

9270

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	927C
Vehicle No.:	GBK239Y
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Nov 2020
Vehicle Make:	SSANGYONG
Vehicle Model:	ACTION SPORTS 2.2D 6AT 2WD ABS E6
Primary Colour:	Grey
Manufacturing Year:	2018
Engine No.:	67296022616500
Chassis No.:	KPADA1EESJP329637
Maximum Power Output:	-
Open Market Value:	\$22,929.00
Original Registration Date:	14 Nov 2019
First Registration Date:	14 Nov 2019
Transfer Count:	0
Actual ARF Paid:	\$24,101.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	13 Nov 2029
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$27,800.00
COE Rebate Amount:	\$24,926.00
Total Rebate Amount:	\$24,926.00

The information contained herein is correct as at 26 Nov 2020

OK

Grey



mart.com/used_cars/info.php?ID=939879&DL=1177

► Ssangyong Actyon Sports Double-Cab 2.2M

Overview

Financial

Accessories

Similar

Research

Photos

Map



Curated inventory
End-to-end service

Price	\$72,800	Lifespan	30-Jul-2038
Depreciation ?	\$9,480 /yr View models with similar depre	Reg Date	31-Jul-2018 (7yrs 8mths 4days COE left)
Mileage	100 km	Manufactured ?	2018
Road Tax ?	N.A.	Transmission	Manual
Dereg Value ?	\$26,265 as of today (change)	OMV ?	\$20,733
COE ?	\$34,202	ARF ?	\$21,027
Engine Cap	2,157 cc	No. of Owners ?	1
Curb Weight ?	1,800 kg		
Type of Vehicle	Truck		

Features

2.2L 4 Cylinder 16 Valve Diesel (Euro VI) Producing 176Bhp, 400Nm Torque. 6Speed (M) Transmission. Front-Wheel Drive. (4990(L) x 1910(W) x 1780(H))mm. View specs of the Ssangyong Actyon Sports (2012)



**MOTORWAY**

1094 Lower Delta Road Motorway Building Singapore 169205
Main +65.6468 2200 | Fax +65.6273 5535

LONPAC INSURANCE BHD
MOTOR CLAIMS DEPARTMENT
300 Beach Road,
#17-04/07 The Concourse
SINGAPORE 199555
ATTN TO: MOTOR CLAIMS DEPT

ESTIMATES

VEHICLE NO. : GBK239Y
CHASSIS NO : KPADA1EESJP329637
MAKE / MODEL : SSANGYONG/ACTYON SPORTS 2.2D 6AT 2WD ABS E6
DATE OF ACCIDENT : 25.11.2020 @ 0705HRS
YOUR INSURED VEHICLE NUMBER : YN8921U

	<u>PARTS DISCRIPTION</u>	<u>QTY</u>	<u>List Price</u>	<u>Total List Price</u>
1	REAR BUMPER <i>de</i>	1	\$ 1,600.00	\$ 1,600.00
2	REAR BUMPER RETAINER RH <i>X</i>	1	\$ 89.00	\$ 89.00
3	REAR BUMPER REFLECTOR LENS RH <i>?</i>	1	\$ 68.00	\$ 68.00
4	SSANGYONG EMBLEM <i>new</i>	1	\$ 89.00	\$ 89.00
5	ACTYON SPORT EMBLEM <i>new</i>	1	\$ 89.00	\$ 89.00
6	SSANGYONG LOGO <i>new</i>	1	\$ 190.00	\$ 190.00
7	70KM/H STICKER <i>new</i>	1	\$ 45.00	\$ 45.00 10 s/n
8	REAR TAILLAMP RH <i>bro</i>	1	\$ 780.00	\$ 780.00
9	REAR BOOTLID <i>bt</i>	1	\$ 2,200.00	\$ 2,200.00
10	REAR BOOT OUTER CHROME MOULDING <i>see</i>	1	\$ 290.00	\$ 290.00
11	REAR BOOT LATCH ASSY RH <i>bt</i>	1	\$ 120.00	\$ 120.00
12	REAR BOOT INNER TRIM <i>?</i>	1	\$ 350.00	\$ 350.00
13	DECK SIDE RH <i>repair</i>	1	\$ 2,800.00	\$ 2,800.00
Total				\$ 8,710.00
LESS 10%				\$ 871.00
Total Spart Part				\$ 7,839.00

SPECIAL NETT ITEMS

1	REAR BUMPER CLIPS <i>new</i>	1 SET	\$ 40.00	\$ 40.00
2	REVERSE SENSORS <i>see</i>	1 SET	\$ 380.00	\$ 380.00 220
TOTAL				\$ 420.00

LABOUR CHARGES

1	REMOVE ACCIDENT DAMAGED PARTS IN ORDER TO FACILITATE REPAIRS INCLUDING PANEL BEAT, CUT / WELD, STRAIGHTEN CHASSIS WHERE NECESSARY AND REPLACE ABOVE PARTS.	@400	\$ 2,800.00	1200
2	TO PUTTY & SPRAY PAINTING ON REAR AFFECTED AREAS	@450	\$ 2,250.00	1350
3	TO CHECK REAR WIRES, CONNECTORS, REPLACE DAMAGED LAMPS REVERSE SENSORS		\$ 180.00	80

4 TO APPLY RUSTPROOFING/ TUFFCOATING TREATMENT TO REPLACED PARTS. \$ ~~180.00~~ 60

5 TO CARRY OUT DIAGNOSTIC TEST \$ ~~400.00~~ 250

LABOUR PER DAY - \$400
SPRAY PAINT PER PORTION - \$450

TOTAL LABOUR	\$	5,810.00
TOTAL	\$	14,069.00
7% GST	\$	984.83
GRAND TOTAL	\$	15,053.83

Prepared By : -

ANNIE TEW

Motor Claims

TEL: 6571 9642 FAX : 6278 5535

EMAIL: ainee@motorway.com.sg

Ran
Hp 90010068

6 days

4/5

26/11/2020 @ 1510

Resy after repair

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
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

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	26/11/2020 11:03
Date Of Accident	25/11/2020 07:05
Exact Location Of Accident	AYE TWDS TUAS NEAR EXIT 17
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK239Y
Insured/Policyholder	
Name Of Registered Owner	MOTORWAY CAR RENTALS PTE LTD
Co Reg No	1XXXXX927C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64682200
Vehicle Particulars	
Manufacturer	SSANGYONG
Model	ACTYON SPORTS-2.2 D 6AT 2WD ABS E6 (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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD20V02373/VCZ/R03
Cover Note Number	
Driver	
Name of Driver	PARK KWANGHO
Passport No/FIN	GXXXX653Q
Date Of Birth	09/06/1967
Occupation	INDOOR
Date Of Driving Pass	24/06/2015
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94997730
Fax Number	
Contact Number	
Email Address	NOEMAIL

NOADDRESS

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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 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? NO

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

PLEASE SEE ATTACHED SKETCH

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:11

Vehicle Registration Number YN8921U

Vehicle Make/Model/Colour ISUZU / NPR85UH5A

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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:

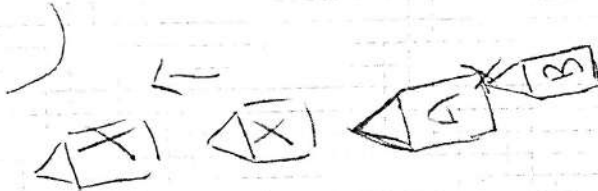
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Aye towards Tuas

A - GBK 2394

B - YN 89214



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/11/20, i was driving along Aye towards Tuas.


Infront was heavy traffic. i moving slow suddenly, feel

an impact from behind. vehicle YN 89214 bang onto


my rear.

DECLARATION

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

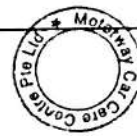
Policyholder's Signature: 

Date & Time:

Driver's Signature: 

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature: 

Name:

NRIC/FIN No.: