOR (L+R) (RH) / CUT	1/2	
29	REAR BUMPER LOWER / CUT	1	
30	REAR BUMPER UNDERCOVER X	1	
31	REAR FENDER (L+R) X R	2	
32	REAR FENDER INNER TRIM (L+R) X	2	
33	REAR FENDER COWLING (L+R) X	2	
34	END PANEL ?	1	
35	END PANEL TOP GARNISH ?	1	
36	REAR SMART LOCK ANTENNA ?	1	
37	SPAREWHEEL PANEL X	1	
38	SPAREWHEEL PANEL TOP BOARD ?	1	
39	SPAREWHEEL PANEL TOP BOARD TOP MAT X	1	
40	EXHAUST PIPE X	1	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	740E
Vehicle Details	
Vehicle No.:	SMD9581E
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Oct 2020
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA AD 1.6 GLS AT (AMS)
Primary Colour:	Beige
Manufacturing Year:	2018
Engine No.:	G4FGJU187160
Chassis No.:	KMHD841CMJU686361
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$11,819.00
Original Registration Date:	13 Sep 2018
First Registration Date:	13 Sep 2018
Transfer Count:	0
Actual ARF Paid:	\$11,819.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Sep 2028
PARF Rebate Amount:	\$8,864.00
Intended COE Rebate Details	
COE Expiry Date:	12 Sep 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$30,209.00
COE Rebate Amount:	\$23,949.00
Total Rebate Amount:	\$32,813.00

The information contained herein is correct as at 08 Oct 2020

OK

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	08/10/2020 17:08
Date Of Accident	08/10/2020 11:35
Exact Location Of Accident	BENDEMEER RD TWDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD9581E
Insured/Policyholder	
Name Of Registered Owner	PEAR KWENG HUEI
NRIC No	SXXXX740E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96728285
Alternative Phone No	OFFICE-96728285

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT (AMS)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MPC0001917_02
Cover Note Number	

Driver

Name of Driver	PEAR KWENG HUEI
NRIC No	SXXXX740E
Date Of Birth	18/12/1962
Occupation	OUTDOOR
Date Of Driving Pass	20/12/1980
Driving Experience	39 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96728285
Fax Number	
Contact Number	OFFICE-96728285
EEmail Address	NOEMAIL

Address BLK 234 HOUGANG AVENUE 1
#04-25B
Postcode 530234
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 CHAIN COLLISION
Weather Conditions CLEAR
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles (including own vehicle) involved in the accident 3
Was any body injured in the Accident? YES
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? YES
If Yes, Please state which Police Station
Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20201008/7021.

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 GBH3061M
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)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBK1956D

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)

1

DETAILS OF INJURED PERSON 1:

Name

PEAR KWENG HUEI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMD9581E

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Accident Sketch Plan

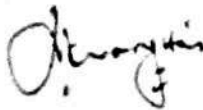
SKETCH PLAN

IMPORTANT NOTICE

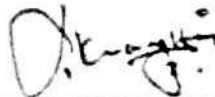
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **rescind policy benefits**.
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:

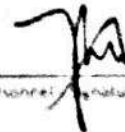
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



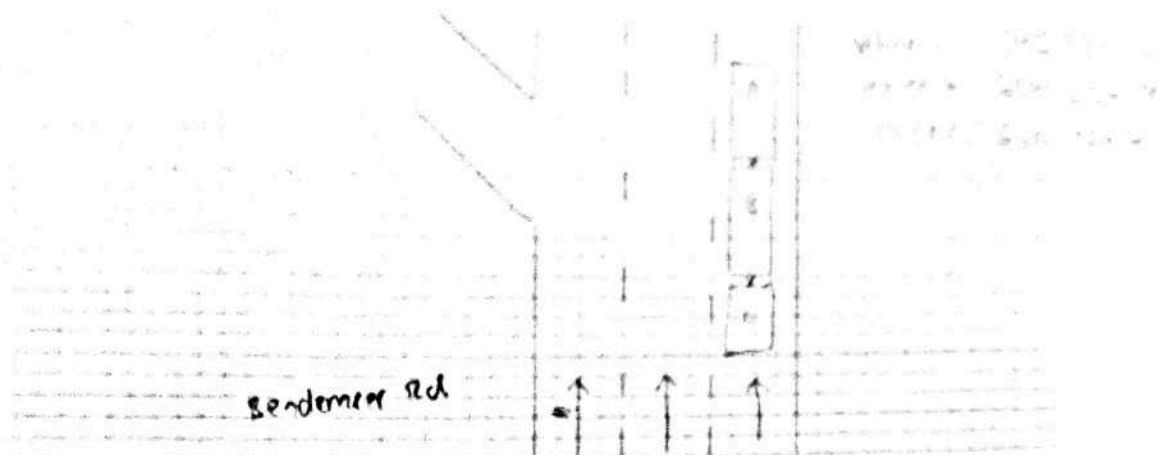
Driver's Signature
(if driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name
NRIC/IN No.

Accident Sketch Plan

SKETCH PLAN

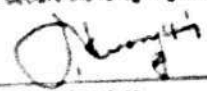


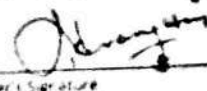
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

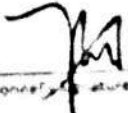
A large rectangular area with horizontal lines for writing. The word 'Police' is written in the middle of the lines.

DECLARATION

(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
NRC File No.

Police Report



**SINGAPORE
POLICE FORCE**



T/20201008/7021

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No. 65470000

1 of 3

Report No. T/20201008/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/10/2020 15:34	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: PEAR KWANG HUEI		Address: 234 HOUGANG AVENUE 1 #04-258 SINGAPORE 530234	
ID Type / ID No.: NRIC NO / S1554740E		Contact No.: Home/Office: Mobile: 96728285	
Nationality: SINGAPORE CITIZEN		Email: jospear88@gmail.com	
Sex: Male	Age: 57	Date of Birth: 18/12/1962	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 3 Date of Expiry: 20/12/1960	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/10/2020 11:35	Type of Location: Straight Road
Location: BENDEMEER ROAD				
Weather: Clear		Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Seriously Damaged	0
GBH3061M	Lorry	KIA		White	Seriously Damaged	0
GBK1956D	Van	TOYOTA		Silver	Seriously Damaged	0
SMD9581E	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT (AMS)	Beige		0

Police Report



**SINGAPORE
POLICE FORCE**



T/20201008/7021

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201008/7021

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMD9581E	INDIA INTERNATIONAL INSURANCE PTE LTD	D18MPC0001917_02	13/09/2020	12/09/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	PEAR KWANG HUEI		ID No.	S1554740E
Related Vehicle	SMD9581E (Car)		Contact No.	96728285
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 20/12/1980
Date	08/10/2020		Date	08/10/2020
No. of Days granted Medical Leave	05		Degree of	Serious

Brief Details.

On the stated date and time i vehicle plate number SMD9581E was traveling along bendemeer road towards city on the lane 1 suddently a vehicle infront of me stop. so i follow and stop my vehicle, after i stop i felt huge impact on my rear portion of my vehicle so i came down and check realize vehicle plate number GBH3061M collided onto my rear portion of my vehicle and GBK1956D collided onto GBH 3061M rear portion vehicle.

after the accident we exchange particular and i went to Our Family Physician Clinic & Surgery and consult doctor cause i felt pain on my neck and back pain, and doctor given me 5 days mc.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20201008/7021

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Report No. T/20201008/7021

CONTRIBUTION OF REPORT

Sketch Plan

Informant is not able to provide sketch

<p>Signature Of Officer Recording The Report: Not applicable</p>	<p>Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.</p>
<p>Signature Of Interpreter: Not applicable</p>	<p>Date/Time: 08/10/2020 15:34</p>
<p>Officer In Charge Of Case: TP / TPHQ / SYED ZAYID MUHAMMAD BIN SYED ABUL WAHID ALHINDUAN Contact No : 65476404</p>	<p>Classification Of Case:</p>

Authentication Stamp
NP168