

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/AG121004370/U+f3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SLQ9764M

at Workshop m/s

Focus 1.0m

of

Insured:

SLF1941J

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.

| | |
|-----|-----|
| N/S | O/S |
| | |

Bal. or Market Value:

\$58k.

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2

days

Res.:

Yes or No

Lum Sum:

20

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

261J

Vehicle: IN / OUT

Date:

Person Contacted:

2678k

Date / Time

Action / Instruction

27A 37686

Veh No:

SLQ9764M

Yr Regn:

28/7/17

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

Truck / Trailer or

JA /

Make:

Hyundai Elantra c.c 1.591

Colour

Red

A/C:

Insured / Std / NI / NA

Sp. Reading

76527

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMHD841CMJ*U515812

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/55R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

14/3/21

D.O.I.

7/4/21

Survey held at

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

O/S Frt.

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

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair:

2

1)

☐

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

TOTAL

Report Format :

TP

Lump Sum / I.B.I: (\$

850k

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------|--------------------------------------|
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 261J |
| Vehicle No.: | SLQ9764M |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 15 Mar 2021 |
| Vehicle Make: | HYUNDAI |
| Vehicle Model: | ELANTRA AD 1.6 GLS AT |
| Primary Colour: | Red |
| Manufacturing Year: | 2017 |
| Engine No.: | G4FGHU620631 |
| Chassis No.: | KMHD841CMJU515812 |
| Maximum Power Output: | 93.8 kW (125 bhp) |
| Open Market Value: | \$12,903.00 |
| Original Registration Date: | 28 Jul 2017 |
| First Registration Date: | 28 Jul 2017 |
| Transfer Count: | 1 |
| Actual ARF Paid: | \$12,903.00 6457 |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 27 Jul 2027 |
| PARF Rebate Amount: | \$9,677.00 |
| COE Expiry Date: | 27 Jul 2027 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$38,336.00 |
| COE Rebate Amount: | \$28,009.00 |
| Total Rebate Amount: | \$37,686.00 |

The information contained herein is correct as at 15 Mar 2021

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 Submission | 15/03/2021 17:12 (SGT) |
| Date of Accident | 14/03/2021 13:55 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | DUNEARN ROAD(BESIDE RAFFLES TOWN CLUB) |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLQ9764M |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | GOH TIEN HUAT |
| NRIC No | SXXXX261J |
| Email Address | jennyk766@gmail.com |
| Mobile Phone No | (Phone) +65-97260321 |
| Alternative Phone No | +65-97260321 |

VEHICLE PARTICULARS

| | |
|--|---------------------------------|
| Manufacturer | Hyundai |
| Model | HYUNDAI / ELANTRA AD 1.6 GLS AT |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private hire |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 1600 |

INSURANCE COMPANY

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 5119985997 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | GOH TIEN HUAT |
| NRIC No | SXXXX261J |

| | |
|--|---------------------------------|
| Date Of Birth | 03/03/1977 |
| Occupation | Outdoor |
| Date Of Driving Pass | 27/02/2001 |
| Driving experience | 20 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-97260321 |
| Alt. Phone Number | +65-97260321 |
| Email Address | jennyk766@gmail.com |
| Address | BLK 701 WEST COAST ROAD #10-321 |
| Address complement | - |
| Postcode | 120701 |
| 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 Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------|------------|
| Type of Accident | Side Swipe |
| 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? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|----------------|
| Name | GRAB PASSENGER |
| 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

REFER ATTACHED;

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 | SLE1941J |
| Vehicle Manufacturer | Honda |
| Vehicle Model | SLE1941J |
| 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) | - |

INJURED PERSONS DETAILS


INJURED 1


| | |
|---|---------------------------------|
| Name of injured person | GOH TIEN HUAT |
| Address | BLK 701 WEST COAST ROAD #10-321 |
| Address Complement | - |
| Post Code | 120701 |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SLQ9764M |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

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 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)**
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.

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4 #02-02
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: vackb@vicom.com.sg

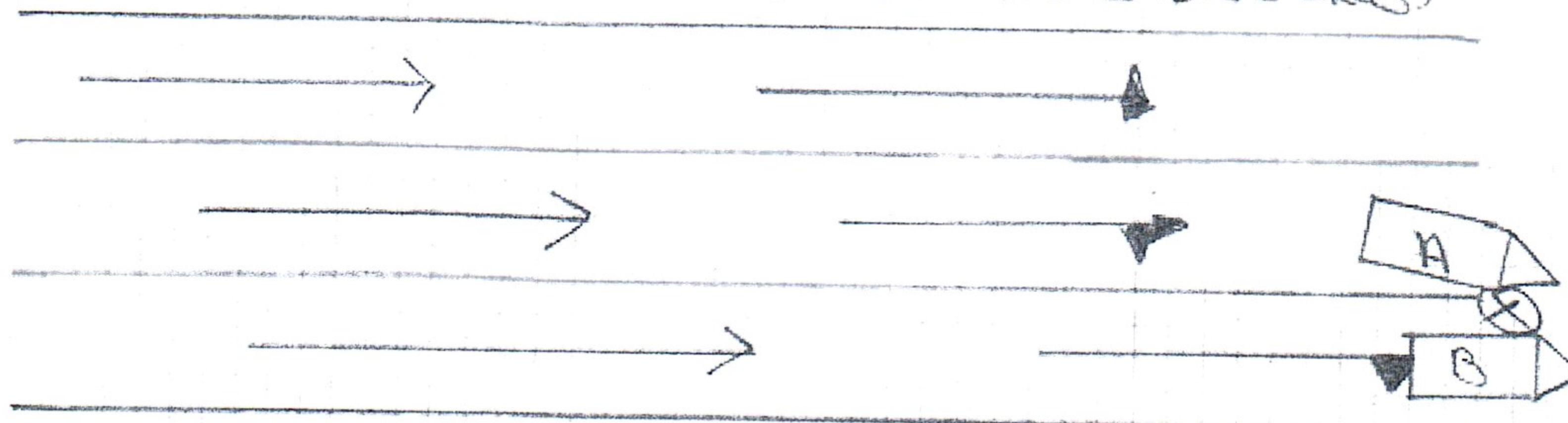
 15/03/21
 1540
 Policyholder's Signature / Date & Time

 15/03/21
 1540
 Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre
 Personnel

Sketch Plan

DUNJARA ROAD (BESIDE Raffles Town Hall) 15 MAR 2021





Describe Circumstances of the Accident

On 14/03/2021 at about 1355 hrs, while travelling along Dunearn Road (Beside Raffles Town Club), I was turning right towards Stevens Road. Vehicle A suddenly cut into my lane and hit on my front right hand side. I wish to state that the lane Vehicle B is travelling, only for turning right (No going straight).

Declaration

We declare the foregoing particulars are true in every respect.

 15/03/21
1540
Policyholder's Signature / Date & Time

 15/03/21
1540
Driver's Signature (If driver is not the policyholder) / Date & Time

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre
Personnel
15 MAR 2021

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SVD213F0006 Vehicle Registration No: SLD 9764M
Name (as shown in NRIC): BOH TIEN HUAT NRIC/FIN/Passport No: S7706261J
(*~~Vehicle Driver~~/Vehicle Owner) (*) Please delete as appropriate
Address: BLK 701 WEST WAST ROAD #10-321 Singapore (120701)
Contact (Tel): _____ Mobile No.: 9726 0321
Email Address: jennyk766@gmail.com
Date of Accident: 14/03/2021 Time of Accident: 1355 HRS
Place of Accident: DUNBAR ROAD (BESIDE RAFFLES TOWN CLUB)
Insurance Company: N7LK

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To include injury / E-mail address should be jennyk766@gmail.com.


Policyholder / Driver's Signature
Date: 03/04/2021

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

M/S : BUDGET DIRECT
(AGI)

** Submit to insurance*

Estimate No : E21040029

Date : 06/04/2021

Veh Reg No : **SLQ9764M**

ATTN : Motor Claim Department

Make / Model : HYUNDAI ELANTRA

Your Ref No : **SLQ9764M**

Chassis : KMHD841CMJU515812

Claim Type : THIRD PARTY

Engine Number : G4FGHU620631

Accident Date 14/03/2021

Reg. Date : 28/07/2017

Estimate Repair Cost to Vehicle No : SLQ9764M

PAGE:1/2

| S/N | Description | Quantity | Unit | Price | Amount |
|---------------------|--|----------|------|----------------|----------------|
| | <u>NETT PRICE</u> | | | <u>S\$</u> | <u>S\$</u> |
| 1 | Front HeadLamp o/s cne | 1 | PCS | 763.80 | 763.80 ✓ |
| 2 | Front Bumper ~ | 1 | PCS | 498.20 | 498.20 ✗ |
| 3 | Front Bumper Side Retainer - RH o/s ✓ | 1 | PCS | 32.00 | 32.00 ✗ |
| 4 | Front Bumper Fog Lamp Cover - RH o/s ✓ | 1 | PCS | 78.20 | 78.20 ✗ |
| A) TOTAL | | | | 1372.20 | 1372.20 |
| DISCOUNT 20% | | | | 1097.76 | 1097.76 |

LABOUR CHARGES

| | <u>S\$</u> | <u>S\$</u> |
|------------------|------------|----------------|
| 5 Panel Beating | 250 | 750.00 |
| 6 Check Wiring | 20 | 60.00 |
| 7 Rust Proofing | 11 X | 60.00 |
| 8 To Spray Paint | 200 | 480.00 |
| B) TOTAL | | 1350.00 |

| | |
|----------------------|----------------|
| OVERALL TOTAL | 2447.76 |
| A + B = | |

FOR FOCUS AUTO PTE LTD



Aidah Zailani
Claims Executive
HP: 8139 9800

AUTHORISE SIGNATURE

Not Attached
2/5 \$850
2 days
7/4/21
Wong Hee Ahn
4/5 \$850

P-763.80
202
7-611.04
L-470
1081.04
20%
216.21