(08/11/13) wef ASS. REC. BY: CAPUL REF: CS/SMR 210	210192/ Flufs 0738
Estimated Cost:  OD / TP / WS / TP RES / OD RES / EVA / INV / MV  To Inspect Vehicle No: SLV 7/90% at Workshop m/s V/ N'S Americally of 60 3LN Lam Hwat flos to Care scal Insured: 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.	Veh No: SU 1906 Yr Regn: 908 / 300  Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  Truck / Trailer or  Make: Hywan Carle AD (-648Ac.c   S91)  Colour Luc A/C: Insured / Std / NI / NA  Sp.Reading 69313 T/Radio: Insured / Std / NI / NA  Eng/No:  C/No: LM HO 841 CM Du 6/00 80  Gen. Cond: Good Fall / Poor / Burnt  Steering: Morder / Jammed / Leaked / Burnt or  Brake: (norder / Jammed / Leaked / Burnt or  Modi: Nil SRm / STD A/Rim or  Tyre Size: F: [SS 65845]  R:  BS / DUN / EXNOVA / GY / FS / LIZA / MIO / OHTSU / PIR / SUMI /  TOYO / YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal.
GIA / PR Seen: Consistent?: Yes or No	L/Bal. L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 30 68 21 D.O.I. 04 10 21
Lum Sum: % 3 Val.: Yes or No	Survey held at VINIS AUTO
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction  Repair Lint - 28K	
	The second secon
Date/Time, File Pass to?  : Prell. Report  1): Final Report	Days Of Repair:  Resurvey No. of Trip:  Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fe	
Report Format :	:Interview (\$ ) Photos
Lump Sum / I.B.I: (\$	:Tech. Invs (\$ ) Others
)	:Weekend (\$



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

T 6453 2121 (4 lines) / 6458 1111 (24 hrs)

4p Perocoobs 6 days

O4/10/21 P 1535 Roey after reprir

F 6459 9795 / 6459 0433

E admin@vinsautogroup.com.sg

www.vinsautogroup.com.sg

Our Ref : Accident date:

Your Ref

TP/202109/C7190 30/9/2021 Tax Invoice:

Date

30/9/2021 SLV7190E

4/10/2021

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

#### **ESTIMATE COST OF REPAIRS TO**

Vehi	de No.	: SLV7190E			
Mod	el:	HYUNDAI ELANTRA			
		- 11/	F	arts Prices	
1	pc	Rear right door of	\$	1,778.00	
1	pc	Rear right door handle	\$	87.00	
1	pc	Rear right door rubber 🖊	\$	108.00	
1	pc	Rear right door outer chrome mldg X	\$	184.00	
1	pc	Rear right fender \$\forall \tag{\forall}	\$	1,768.00	
1	pc	Rear windscreen mldg	\$	164.00	
1	pc	Rear bumper 144V	\$	459.00	
1	pc	Rear bumper retainer Rh	\$	44.00	
1	pc	Rear right sport rim suc	\$	671.00	
1	pc	Rear right wheel bearing(with hub)	\$	454.00	
1	pc	Rear right subframe X	\$	976.00	
1	pc	Rear right suspension	\$	298.00	
			\$	6,991.00	
		Less 20%	\$	1,398.20	
			\$	5,592.80	

pc Rear windscreen gum
pc Rear right tyre

To check wheel alignment (CO)
To remove and refix rear undercarriage
To remove and refix rear windscreen
To remove and refix rear seat cushion/roof lining
To repair/replace damaged parts
To spray painting

\$ 69.00	N	40
\$ 280.00		•

\$ 150.00 bo \$ 280.00 80 phob \$ 150.00 120 \$ 280.00 80

\$ 680.00 600

\$ 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:

# **©** SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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

#### **DETAILS OF OWN VEHICLE**

venice registration (valide)	SLV/190E
INSURED/POLICYHOLDER	
Is company?	No

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.	LEE 07610000

#### +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	AB 1.0 GEO AT (AMS)	
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  Type of Coverage	HL Assurance Pte Ltd
	Comprehensive
Fleet Policy	No
Policy Number	
Cover Note Number	-

#### DRIVER

Tiaw Kay Siang (Zhang JiaXiang)

NRIC No  Date Of Birth  Occupation	SXXXX073B 23/10/1978 Indoor
Date Of Birth	Indoor
Date Of Birth	
Occupation	24/04/1999
Occupation Date Of Driving Pass Driving experience	22 YEARS AND 5 MONTHS
Driving experience	Male
Gender	(Phone) +65-97610802
Mobile Number	+65-97610802
Alt. Phone Number	kayser78@gmail.com
Email Address	Apt Blk 816A Keat Hong Link
Address	#06-61
Address complement	681816
Postcode	Yes
Is the driver the policyholder?	-
If No, Relationship of the Driver with the Insured  Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Vehicle Registration Number of Other Vehicle Owned by Briver	이들의 경기를 보면 하는 사람들이 가득하는 것이 살아 있다.
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Cross Junction
Weather Conditions	Raining
Road Surface	Wet
	THE RESERVE OF THE PROPERTY OF
OTHER INFORMATION	and the second section of the second section in the second section is the second section of the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the section is the second section in the section is the section in the section is section in the section in the section is the section in the section is the section in the section is the section in the section
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
Gender	Malc
DETAILS OF POLICE ACTION	
TEATERS TO THE SHEET SHEET AND THE SAME SHEET STATE OF THE SHEET SHEET SHEET SHEET SHEET SHEET SHEET SHEET SHEET	AND THE PROPERTY OF THE PROPER
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?	발견을 가는 아랫 사람들이 얼마나 가는 사람들이 되었다.
CIRCUMSTANCES OF ACCIDENT	
	UMALO TERRILLEM DE LOS DEL SESSES DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE
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 OTHE	ER VEHICLE PROPERTY 1

SMB1569E

Accident report SV0T219U0001

Vehicle Registration Number

Jehicle Vehicle Vehicle Vehicle Vehicle Vehicle

Vehicle Manufacturer	
Vahicle Model	. *
Vehicle Variant	<del>-</del>
Vehicle Colour	· •
Vehicle Category	Bus
Name of Driver	Low Ah Hock
NRIC No	SXXXX621E
Contact Number	(Phone) +65-81081304
Address	
Address complement	. The <u>-</u> 1944
Postcode	· = 1
Insurance Company Name	A Principal Control
Nature Of Damage	g
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 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)

I understand, acknowledge, agree and consent that :

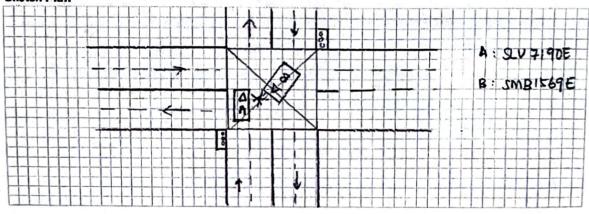
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Sketch Plan



	Refer	to	police	report -	17.14			2	1	
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De	claration					A. W. A.				
W	e declare the	(oregoi	ng particular	rs are true in ever	ry respect.					

Witnessed by Repor Personnel

### > 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 fine the second of the seco
Intended Deregistration Date:	05 Oct 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA AD 1.6 GLS AT (AMS)
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	G4FGHU855471
Chassis No.:	KMHD841CMJU610080
Maximum Power Output:	· 93.8 kW (125 Ынр)
Open Market Value:	\$11,891.00
Original Registration Date:	12 Jan 2018
First Registration Date:	12 Jan 2018
Transfer Count:	0-1816
Actual ARF Paid:	\$11,891.00
PARF Eligibility:	Yes Yes
PARF Eligibility Expiry Date:	11 Jan 2028
PARF Rebate Amount:	\$8,918.00
The state of the s	
COE Expiry Date:	11 Jan 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QPPaid:	\$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

ОК

## **Hyundai Elantra 1.6A GLS**

Overview

Financial

Accessories

Similar

Research

**Photos** 

Мар



Price	\$62,800		
Depreciation ②	\$8,810 /yr View models with similar depre	Reg Date ,	23-Mar-2018 (6yrs 5mths 17days COE left)
Mileage	43,900 km (12.4k /yr)	Manufactured ⑦	2018
Road Tax 7	\$738 /уг	Transmission	Auto
Dereg Value ⑦	\$33,837 as of today (change)	OMV 🕜	\$11,641
COE ⑦	\$38,830	ARF ①	\$11,641
Engine Cap	1,591 cc	Power	93.8 kW (125 bhp)
Curb Weight 🕖	1,345 kg	No. of Owners 🕜	