ASS. REC. BY: Tay Th

REF: CC4/ Ang 20014234/Tibas.

ASSIGNMENT

	·
From: Date:	Veh No: SMD 6148 T Yr Regn: 2018 1 Aug
Estimated Cost:	Type: M.Carl M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD (TP/WS/TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Hynder 6 lanpre c.c 1591
at Workshop m/s	Colour Red - A/C: Insured / Std / NI / NA
of	Sp.Reading 63558 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/NO: Km +1D841 CM 74726142.
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder/ Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh;	Modi: Nil / \$7Rim / STD A/Rim, or
	Tyre Size: F: 195/65/95
(Policy Condition)	R: 1 7 :
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A D.O.I. 23/12/20
Lum Sum: % 3 Val.: Yes or No	Survey held at AP Au to
CA / REV / REP. / 24 HRS WP	Des. of Damages : Frt II Rear I O/S I N/S I U/C I Rooftop or
Vehicle: IN / OUT	
Date:Person Contacted: Eld	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
	1
	,
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
The state of the s	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fee:	
	: Interview (\$) Photos
Repetiformat:	: Tech, Invs (\$) Others
Lump Sum / LB.E. (%	: Weellend (\$
	TOTAL
	·



AP AUTOMOTIVE SERVICES PTE LTD ROC: 202022890H BLOCK 9006 TAMPINES STREET 93 #01-202 SINGAPORE 528840 TEL: 6784 4465 FAX: 6787 4886

Estimation

Date

Vehicle

SMD 6148 T

Make/Model

HYUNDAI ELANTRA

Chassis No.

KMHD841CMJU726142

No.	Description	Unit	ı	Jnit Price	Amount	
	Parts Replacment					
1	BONNET	1	\$	1,925.46	\$ ×	1,925.46
2	BONNET HINGE L+R	2	\$	68.70	\$ ×	137.40
3	BONNET LOCK	1	\$	141.29	\$ ×	141.29
4	BONNET LOCK CATCH	1	\$	74.12	\$ ×	74.12
5	HEADLAMP L+R	2	\$	1,763.85	\$ ×	3,527.70
6	HEADLAMP BRACKET L+R	2	\$	35.75	\$ ×	71.50
7	FRONT BUMPER	1	\$	491.65	\$ Cura-	491.65
8	FRONT BUMPER TOP SEAL	1	\$	101.23	\$?	101.23
9	FRONT BUMPER LOGO - HYUNDAI	1	\$	62.50	\$ ner /	62.50
10	FRONT BUMPER GRILLE COMPLETE SET	1	\$	1,091.62	\$ Cugs	1,091.62
11	FRONT BUMPER FOG LAMP L+R	2	\$	278.40	\$ *	556.80
12	FRONT BUMPER FOG LAMP GARNISH L+R	2	\$	80.30	\$ ×	160.60
13	FRONT BUMPER LOWER LIP	1	\$	271.45	\$ de	271.45
14	FRONT BUMPER RETAINER L+R	2	\$	65.10	\$ 7	130.20
	FRONT BUMPER REINFORCEMENT BAR	1	\$	695.89	\$ 7	695.89
16	FRONT BUMPER BEAM	1	\$	471.45	\$ 7	471.45
17	FRONT BUMPER SPONGE	1	\$	121.75	\$ 7	121.75
18	FRONT BUMPER UNDERCOVER	1	\$	289.74	\$ ×	289.74
19	FRONT FENDER COWLING L+R	2	\$	175.65	\$ X	351.30
20	FRONT SUPPORT PANEL	1	\$	967.12	\$ X	967.12
21	FRONT SUPPORT PANEL TOP GARNISH	1	\$	86.25	\$ ×	86.25
22	AIRCON CONDENSOR	1	\$	761.90	\$ ×	761.90
23	AIRCON CONDENSOR AIRGUIDE L+R	2	\$	90.20	\$ X	180.40
24	RADIATOR	1	\$	545.79	\$ ×	545.79
25	RADIATOR COWLING	1	\$	154.62	\$ ×	154.62
26	RADIATOR FAN BLADE	1	\$	201.70	\$ ×	201.70
27	RADIATOR SPARE TANK	1	\$	115.32	\$ ×	115.32
28	FRONT HORN	2	\$	76.55	\$ ×	153.10
29	WIPER WASHER TANK	1	\$	151.87	\$ ×	151.87
30	BOOTLID	1		1,791.35	\$ ht	1,791.35
31	BOOTLID LOGO - HYUNDAI	1	\$	51.00	\$ ner	51.00
32	BOOTLID EMBLEM - ELANTRA	1	\$	74.50	\$ ner/	74.50
33	BOOTLID EMBLEM - ELITE	1	\$	72.61	\$ nei-	72.61
	BOOTLID LAMP L+R	2	\$	672.30	4x, RH-?	1,344.60
	BOOTLID SWITCH	1	\$	279.40	\$ ×	279.40
	BOOTLID NUMBER PLATE LAMP L+R	2	\$	65.50	\$ ×	131.00
	BOOTLID LOCK	1	\$	135.15	\$ 7	135.15

38	BOOTLID LOCK CATCH	1	\$	74.50	\$	×	74.50
39	BOOTLID INNER TRIM	1	\$	291.70	\$	\bowtie	291.70
40	BOOTLID HINGE L+R	2	\$	80.20	\$	×	160.40
41	BOOTLID WEATHERSTRIP	1	\$	101.73	\$	cut	101.73
42	TAIL LAMP L+R	2	\$	876.95	\$_	CHX, RH=?	1,753.90
43	TAIL LAMP PANEL L+R	2	\$	268.91	\$	' ×'	537.82
44	REAR BUMPER	1	\$	467.50	\$	Crey-	467.50
45	REAR BUMPER REVERSE SENSOR SET	2	\$	170.65	\$	nu	341.30
46	REAR BUMPER REFLECTOR L+R	2	\$	87.10	\$	IHX RHOW	174.20
47	REAR BUMPER LOWER	1	\$	257.60	\$	ent	257.60
48	REAR BUMPER RETAINER L+R	2	\$	72.95	\$	19	145.90
49	REAR BUMPER REINFORCEMENT BAR	1	\$	367.41	\$	h6-	367.41
50	REAR BUMPER SPONGE	1	\$	135.45	\$	×	135.45
51	REAR BUMPER UNDERCOVER	1	\$	286.80	\$	X	286.80
52	REAR FENDER INNER TRIM L+R	2	\$	256.31	\$_	14x, RH-9	n 512.62
53	REAR FENDER COWLING L+R	2	\$	175.65	\$	X	351.30
54	REAR FENDER AIRVENT L+R	2	\$	79.45	\$	×	158.90
55	END PANEL	1	\$	477.10	\$	Her	477.10
56	END PANEL TOP GARNISH	1	\$	112.20	\$	de	112.20
57	SPAREWHEEL PANEL	1	\$	663.70	\$	RY	663.70
58	SPAREWHEEL PANEL TOP BOARD	1	\$	511.90	\$	X	511.90
59	EXHAUST PIPE	1	\$	693.61	\$	X	693.61
60	EXHAUST MOUNTING	2	\$	61.70	\$	X	123.40
61	EXHAUST HEAT SHIELD	1	\$	156.77	\$	×	156.77
				Total	\$		26,729.04
			l	ess 20%	\$		5,345.81
				Total	\$		21,383.23

	S/Nett Items			
1	FRONT BUMPER CLIPS	10	10	\$ 30 mg 100.00
2	FRONT NUMBER PLATE	1	80	\$ 44 - 45 80.00
3	FRONT FENDER COWLING CLIPS	20	10	\$ × 200.00
4	FRONT SUPPORT PANEL TOP GARNISH CLIPS	10	10	\$ × 100.00
5	RADIATOR COOLANT	1	100	\$ ⋈ 100.00
6	BOOTLID SPOILER SEALANT	1	120	\$ 40 00 120.00
7	BOOTLID INNER TRIM CLIPS	10	10	\$ × 100.00
8	TAIL LAMP CLIPS	4	10	\$ X 40.00
9	TAIL LAMP PANEL SEALANT	2	120	\$ × 240.00
10	REAR NUMBER PLATE	1	80	\$ 66-45 80.00
11	REAR BUMPER CLIPS	10	10	\$ 30 mg/ 100.00
12	REAR FENDER INNER TRIM CLIPS	20	10	\$ 20 ne 200.00
13	REAR FENDER COWLING CLIPS	20	10	\$ 20? 200.00
14	END PANEL SEALANT	1	200	\$ 4 Duey 200.00
15	END PANEL TOP GARNISH CLIPS	10	10	\$ 10 me 100.00
16	SPAREWHEEL PANEL SEALANT	1	300	\$ 300.00
			Total	\$ 2,260.00

LABOUR			
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1	SPRAY PAINT ON AFFECTED AREAS	1	2600	\$	1200	2,600.00
2	PANEL BEATING ON AFFECTED AREAS	1	2600	\$	10 1	2,600.00
3	TO RNR REAR EXHAUST	1	250	\$	×	250.00
4	TO CHECK WIRING AND HEADLAMP FOCUS	1	150	\$	X	150.00
5	TO CHECK WIRING AND FOGLAMP FUNCTION	1	150	\$	×	150.00
6	TO CHECK WIRING AND TAIL LAMP FUNCTION	1	150	\$	720	150.00
7	TO CHECK WIRING AND TAILGATE LAMP FUNCTION	1	150	\$	550	150.00
8	TO RNR REAR INNER TRIM AND UPHOISTERY	1	600	\$	60	600.00
9	TO CHECK WATER LEAK	1	150	\$	×	150.00
10	TO RNR FRONT AIR CON CONDENSOR AND TOP UP GAS	1	300	\$	100?	300.00
11	TO RNR FRONT RADIATOR	1	250	\$	×	250.00
12	TO RNR FUEL TANK	1	250	\$	×	250.00
13	TO PERFORM DIAGNOSTIC AND CLEAR FAULTS	1	600	\$	100 /	600.00
14	TO RNR REAR BOOTLID MECHANISM	1	350	\$	60.	350.00
15	TO RNR REAR REVERSE SENSOR AND CHECK FUNCTION	1	150	\$	30.	150.00
16	TO PERFORM RUST PROOFING	1	600	\$	40	600.00
					6.	
	Total Labour					9,300.00
	Parts Replacement Amount			\$	23,643.23	
		1	The second secon			
		Tot	al Amount	\$	32	2,943.23

Tanfsh 97495749

WP' 23/12/20 @ 3pn

2/5 Resyny after repair.

Bdeys

farfshi @ /Mands. w.m.

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:



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 925D

Vehicle Details

Vehicle No.: SMD6148T

Vehicle to be Exported: No

Intended Deregistration Date: 31 Dec 2020
Vehicle Make: HYUNDAI

Vehicle Model: ELANTRA AD 1.6 GLS AT (AMS)

Primary Colour: Red
Manufacturing Year: 2018

Engine No.: G4FGJU232930

Chassis No.: KMHD841CMJU726142

Maximum Power Output: 93.8 kW (125 bhp)

Open Market Value: \$12,563.00
Original Registration Date: 29 Aug 2018
First Registration Date: 29 Aug 2018

Transfer Count: 0

Actual ARF Paid: \$12,563.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 28 Aug 2028 PARF Rebate Amount: \$9,422.00

Intended COE Rebate Details

COE Expiry Date: 28 Aug 2028

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

COE Period(Years): 10

QP Paid: \$31,997.00 COE Rebate Amount: \$24,505.00 Total Rebate Amount: \$33,927.00

The information contained herein is correct as at 18 Dec 2020

ОК

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 <u>completed by the Policyholder and/or the Authorised Driver</u>
 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 Submission 18/12/2020 17:50 (SGT) Date of Accident 18/12/2020 11:15 (SGT)

Exact Location of Accident AYE, Singapore

Additional Location Information AYE TOWARDS MCE AFTER BOUNA VISTA

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No

Vehicle Registration Number SMD6148T

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner KER BOON TAT NRIC No SXXXX925D

Email Address KERBOONTAT@GMAIL.COM Mobile Phone No (Phone) +65-91529376

Alternative Phone No +65-91529376

VEHICLE PARTICULARS

Manufacturer Hyundai Model Elantra Variant

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?

Vehicle Category

Private use

No - Claiming third party

Private car

No

Indoor

INSURANCE COMPANY

Name of Insurance Company Great American Insurance

Type of Coverage Comprehensive

Fleet Policy

Policy Number MOMVP000003949-01-000

Cover Note Number

DRIVER

Occupation

Name of Driver KER BOON TAT NRIC No SXXXX925D Date Of Birth 15/07/1986

Accident report SM0M20Cl000A

Date Of Driving Pass 04/11/2008

Driving experience 12 YEARS AND 1 MONTH

Gender

Mobile Number (Phone) +65-91529376 Alt. Phone Number +65-91529376

Email Address KERBOONTAT@GMAIL.COM

Address APT BLK 609 WOODLANDS RING ROAD

Address complement #02-233
Postcode 730609
Is the driver the policyholder? Yes
If No, Relationship of the Driver with the Insured -

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Chain Collision
Weather Conditions Raining
Road Surface Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLN9613G

Vehicle Manufacturer - Vehicle Model - Vehicle Variant -

Vehicle Variant
Vehicle Colour

Vehicle Category Private car

Name of Driver - Contact Number -

Address - Address complement -

Postcode

Insurance Company Name



Page 2 of 16

Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMM5482L Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident 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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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/'aw 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:
 - 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: 18 Dec 2020

1205hs

Driver's Signature

(If driver is not the policyholder)

Date & Time: & Dec 2020

120540

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN A) SMD G1497 B) SLN 96136 C) SMM 54821
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On 18.12.2020 at about 11:15hrs, I was threlling along
AVE TWO MCE After Buen. Vista Exit. The traffic was on moderate
more. Whead of me, there's a vehicle slow diwn & stop, I hollow mit.
All of a sudden, I get an hard in pact from the near. Then I redise
a villicle CLN 96135 had collided on to mo near. One to the hard impact
my which had moved forward and collided with snm 174821.
- for 3 volide involved in the acount.
TOTAL 3 WOULD INVENTO IN THE ALLD WITH.
DECLARATION I/We declare the foregoing particulars are true in every respect.
Policyholder's Signature Policyholder's Signature Reporting Centre Personnel's Signature
Date & Time: 18 Dec 2020 (If driver is not the policyholder) 1205 kg, Date & Time: (8 Dec 2020) 1205 kg, 1205 kg, 1205 kg.



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: S56SS0020G / GST Reg. No.: M400017735

 $\underline{\textbf{IMPORTANT NOTE}}: \quad \textbf{Please submit the completed Addendum form to the } \underline{\textbf{same}} \text{ Authorised Reporting Centre}$ with whom you submitted the Original Report.

	,	ADDENDUM			
(A)	PARTICULARS OF PERSON MAKING THE AM				
	Original Report No :	Vehicle Registration No: ५७० ६।५४७			
		NRIC/FIN/Passport No: <u>くとととくし</u> SD			
	(*Vehicle Driver / Vehicle Owner) (*) Please	delete as appropriate			
	Address : APT BLX 609 W	ooslands Ring Raad #12-233 singapore(73069)			
	Contact (Tel) :	Mobile No.: 9152957 6			
	Email Address : Kerboontat@gmail	.com			
	Date of Accident : 18/12/2020	Time of Accident : 11:15			
	Place of Accident : AYE towards 1	1CE After Bouna Vista			
	Insurance Company: Great American				
(B)					
	I have made a report on the above mention make the following amendments:	ed accident and would like to include additional information or			
Amend to third party claim					
	; •••••				
	2				
	The state of the s				
	Management of the second of th				
	Policyholder / Driver's Signature Date:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Date:			