

ASS. REC. BY:

Jter

REF

CS/CT 121006999/Egc

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.

SNM21D203501/C02

Sum Insured:

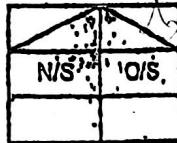
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

SIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5

days

Res.:

Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SME 5276H

Yr Regn:

3/10/18

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

Truck / Trailer or

Make:

Hyundai Elantra

c.c

1597

Colour:

Silver

A/C:

Insured / Std / NI / N

Sp. Reading

113543

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

K14H10841CMT763314

Gen. Cond: Good / Fair / Poor / Bught

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

AIRVO.

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

21/6/21

D.O.I.

22/6/21

Survey held at

MORA

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

F.A. R.V.

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

MV-69K

23/06/21 @ 3.16pm revised to Jacqueline Tan via Merimen

29/06/21 @ 2.32pm confirmed with Billy final fig \$3488, 5 days. (Red \$2112, 38%)

Date/Time, File, Pass to:



Prel. Report

29/06 Typist



Final Report

Date/Time, File Return to:

Days Of Repair:

5

Resurvey No. of Trip:

2

Survey Fee:

Transportation

\$ + RS \$1

Photos

Others

TOTAL

Add Fee:



Site Insp

(\$



Interview

(\$



Tech. Inve

(\$



Weel and

(\$

Date/Time, File, Pass to:

MER-TP

Date/Time, File Return to:

3488



Automotive Pte Ltd

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

22/06/2021

CHINA TAIPING INSURANCE (S) PTE LTD

3 Anson Road

#16-00 Springleaf Tower

Singapore 079909.

Attention :- XA017

Page # :- 1

Veh # :- SME5276H

Veh Model :- HYUNDAI ELENTA AD 1.6

Estimate# :- CK421987

Claim # :-

ACC. Date :- 21/06/21

Terms :- C.O.D Days

Remarks :-

No.	Description	Qty	U.Price	Amounts S\$
LIST ITEMS :				
1.	HEADLAMP ASSY RH / CUT	1 PC	1,199.00	1,199.00
2.	HEADLAMP LOWER BRACKET RH / BR	1 PC	35.00	35.00
3.	FRONT BUMPER / BR	1 PC	500.00	500.00
4.	FRONT BUMPER TOP RUBBER X / OR	1 PC	35.00	35.00
5.	FRONT BUMPER SPONGE / OR	1 PC	111.00	111.00
6.	FRONT BUMPER REINFORCEMENT / OR	1 PC	696.00	696.00
7.	FRONT BUMPR RETAINER RH / OR	1 PC	30.00	30.00
8.	FRONT BUMPR CLIPS / ACC	10 PC	5.00	50.00
9.	FRONT TOW COVER X / ?	1 PC	16.00	16.00
10.	RADIATOR GRILLE	1 PC	500.00	500.00
11.	SUPPORT PANEL / OR	1 PC	950.00	950.00
12.	FRONT FENDER RH (REPAIR) X R / TN	1 PC	86.00	86.00
13.	FRONT FENDER COWLING RH / ACC	1 PC	5.00	50.00
14.	FRONT FENDER COLWING CLIPS	10 PC	60.00	60.00
15.	WASHER TANK / CRU	1 PC	266.00	266.00
16.	FOG LAMP RH X	1 PC	116.00	116.00
17.	FOG LAMP GARNISH RH / BR	1 PC	175.00	175.00
18.	DAY LIGHT LAMP RH X / CUT	1 PC		
LIST TOTAL S\$				4,875.00
20% DISCOUNT S\$				-975.00
				3,900.00
SPECIAL NET ITEMS :				
1.	FRONT BUMPR LOWER SPOILER X R	1 PC	480.00	480.00
SPECIAL NET TOTAL S\$				480.00
LABOUR :				
TO KNOCK AND STRAIGHTEN FRONT FENDER RH, BONNET, REMOVE & REPLACE ACCIDENT DAMAGED PARTS, REALIGN ALL CONNECTION				500 600.00
SPRAY PAINT BONNET, FRONT FENDER LH, FRONT BUMPER				500.00
REMOVE & REPLACE A/C CONDENSER, PIPE, HOSE & RECHARGE A/C GAS				120.00
LABOUR TOTAL S\$				1,220.00

LKK Auto Centre will inform and notify the Resurveyer of the following:

- To ensure the accuracy of the spray painting
- To ensure the 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 recognized and is subject to the Resurveyer's approval



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Estimate

22/06/2021

CHINA TAIPING INSURANCE (S) PTE LTD
3 Anson Road
#16-00 Springleaf Tower
Singapore 079909.

Attention :- XA017

Page # :- 1 141314
Veh # :- SME5276H
Veh Model :- HYUNDAI ELENTRA AD 1.6
Estimate# :- CK421987
Claim # :-
ACC. Date :- 21/06/21
Terms :- C.O.D Days
Remarks :-

No.	Description	Qty	U.Price	Amounts S\$
-----	-------------	-----	---------	-------------

E. & O.E

NON-TAX AMOUNT S

AMOUNT S\$ 5,600.00

GST @ 7 % 392.00

AMOUNT DUE S\$ 5,992.00

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

PARF/COE Rebate Enquiry

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

199Z

Vehicle Details

Vehicle No.:

SME5276H

Vehicle to be Exported:

No

Intended Deregistration Date:

21 Jun 2021

Vehicle Make:

HYUNDAI

Vehicle Model:

ELANTRA AD 1.6 GLS AT (AMS)

Primary Colour:

Silver

Manufacturing Year:

2018

Engine No.:

G4FGJU274172

Chassis No.:

KMHD841CMJU763314

Maximum Power Output:

93.8 kW (125 bhp)

Open Market Value:

\$12,630.00

Original Registration Date:

03 Oct 2018

First Registration Date:

03 Oct 2018

Transfer Count:

1

Actual ARF Paid:

\$12,630.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

02 Oct 2028

PARF Rebate Amount:

\$9,472.00

Intended COE Rebate Details

COE Expiry Date:

02 Oct 2028

COE Category:

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

COE Period(Years):

10

QP Paid:

\$28,000.00

COE Rebate Amount:

\$20,385.00

Total Rebate Amount:

\$29,857.00

The information contained herein is correct as at 21 Jun 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	21/06/2021 17:49 (SGT)
Date of Accident	21/06/2021 13:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG WEST ST 41 CARPARK NEAR BLK 493
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME5276H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YEW SOON SIONG
NRIC No	SXXXX199Z
Email Address	YEWSOONSIONG@GMAIL.COM
Mobile Phone No	(Phone) +65-98388419
Alternative Phone No	+65-98388419

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	-
Cover Note Number	-

DRIVER

Name of Driver	YEW SOON SIONG
NRIC No	SXXXX199Z

Date Of Birth	07/07/1979
Occupation	Outdoor
Date Of Driving Pass	18/06/2001
Driving experience	20 YEARS
Gender	Male
Mobile Number	(Phone) +65-98388419
Alt. Phone Number	+65-98388419
Email Address	YEWSOONSIONG@GMAIL.COM
Address	BLK 188 BUKIT BATOK WEST AVE 6
Address complement	#06-09
Postcode	650188
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	Collision - Major/Minor Rd
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	TOO BIG
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SLA6227B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TOH WEY
-	SXXXX781C
Contact Number	(Phone) +65-90221303

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.
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.

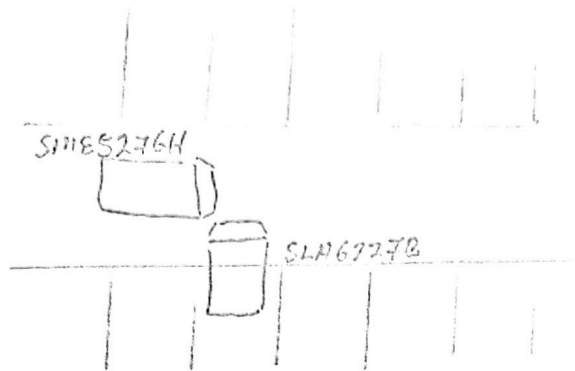
 Policyholder's Signature
 Date & Time:

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

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

SKETCH PLAN #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE SME5276H	ACCIDENT DATE & TIME 21/6/2021 13.45pm
CONTACT NUMBER 98388419	E-MAIL ADDRESS: YEWsoon5iong@gmail.com
LOCATION Jurong West St 41 carpark near Bk493	
<p>When I was driving straight along carpark of Jurong West St 41 near Bk 493, vehicle SLA 6227B driving out from the parking lot has collided into my vehicle SME5276H.</p>	
<p>Toh Wey : 90221303 NRIC : S0585781C</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION</p>	
<p>Please state:</p> <p><input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OOTP at other workshop <input type="checkbox"/> Reporting Only</p>	

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: