,		ASSIGN	That to k ton				
•		1	ATAITICIA T				
rom:	Date:	Ve	h No:	SMG 9531	X YER	Regn: 7010	1JAN_
Estimated Cost:		Ту	pe: (1.Car / 1	M.Cycle / Bus / Van	/ Lorry / Tax	d / Prime Mov	er I
TPY WS ITP RES I OD RES I	EVA / INV / MIV		Truck /	Trailer or			
o Inspect Vehicle No: SML	3 9536×	М	ake; (Hymnay As	tuanit.1	6415 Bc	1591
t Workshop m/s Mova		C	olour	GREY	A/C:	Insured / S	std / NI / NA
1 BUKT MERALI	Company of	· s	p.Reading	33 247	T/Ra	dlo: Insured /	Std / NI / NA
	LPC		ng/No:		·		
Policy No.			/No:	KM HOSYICI	mku81-	159.3	•
Claims No.			en. Cond: G	iood Pair Poor E	Burnt		•
Sum Insured:	Excess: TB	s	teering: In or	der Jainmed / Lea	ked / Burnt	or	
(Client's Record)		· \E	Brake: (no	rder I Jammed I Lea	aked / Burnt	or	
Make of Veh:		1	∕lodi: Nil	I SIRIO I STO AIRI	m or		
		-	Tyre Size:	F:	12/65	ek	
(Policy Condition)			•	R:	n		
Remark: The veh had commence	ed its	V/S O/S	BS / DUN / E	EXNOVA / GY / FS /	LIZA / NIIC /	OHTSU / PIR	ISUMII
repair at the time of ins	spection.		T0Y0/Y0		NEXE		
Bal. or Market Value:	DK L		Front	•	Re		
	Consistent?: Yes or N	lo l	R/Bal.	L mm	-	Bal.	mm
GIA / PR Seen:	- Consistent? : Yes or N		₩Bal.	mm	, U	3al	·• mm
	ays Res.: Yes or		D.O.A.)	1/12/2020	D.	0.1. 1101	12021
· · · · · · · · · · · · · · · · · · ·	3 Val.: Yes or		Survey held		neva		بِيِّة.
CA 10 REN REP. 1 24 H	RS	. •		mages: Frt Rear I		/ U/C / Roof	top or
Date: Person C	Ve Contacted:	hicle: IN / OUT	7 11/	2 6		-ture effected	due to collision
			The U/C	C / Chassis frame	Body Stru	cture allected	das to comeron.
Date / Time Action / Instru			 ÷				
1-7-41	11/2/2	•			······································		,
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- iii			·				
Dale/Time, File Pass to?	: Prell. Report	*	Days Of I	Repair:			
·1)	: Final Report		Resurvey	y No. of Trip:		Survey Fee:	
Date/Time, File Return to?			beaut			Transportation:	
2)		Add Fe	e::s	ite Insp (\$)	S + RSSI	
			: lr	nterview (\$	>	Photos	
Repatronnai:			:T	ech. Invs (\$	>	Officia	
Lump Sum/l.B.f: (\$		_)	: V	Veeliend (\$. ,		
•						TOTAL	-
		3					l



Automotive

Main Office:

Workshop Dept:

Block 1008, Bukit Merah Lane 3, #01-04/06/08/94 Singapore 159722

Tel: **(65) 6272 3892** Fax: (65) 6270 8314

Co. Reg. 198904033G GST Reg. M2-0088864-2

Estimate

30/12/2020

LONPAC INSURANCE BHD 300 BEACH ROAD #17-04/07 The Concourse SINGAPORE 199555.

Attention :- XA025

Page #

:- SMG9536X Veh#

Veh Model :- HYUNDAI AD AVANTE 1.6

Estimate# :- CK421383

:- TP/CK139838 Claim #

ACC. Date :- 21/12/20

:- C.O.D Days Terms

Remarks: MFG O7 JAN 2019 (2018)

No.	Description	Q	ty	U.Price	Amounts S\$
	LIST ITEMS,:				4 700 00
1.	BOOTLID H	1	PC	1,782.00	1,782.00
2.	BOOTLID LOGO Ne	1	PC	196.00	196.00
3.	BOOTLID LAMP LH X	1	PC	284.00	284.00
4.	BOOTLID LAMP RH	1	PC	284.00	284.00
5.	BOOTLID LOCK X	1	PC	116.00	116.00
6.	BOOTLID RUBBER 🗡	1	PC	126.00	126.00 96.00
7.	BOOTLID HINGE LH X	1	PC	96.00	96.00
8.	BOOTLID HINGE RH 🗡	1	PC	96.00	362.00
9.	TAILLAMP LH X	1	PC	362.00	
10.	TAILLAMP RH 🗡	1	PC	362.00	362.00 193.00
11.	TAILLAMP LOWER BRACKET LH	1	PC	193.00	193.00
12.	TAILLAMP LOWER BRACKET RH	1	PC	193.00	451.00
13.	REAR BUMPER de / 7	1	PC	451.00	35.00
14.	REAR NUMBER PLATE LAMP LH	1	PC	35.00	35.00
15.	REAR NUMBER PLATE LAMP RH	1	PC	35.00	35.00
16.	REAR NUMBER PLATE GARNISH de	1	PC	35.00	354.00
17.	REAR BUMPER LOWER GARNISH CONST	1	PC	354.00	35.00
18.	REAR BUMPER CLIPS	10	PC	3.50	26.00
19.	REAR BUMPER SIDE RETAINER LH	1	PC PC	26.00 26.00	26.00
20.	REAR BUMPER SIDE RETAINER RH	1	PC	295.00	295.00
21.	REAR BUMPER REINFORCEMENT 7.	1	PC	65.00	65.00
22. 23.	END PANEL TOP GARNISH X END PANEL TEMP	1	PC	455.00	455.00
25.	LIST TOTAL S\$				5,902.00
	20% DISCOUNT S\$				-1,180.40
					4,721.60
					7 .
	SPECIAL NET ITEMS:		D0	350.00	250 -350.00
1.		1	PC	40.00	35 40.00
2.	100 m	1	PC PC		280.00
3. 4.		1	PC	40.00	
	SPECIAL NET TOTAL S\$				710.00
	LABOUR :				
	TO INSPECT REAR LIGHTING MECHANISM & CHECK WIRING				50.00
	TO INSTALL REVERSE CAMERA & SYNCHRONIZE WITH DEVICES				60 80:00
	TO INSTALL REVERSE SENSOR & DIAGNOSE FUNCTION			(20.00
	TO CUT OFF END PANEL. TO REMOVE & REPLACE DAMAGED ITEMS. REALIGN CONNECTION			51	60 gp:00 60 pt:00
	TO REMOVE & REFIT REAR COMPARTMENT & FITTING			6	U 180.00



Automotive

Main Office:

Mova Building No. 22, Jalan Kilang, Singapore 159419 Tel: (65) 6476 3333

Fax: (65) 6271 5891 www.mova.com.sg

Workshop Dept:

Block 1008, Bukit Merah Lane 3, #01-04/06/08/94 Singapore 159722

Tel: (65) 6272 3892 Fax: (65) 6270 8314

Co. Reg. 198904033G GST Reg. M2-0088864-2

Estimate

30/12/2020

LONPAC INSURANCE BHD 300 BEACH ROAD #17-04/07 The Concourse SINGAPORE 199555.

Page #

Veh#

:- 1

:- SMG9536X

Veh Model :- HYUNDAI AD AVANTE 1.6

139838

CK421383 Estimate# :-

Claim #

ACC. Date :- 21/12/20

Terms

:- C.O.D Days

Remarks

Description

Attention :- XA025

No.

Qty

U.Price Amounts S\$

TO RUST PROOF ON REPAIRED AREAS

TO APPLY BODY JOINT SEALANT ON CUTTING AREAS

TO SPRAY PIANT ON REPAIRED AREAS

LABOUR TOTAL S\$

600.00

1,720.00

E. & O.E

Tacelyn

NON-TAX AMOUNT S

AMOUNT S\$

GST @ 7 %

7,151.60

500.61

AMOUNT DUE S\$

7,652.21

Customer's Signature/Co. Stamp MOVA/AUTOMOTIVE PTE LTD

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

Acknowledn: 16, Reparer

Sig. "

Date:

Plp 11/01/2021 @ Hos Resury Sefore print

M20CM0002-01 / MOVA AUTOMOTIVE PTE LTD [159722] TRY DATE & TIME: 22/12/2020 13:19 (SGT) BMITTED BY: Avril VERSION: 2 (22/12/2020 13:37 (SGT))



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 wifted 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 Centra 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.

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2001	-	A COLUMN	200	モガイリ	17 12	1. 2

Date of Submission Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

22/12/2020 13:19 (SGT) 21/12/2020 16:55 (SGT) Dairy Farm Rd, Singapore

Singapore

10/09/1989

Indoor

IDETAILS OF OWN VEHICLES Vehicle Registration Number SMG9536X INSURED/POLICYHOLDER Is company? No Name Of Registered Owner LIM ZHI HAO, ALWYN NRIC No SXXXX464Z **Email Address** PLO123456PLO@HOTMAIL.COM Mobile Phone No (Phone) +65-97330821 Alternative Phone No +65-97330821 **VEHICLE PARTICULARS** Manufacturer Hyundai Model Avante Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car INSURANCE COMPANY Name of Insurance Company Great Eastern Type of Coverage Comprehensive Fleet Policy Policy Number 2020-V0110448-VDP Cover Note Number DRIVER Name of Driver LIM ZHI HAO, ALWYN NRIC No SXXXX464Z

Date Of Birth

Occupation

Of Driving Pass 01/10/2011 wing experience 9 YEARS AND 2 MONTHS Gender Male Mobile Number (Phone) +65-97330821 Alt. Phone Number +65-97330821 **Email Address** PLO123456PLO@HOTMAIL.COM Address APT BLK 92B TELOK BLANGAH STREET 31 Address complement #21-187 Postcode 102092 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Oriver Insurance Company of Other Vehicle Owned by Driver 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 the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name ONG CHENG HUI Gender Male PASSENGER 2 Name **CHUA NGEE LUI** Gender Female PASSENGER 3 ONG HUI YING Name Gender Female PASSENGER 4 ALYSSA LIM RUI XUAN Name Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE SKETCH PLAN ATTACHMENT(S)

Yes

Yes

Are accident photos available for attachment?

Was there any video captured by Car Camera?

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7.4 SECE OF HER VEHICLE PROPERTY ∭

Vehicle Registration Number	GBH4674M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	- Cammaraial vahiala
Vehicle Category	Commercial vehicle TAN LIP SHENG
Name of Driver	SXXXX622G
NRIC No	(Phone) +65-91130146
Contact Number	(Phone) +03-31130140
Address	-
Address complement	-
Postcode	•
Insurance Company Name	_
Nature Of Damage Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
NO. OF Passenger (including briver)	



SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my w orkshop 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purpos.

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Personnel

Sketch Plan

A - SMG 9536X B - GEH 4674M

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REV

Tim

ribe Circumstances of th	e Accident		
NSE PLATE: SMV 9536X	A	CCIDENT DATE & TIME: 2 1 /2/	20 1 16: #55 hr
TACT NUMBER: 77330821		MAIL ADDRESS: PLO 123456	
ATION: Doing Form Road			
At approximately 10:55 hs	. I may beading	along Doiry Form Road	to Upper Bukit Tinch Road
[Stopped of the	red light and	Lory (GBH 4674M)) hit on to the near
	V	J	
st my cor.			
·			
	·-		
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		Y HAVE 14 DAYS TIME FRAME FOR	
	WI UNDER YOUR OWN POLICY	Y. PLEASE CHECK YOUR POLICY FO	OK MURE INFORMATION.
Please state:	Claim Third Party	/) Claim OD/TP at although the	n /) Panadica Only
() Glaim Own Policy	P) Claim Third Party	() Claim OD/TP at other worksho	p () Reporting Only
Declaration			
			\sim
We declare the foregoing particu	lars are true in every respec		
Λ			N X N
<u>///`</u>			(e) X X (e)
Policyholder's Signature / Date & Time	Driver's Signature (If driv	er is not the policyholder) / Date	Witnessed by Repairing Centre
· ····-	G INC		Personnel

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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

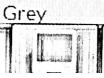
Owner ID Type:	Singapore NRIC
Owner ID:	4642
Valida N. Shiripinan	
Vehicle No.:	SMG9536X
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Jan 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	AD AVANTE 1.6 GLS (A)
Primary Colour:	Grey
Manufacturing Year:	2018
Engine No.:	G4FGJU046468
Chassis No.:	
Maximum Power Output:	KMHD841CMKU817993
Open Market Value:	93.8 kW (125 bhp)
Original Registration Date:	\$12,285.00 07 Jan 2019
First Registration Date:	
Transfer Count:	07 Jan 2019
Actual ARF Paid:	0 #4222500
a terkes kirkese gestraki, sa istore e krea atvi 1951 (sammen mannen mannen mannen mannen mannen men	\$12,285.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 Jan 2029
PARF Rebate Amount:	\$9,213.00
च विवेद के रिवेद के कि कि कि कि देखें कि कि विवेद कि	
COE Expiry Date:	06 Jan 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period (Years):	10
QP Paid:	\$25,501.00
COE Rebate Amount:	\$20,359.00
Total Rebate Amount:	

ОК







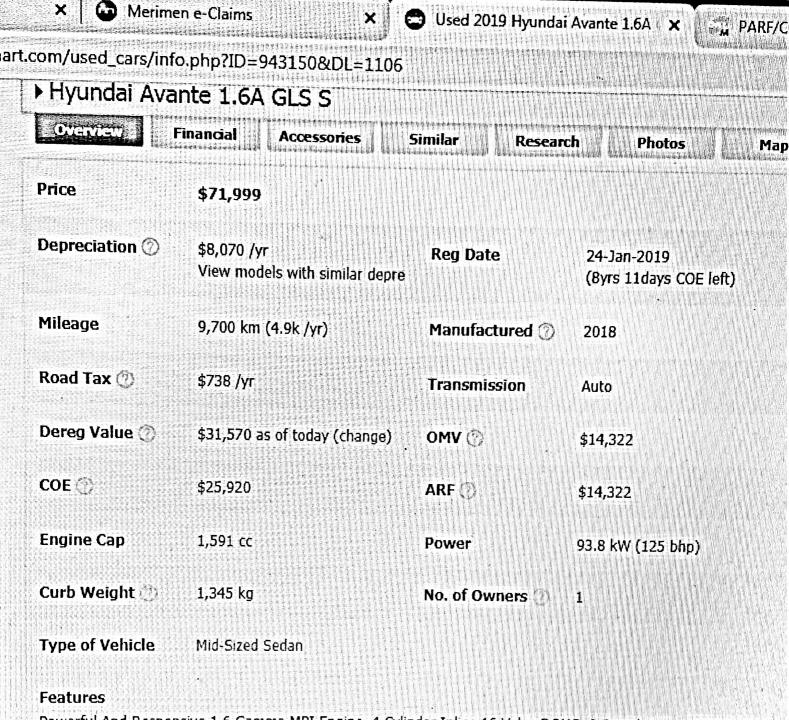












Powerful And Responsive 1.6 Gamma MPI Engine, 4 Cylinder Inline 16 Valve DOHC, 6 Speed Auto, 125BHP, Rear Aircon, Multi Steering Control, 6 Airbags View specs of the Hyundai Elantra (2016-2018)

Accessories

Sports Rims, Leather Seats, Front/Rear Recording Cameras, Reverse Camera/Sensors, Built-In Audio System, Bluetooth, Fog Lights, 3M Solar Films.

