



# Vin's

AUTOMOTIVE GROUP

A Sin Ming Autocity,  
160 Sin Ming Drive #03-03  
Singapore 575722

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E admin@vinsautogroup.com.sg

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Our Ref : TP/202109/C7190  
Accident date: 30/9/2021  
Your Ref : SLV7190E

Tax Invoice:

Date : 4/10/2021

Motor Claim Department  
SMRT Corporation Ltd  
6 Ang Mo Kio Street 62  
Singapore 569140

## ESTIMATE COST OF REPAIRS TO

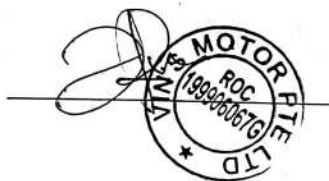
Vehicle No. : SLV7190E  
Model : HYUNDAI ELANTRA

	Parts Prices
1 pc Rear right door <i>bt</i>	\$ 1,778.00
1 pc Rear right door handle <i>X</i>	\$ 87.00
1 pc Rear right door rubber <i>re</i>	\$ 108.00
1 pc Rear right door outer chrome mldg <i>X</i>	\$ 184.00
1 pc Rear right fender <i>bt</i>	\$ 1,768.00
1 pc Rear windscreen mldg <i>re</i>	\$ 164.00
1 pc Rear bumper <i>repair</i>	\$ 459.00
1 pc Rear bumper retainer Rh <i>X</i>	\$ 44.00
1 pc Rear right sport rim <i>sur</i>	\$ 671.00
1 pc Rear right wheel bearing(with hub) <i>?</i>	\$ 454.00
1 pc Rear right subframe <i>X</i>	\$ 976.00
1 pc Rear right suspension <i>X</i>	\$ 298.00
	\$ 6,991.00
Less 20%	\$ 1,398.20
	\$ 5,592.80

1 pc Rear windscreen gum <i>re</i>	\$ 60.00 N 40
1 pc Rear right tyre <i>X</i>	\$ 280.00 N

To check wheel alignment <i>(copy)</i>	\$ 150.00 <i>60</i>
To remove and refix rear undercarriage	\$ 280.00 <i>80 photo</i>
To remove and refix rear windscreen	\$ 150.00 <i>120</i>
To remove and refix rear seat cushion/roof lining	\$ 280.00 <i>80</i>
To repair/replace damaged parts	\$ 680.00 <i>600</i>
To spray painting	\$ 780.00 <i>600</i>
	\$ 8,252.80

VIN'S MOTOR 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

Acknowledged by Repairer

Signature:

Date:

*Repair*  
*4p 90010068*  
*6 days*  
*4s*  
*04/10/21 @ 1535*  
*Rey after repair*



# 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 ..... 30/09/2021 14:58 (SGT)  
Date of Accident ..... 30/09/2021 06:40 (SGT)  
Exact Location of Accident ..... Near 279 Choa Chu Kang Ave 3, Singapore 680279  
Additional Location Information ..... Cross junction of Choa Chu Kang Avenue 3 and Choa Chu Kang Way  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLV7190E

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Tiaw Kay Siang (Zhang JiaXiang)  
NRIC No ..... SXXXX073B  
Email Address ..... kayser78@gmail.com  
Mobile Phone No ..... (Phone) +65-97610802  
Alternative Phone No ..... +65-97610802

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Elantra  
Variant ..... AD 1.6 GLS AT (AMS)  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1591

### INSURANCE COMPANY

Name of Insurance Company ..... HL Assurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... -  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Tiaw Kay Siang (Zhang JiaXiang)

NRIC No .....  
Date Of Birth .....  
Occupation .....  
Date Of Driving Pass .....  
Driving experience .....  
Gender .....  
Mobile Number .....  
Alt. Phone Number .....  
Email Address .....  
Address .....  
Address complement .....  
Postcode .....  
Is the driver the policyholder? .....  
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 .....

SXXXX073B  
23/10/1978  
Indoor  
24/04/1999  
22 YEARS AND 5 MONTHS  
Male  
(Phone) +65-97610802  
+65-97610802  
kayser78@gmail.com  
Apt Blk 816A Keat Hong Link  
#06-61  
681816  
Yes  
-  
No  
-  
-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Collision - Cross Junction  
Weather Conditions ..... Raining  
Road Surface ..... Wet

#### 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 vehicle 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 ..... Tiaw Choon Kai  
Gender ..... Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... Yes  
Police Station Name ..... Choa Chu Kang Neighbourhood Police Centre  
Police Station Phone No ..... (Phone) +65-18007659999  
Alt. Police Station Phone No ..... (Fax) +65-67644104  
Police Station Address ..... No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286  
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  
Was there any audio recorded? ..... No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SMB1569E



Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
Name of Driver .....	Low Ah Hock
NRIC No .....	SXXXX621E
Contact Number .....	(Phone) +65-81081304
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.
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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")

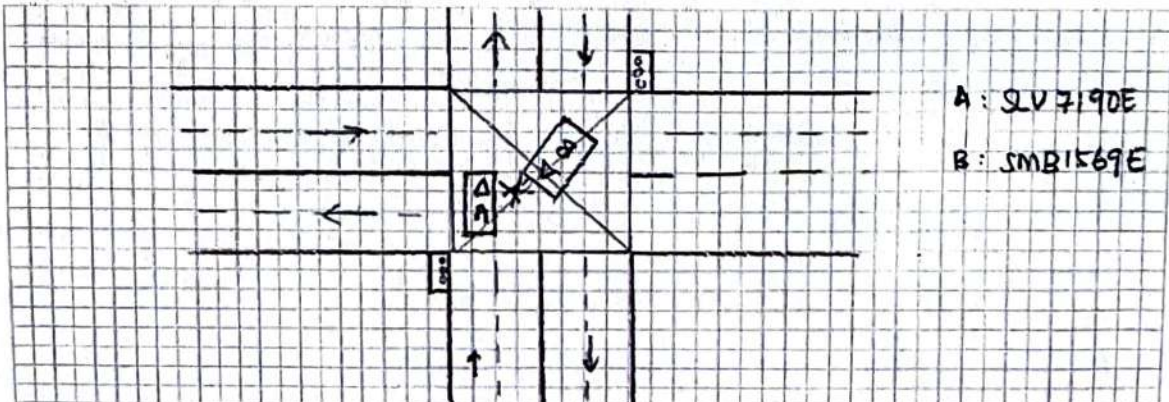
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

**Sketch Plan**







> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	073B
Vehicle No.:	SLV7190E
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Oct 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA AD 1.6 GLS AT (AM5)
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	G4FGHU855471
Chassis No.:	KMHD841CMJU610080
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$11,891.00
Original Registration Date:	12 Jan 2018
First Registration Date:	12 Jan 2018
Transfer Count:	0
Actual ARF Paid:	\$11,891.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Jan 2028
PARF Rebate Amount:	\$8,918.00
COE Expiry Date:	11 Jan 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$38,200.00
COE Rebate Amount:	\$23,936.00
Total Rebate Amount:	\$32,854.00

The information contained herein is correct as at 05 Oct 2021

OK



# Hyundai Elantra 1.6A GLS

[Overview](#)[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

**Price** **\$62,800**

<b>Depreciation</b> ?	\$8,810 /yr View models with similar depre	<b>Reg Date</b>	23-Mar-2018 (6yrs 5mths 17days COE left)
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<b>Mileage</b>	43,900 km (12.4k /yr)	<b>Manufactured</b> ?	2018
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<b>Road Tax</b> ?	\$738 /yr	<b>Transmission</b>	Auto
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<b>Dereg Value</b> ?	\$33,837 as of today (change)	<b>OMV</b> ?	\$11,641
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<b>COE</b> ?	\$38,830	<b>ARF</b> ?	\$11,641
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<b>Engine Cap</b>	1,591 cc	<b>Power</b>	93.8 kW (125 bhp)
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<b>Curb Weight</b> ?	1,345 kg	<b>No. of Owners</b> ?	1
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