(08/11/13)	wef		)
ASS. REC.	BY:	1	AM

# REF: CS3/GRB21011895/R1+f3

7244

ASSIGNMEN	IT

From:	Date:	Veh No: SMA 9534H Yr Regn: 2018 1700
Estimated Cost:		Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES /	OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	SMA 9534H	Make: HYUNDAI ELANTRA 1-691S c.c 1591
at Workshop m/s 188	MAKE ALUTU ASSIST PL	Colour BLACK A/C: Insured / Std / NI / NA
of 14, AMK STI		Sp.Reading 74715 T/Radio: Insured / Std / NI / NA
Insured:	GRB	Eng/No:
Policy No.		C/No: KMHD841CMJU684373
Claims No.		Gen. Cond: Good (Fafe) Poor / Burnt
Sum Insured:	Excess:	Steering: norde / Jammed / Leaked / Burnt or
(Client's Record)		Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:		Modi: Nil / S/Rim / STD A/Rim or
		Tyre Size: F: 195 GRIS
(Policy Condition)		R: 1-
Remark: The veh had co	ommenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the tir	me of inspection.	TOYO/ORO, or
Bal. or Market Value:	GIK -	Front Rear
IDAC Accident Rport:	Consistent?: Yes or No	R/Bal. 6 mm R/Bal. 6 mm
GIA / PR Seen:	Consistent?: Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Est. Repairs:	days Res.: Yes or No	D.O.A. 23/1/21 D.O.I. 24/1/21
Lum Sum:	% 3 Val.: Yes or No	Survey held at ASSURE AUTO ASSIST.
CA / REV / REP. /	24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Pe	Vehicle: IN / OU verson Contacted:	
	/ Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
	R LIMIT - 28K	
ESTIM	Submit prs report	160 OFDAYS - 3K-4K> [5 clays
	SUBMIT LUMI RED:1500;32	P SUM \$3100, 5DAYS
Date/Time, File Pass to?	: Preli. Report	Days Of Repair: 5
1)	: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?		Transportation:
2)	Add F	ee: : Site Insp (\$ )s+Rs,si
Report Format		: Interview (\$ ) Photos
Report Format : Lump Sum / I.B.I: (	•	: Tech. Invs (\$ ) Others
Gaill / I.D.I: (	<b>(9</b>	:Weekend (\$



### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

IMPORIANT 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

3. Information provided must be as truthful and accurate as possible. Any willul misrepresentation of misrepresent

#### **ACCIDENT STATEMENT**

Date of Submission	23/11/2021 15:06 (SGT)
Date of Accident	23/11/2021 12:00 (SGT)
Exact Location of Accident	23/11/2021 12:00 (SG1)
Exact Education of Accident	Singapore
Additional Location Information	• .
	THOMSON ROAD
Country/State of Loss	Singapore

	olligapore
DETAILS	OF OWN VEHICLE
Vehicle Registration Number	SMA9534H
INSURED/POLICYHOLDER	
Is company?	No. 10 September 1 and 1
Name Of Registered Owner	1951 A 1971 A 197
NRIC No	- 1111.
Email Address	-, 0000/2111
Mobile Phone No	MINGENOTO TVIAIL.COM
Alternative Phone No	(Phone) +65-90085334 +65-90085334
VEHICLE PARTICULARS	
Manufacturer	
Model	. iyanaan
/ariant	ELANTRA AD 1.6 GLS AT (AMS)
Exact purpose for which vehicle was being used at time of	
accident	<u> Marking District</u>
Are you claiming under your own insurance policy for repair to your vehicle?	Private use
/ehicle Category	No - Claiming third party
ransmission	Private car
ce	Auto
	1591
INSURANCE COMPANY	
the state of the s	
lame of Insurance Company	FWD 6
ype or Coverage	FWD Singapore Pte. Ltd.
leet Policy	Comprehensive
olicy Number	No DND (see ) = 1
Cover Note Number	PNPV2019-00010143-02
	25/06/2021 - 24/06/2022

LAW LEONG TAT SXXXX724H

DRIVER

Name of Driver

Report Format:

Date Of Birth	24/10/1984
Occupation	Indoor
Date Of Driving Pass	19/06/2012
Driving experience	
Gender	
Mobile Number	
Alt. Phone Number	(1 115115) 35 35355551
Email Address	00 0000001
	17 11 (42) 10 1 (47) 12 10 11 11
• • •	BLK 679C PUNGGOL DRIVE #05-858
Address complement	•
Postcode	823679
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	And the second of the second
THE ACCIDENT	
	The state of the control of the state of the
Type of Accident	Chain Collision
Weather Conditions	Raining
Road Surface	Wet
	AAGI
OTHER INFORMATION	The state of the s
OTHER INFORMATION	
	The Manager of the Control of the Co
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	
Was anybody injured in the Accident?	3
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	
Number of Passengers (Including Driver)	Yes
Has the driver been approached by the	4
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	
	JASON LEE
Gender	Male
PASSENGER 2	
Name	JOSEPHINE ONG
Gender	Female
DASSENGER	i emale
PASSENGER 3	
Name	
Gender	SIM CHEOW HIN
3 % P	Female
The first of the second of the	
DETAILS OF POLICE ACTION	
The second secon	
Was the accident reported to the police?	No.
Was notice of intended Prosecution given?	No
If yes, against whom?	No
	-
CIRCUMSTANCES OF ACCIDENT	
DEEED TO THE ATTACHED OVETON DO	and the state of t
REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.	
the state of the s	
ATTACHMENT(S)	
Are accident photos available for attaches and	and the second s
Are accident photos available for attachment?	Yes
Was there any sudio recorded?	No
Was there any audio recorded?	No

# DETAILS OF OTHER VEHICLE PROPERTY 1

le Registration Number	
je Manufacturer	SMK2525C
le Manufacturer	
icle Model	-
nicle Variant	-
hicle Colour	
ehicle Category	-
vame of Driver	Private hire
NRIC No	TAN HAO JUN
Contact Number	SXXXX532I
Address	-
Address complement	-
Postcode	-
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	- ` ` ` `
	<u> </u>

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	
Vehicle Manufacturer	SHC6987C
Vehicle Model	-
Vehicle Variant	-
	-
Vehicle Colour	
Vehicle Category	Taxi
Name of Driver	CHEE LEE TECK
NRIC No	SXXXX496F
Contact Number	3////490F
Address	-
Address complement	-
Postcode	. •
Insurance Company Name	
Nature Of Damage	-
	-
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

ımt ∋bc

ETCH PLAN	SIMA 953414 Vehicle B: SMK 25256 Vehicle C: SMC 69896
Della PLAIA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	4 1 1 1
	A
	1 1 1 1 2 1 4
ESCRIRE CIPC	UMSTANCES OF THE ACCIDENT
	Control of the Contro
UA	23/11/2021 of about 12 pm, the weather condition is raining read surface is
wet and	tradition to heavy. I was travelling along there lave from eight of
Thomson V.	The fee water of I I william atom there from eight of
7 54	ioid. The con instront slowed down and stopped. I tollowing sunt suddenly
7 JUN 6	a giral impact from my (or coar portion. I some out From my for and
tealise I	involved in 3 Car Chain Collision and I only left one impact.
The same of the sa	
x 3 10 0	
The state of the s	
Ve	h B: Tan Hao Jun / 88029(-2)7
Ve	h &: Tan Hao Fun (880395-327
Ve	3. 11-10-04-1 880 5/ 5-25 1
	3. [ 280 37 (-3) ]
	3. 11-10-04-1 880 5/ 5-25 1
Ve	h c: Chee Lee Teck / S/2 4449
V.e.	The C: Chee Lee Teck S12449
Claim OI Remarks: Pi	C: Chee Lee Teck S12449  DitP at Ah Lim Motor Claim OD/Pat other workshop Reporting Only  ease forward a copy of my efile accident report to:
Claim OI Remarks: Pi My worksho	C: Chee Lee Teck S12449  DitP at Ah Lim Motor Claim OD/Pat other workshop Reporting Only  ease forward a copy of my efile accident report to:
Claim OI Remarks: Pi My worksho Email addres & myself	C: Chee Lee Teck S12449  DitPat Ah Lim Motor Claim OD/Pat other workshop Reporting Only  ease forward a copy of my efile accident report to:  polikin@kscworkshop. (ans.)
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Claim OI Remarks: Pi My worksho Email addres & myself Email addres Mote: Please you own poli	C: Chee Lee Teck S/2 449  DitP at Ah Lim Motor  Claim OD/Pat other workshop  Reporting Only  ease forward a copy of my efile accident report to:  phikine location of the post of the second of the se

#### > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	724H
Cehicle Nac	SMA9534H
/ehicle to be Exported:	No.
ntended Deregistration Date:	25 Nov 2021
Vehicle Make:	HYUNDAI
Vehicle Model;	ELANTRA AD 1.6 GLS AT (AMS)
Primary Colour:	Black
Manufacturing Year:	2018
Engine No.:	G4FGJU183757
Chassis No.:	KMHD841CMJU684373
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$10,241.00
Original Registration Date:	25 Jun 2018
First Registration Date:	25 Jun 2018
Transfer Count:	
Actual ARF Paid:	\$10,241.00
والمتال المتال المتال المتال وجوال	Alteria de la compansión de la compansió
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Jun 2028
PARF Rebate Amount:	\$7,680,00
COE Expiry Date:	24 Jun 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$38,001.00
COE Rebate Amount:	\$25,015.00
Total Rebate Amount:	\$32,695,00

## Hyundai Elantra 1.6A GLS

Enancial -

Accessories

Similar

Research

Photos

Мар



# **ZION AUTO GALLERY**

Price ,	\$61,800		
Depreciation ①	\$8,570 /yr View models with similar depre	Reg Date	06-Jul-2018 (6yrs 7mths 10days COE left)
Mileage	60,235 km (17.8k /yr)	Manufactured 🗇	2018
Road Tax ()	\$738 /уг	Transmission	Auto
Dereg Value (*)	\$30,240 as of today (change)	OMV.⊕	\$10,241
COE	\$34,110	ARF(1)	\$10,241
Engine Cap	1,591 cc	Power	93.8 kW (125 bhp)
Curb Weight (	1,345 kg	No. of Owners	