

(08/11/13) wef
ASS. REC. BY: Asm

REF:

CC4/11121011694/Rea3

MI

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____

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

To Inspect Vehicle No: SMD 52994
at Workshop m/s SNH AH TEG
of BLK 3, PIONEER RD NORTH #01-18
Insured: 111

Policy No. _____

Claims No. _____

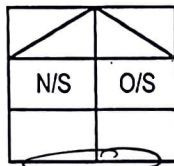
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 59K

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

REPAIR LIMIT - 30K

Veh No: SMD 52994 Yr Regn: 2018 / 9uh

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

Truck / Trailer or

Make: HYUNDAI ACCENT 1.4 CRT c.c. 1368

Colour: WHITE A/C: Insured / Std / NI / NA

Sp. Reading: 34967 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCU41BT KU44-0059

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / Rim / STD A/Rim or

Tyre Size: F: 175/70R14
R: 2 -

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 01/11/21 D.O.I. 14/12/21

Survey held at SNH AH TEG

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

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

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Report Format : _____

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

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

) : S + RS SI

) Photos

) Others

INDIA INTERNATIONAL INSURANCE PTE LTD

64 #05-05 CECIL STREET
IOB BUILDING SINGAPORE 049711

ATTENTION:

CONTACT: 62238122

FAX NO: 62244174

EST/QUOTE NO. SQ007033

DATE: 13/12/2021
ACCIDENT DATE: 09/11/2021
VEHICLE NO: SMD5299Y
CHASSIS/ENG.NO: KMHC41BTKU440059
VEHICLE MODEL: HYUNDAI ACCENT
CLAIM NO: MFL2021D0004961/SN
POLICY NO:
REMARK: 5299INDIA TP AGST PC6603R

S/N.	QTY	UNIT	DESCRIPTION	PRICE	DISC %	DISC/MARKUP	TOTAL AMT
** LIST PRICE **							
1	1	PC	REAR BUMPER <i>de</i>	418.60	20	334.88	334.88
2	1	PC	REAR BUMPER RETAINER LH <i>X</i>	23.20	20	18.56	18.56
3	1	PC	REAR BUMPER REINFORCEMENT <i>?</i>	376.50	20	301.20	301.20
4	10	PC	REAR BUMPER CLIPS <i>re</i>	4.90	20	3.92	39.20
5	1	PC	REAR BOOT LID <i>repair</i>	1,223.90	20	979.12	979.12
6	1	PC	REAR BOOT EMBLEM <i>re</i>	27.50	20	22.00	22.00
7	1	PC	REAR BOOT ACCENT LOGO <i>re</i>	29.80	20	23.84	23.84

SUB-TOTAL: 1,718.80

**** WORK LABOUR ****

TO KNOCK, WELD, REMOVE & FIX ON ABOVE PARTS

TO PUTTY & SPRAY PAINTING ON AFFECTED AREAS

TO CHECK WIRING

TO APPLY ANTI RUST COATING

400.00 *300* ~~400.00~~

500.00 *400* ~~500.00~~

30.00 ~~30.00~~

30.00 *X* ~~30.00~~

SUB-TOTAL 960.00

SAM



ON BEHALF OF SNG AH TEE PANEL & SERVICE PTE LTD E & O.E

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
The damaged item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

SUB-TOTAL: S\$ 2,678.80
ADD 7% GST. S\$ 187.52
GRAND TOTAL: S\$ 2,866.32

Disclaimer clause:

The above estimate/quotation is meant for solely the intended party stated above and in any event, we are not liable to any other parties arising from the circumstances of this or any action taken in reliance on such estimates or quotations.
Quotation is only valid for 14 days.

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	10/11/2021 17:12 (SGT)
Date of Accident	09/11/2021 17:20 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	SLIP RD TO JURONG TOWN HALL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD5299Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH PEISHAN
NRIC No	SXXXX977I
Email Address	RACHIEEE@GMAIL.COM
Mobile Phone No	(Phone) +65-98299207
Alternative Phone No	+65-98299207

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Accent
Variant	-
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	1368

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P2183750
Cover Note Number	-

DRIVER

Name of Driver	KOH PEISHAN
NRIC No	SXXXX977I

Date of Birth	25/05/1983
Occupation	Indoor
Date of Driving Pass	25/07/2003
Driving experience	18 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98299207
Alt. Phone Number	+65-98299207
Email Address	RACHIEEE@GMAIL.COM
Address	986C JURONG WEST ST 93 #09-615
Address complement	-
Postcode	-
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 - Head to Rear
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)	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
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC6603R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Code -
Insurance Company Name -
Amount Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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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.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

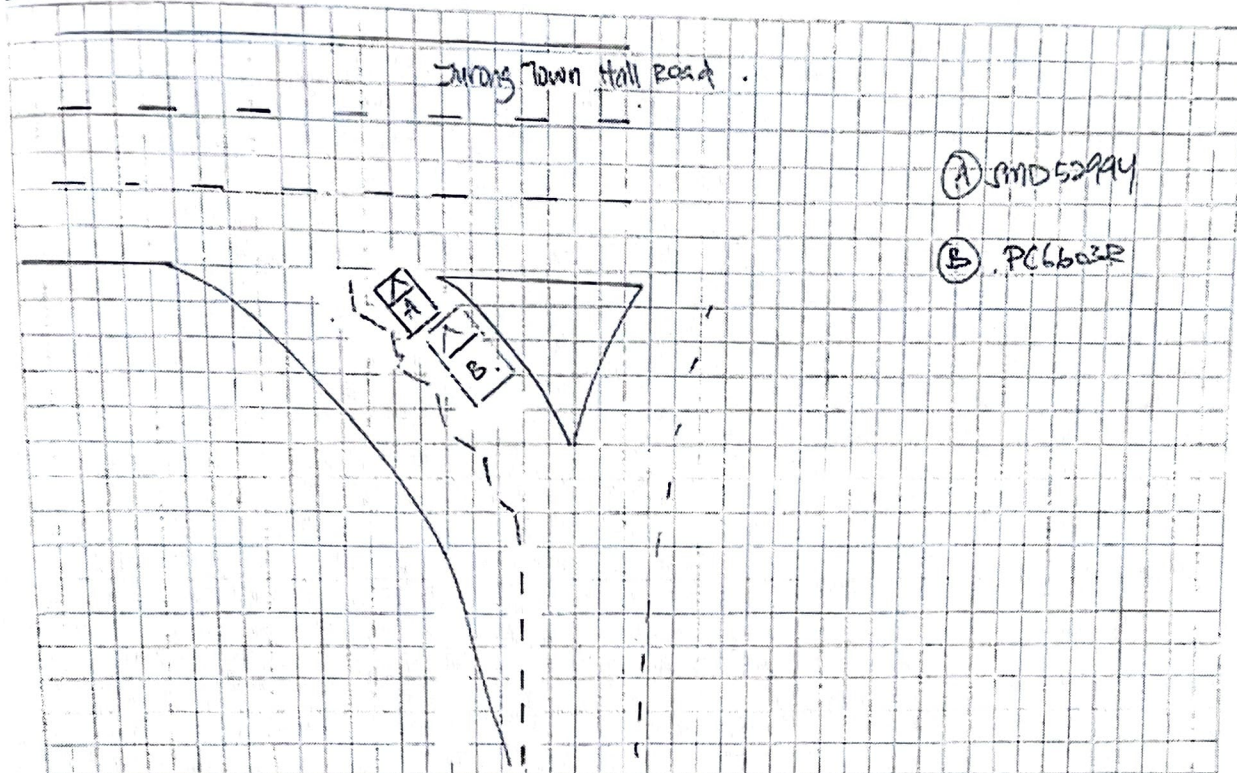

Policyholder's Signature

Date & Time:

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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/11/2021 @ around 17:00 hrs, I was travelling along ATE to Jurong Town Hall Road. While at the slip RD to Jurong Town Hall Road, I stop my car as there is a car make a U turn from opposite direction but however I felt an impact on my rear then saw Vehicle B had collided onto my rear portion.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Rachelt
Policyholder's Signature
Date & Time:

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

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

<input type="checkbox"/> Claim own policy
<input checked="" type="checkbox"/> Claim third party
<input type="checkbox"/> Claim CD / TP at other workshop
<input type="checkbox"/> For record purpose
Policy No. <u>PAD 3750</u>
Insurer <u>AXA</u> Veh. No. <u>JMD5294Y</u>

CHARM SHIELD Form V3

PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

977I

Vehicle Details

Vehicle No.:

SMD5299Y

Vehicle to be Exported:

No

Intended Deregistration Date:

10 Nov 2021

Vehicle Make:

HYUNDAI

Vehicle Model:

ACCENT (RB) 1.4 CVT

Primary Colour:

White

Manufacturing Year:

2018

Engine No.:

G4LCJU022876

Chassis No.:

KMHCU41BT KU440059

Maximum Power Output:

73.6 kW (98 bhp)

Open Market Value:

\$8,340.00

Original Registration Date:

24 Aug 2018

First Registration Date:

24 Aug 2018

Transfer Count:

0

Actual ARF Paid:

\$8,340.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

23 Aug 2028

PARF Rebate Amount:

\$6,255.00

Intended COE Rebate Details

COE Expiry Date:

23 Aug 2028

COE Category:

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

COE Period(Years):

10

QP Paid:

\$33,798.00

COE Rebate Amount:

\$22,931.00

Total Rebate Amount:

\$29,186.00

The information contained herein is correct as at 10 Nov 2021

OK

Hyundai Accent 1.4A

Overview

Financial

Accessories

Similar

Research

Photos

Map

Price

\$57,800

Depreciation ⓘ

\$8,260 /yr

[View models with similar depre](#)

Reg Date

11-Jun-2018

(6yrs 5mths 27days COE left)

Mileage

44,000 km (12.5k /yr)

Manufactured ⓘ

2018

Road Tax ⓘ

\$608 /yr

Transmission

Auto

Dereg Value ⓘ

\$29,792 as of today (change)

OMV ⓘ

\$8,291

COE ⓘ

\$36,305

ARF ⓘ

\$8,291

Engine Cap

1,368 cc

Power

73.6 kW (98 bhp)

Curb Weight ⓘ

1,115 kg

No. of Owners ⓘ

1

Type of Vehicle

[Mid-Sized Sedan](#)