

(08/11/13)

ASS. REC. BY:

REF

C8/CT122000581/BqY3

ASSIGNMENT

COE Expiry Jan 2014

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. _____

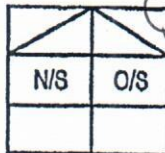
Claims No. _____

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 Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 7 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKB 8387R Yr Regn: 24/01/09

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

Truck / Trailer or

Make: HYUNDAI AVANTE 1.6A c.c 1591Colour RED A/C: Insured / Std / NI / NASp. Reading 207311 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH0441BR94 647990

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65 R15R: 11

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

TOYO / YOKO or LIANKOOK

Front

Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. _____ D.O.I. 17/01/2022

Survey held at _____

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

O/S front.

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

Date / Time	Action / Instruction
08/2/23 @ 2:30 PM	revised to Adeline Chng via Mui-mui.
	Finalized at 13 \$3550, 7 days (Red to 5342.40, 60%)

Date/Time, File Pass to?

1) 08/2/23

Date/Time, File Return to?

2) _____

☐ : Prell. Report☐ : Final ReportDays Of Repair: 7Resurvey No. of Trip: 2Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation: _____

Photos

Others

TOTAL

Report Format: MR-TPLump Sum / I.B.I. (\$) 3550

Mr Lim

BIFROST AUTO PTE LTD
8 KAKI BUKIT AVE 4 #01-49
SINGAPORE 415875
TEL: 64524457 FAX: 64524584
ATT: IKHWAN HP 93290237

Estimate for SKB8387R(Hyundai Avante)

1 *FRONT HEAD LAMP RH	\$455.00	BRV
1 *FRONT HEAD LAMP LOWER BRACKET RH	\$67.20	BRV
1 *FRONT SUPPORT PANEL	\$928.90	?
1 *FRONT GRILLE	\$245.00	?
1 *FRONT GRILLE EMBLEM	\$37.50	?
1 *FRONT BUMPER	\$530.20	DDV
2 *FRONT BUMPER SIDE RETAINER	\$76.80	NECV
1 *FRONT BUMPER INNER SPONGE	\$144.90	?
1 *FRONT SHOCK ABSORBER RH	\$450.00	}
1 *FRONT SHOCK ABSORBER MOUNTING RH	\$344.00	
1 *FRONT KNUCKLE ARM RH	\$504.40	
1 *FRONT WHEEL BEARING RH	\$269.60	
1 *FRONT WHEEL BEARING HUB RH	\$390.60	}
1 *FRONT LOWER ARM RH	\$496.60	
1 *FRONT BALL JOINT	\$165.00	?
1 *FRONT FENDER RH	\$650.30	DDV
1 *FRONT FENDER INNER SHIELD RH	\$172.00	?
	<hr/>	
	\$5,928.00	
Less 20%	\$1,185.60	
	<hr/>	
	\$4,742.40	
S/Nett		
*FRONT RIM RH	\$700.00	local repair 200.00 WTR
*FRONT TYRE RH	\$350.00	
*FRONT BUMPER CLIP	\$50.00	30.00 /NECV
*FRONT FENDER INNER SHIELD CLIP	\$100.00	?
	<hr/>	
	\$1,200.00	
TOWING CHARGE		
	\$120.00	NNX
REMOVE AND RENEW AIRCON CONDENSER AND REFILL GAS	\$150.00	?
CHECK WHEEL ALIGNMENT	\$80.00	?
LABOUR CHARGE STRAIGHTEN REPAIR FRONT DAMAGE PORTION, CUT, WELDING	\$1,500.00	
RESPRAYING PAINTING	\$1,000.00	
TUFF KOTE	\$100.00	NNX
	<hr/>	
	\$2,950.00	

Total

\$8,892.40

Survey
17/1/2022
Tatin Lim
1300hrs
Lump sum repair
Repair days

Accepted by Repaired

Signature: _____

Date: _____

is subject to final approval from Insurance Company

Subsequent repairs must be reserved and

No illegal modifications is allowed

Third party survey is on a "Without Prejudice" basis

Parts prices are subject to confirmation

to display damaged parts on the highway

to reserve before any repair

the Repaired of the following:

visit

\$2,950.00

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 10/06/2022 (dd/mm/yy) Time of Accident: 17:59 (24-HR-FORMAT)
Vehicle No.: SKB8387R Vehicle Make & Model / Engine (cc): HYUNDAI AVENTA Private Hire: ☒ (N)
Exact location of Accident: Block 678A Choa Chu Kang Crescent, MSCP, Deck 2A Lot: 117
Policyholder's Name / IC No.: BENJAMIN PAUL TAN (Deceased) ROC/UEN (Company): _____
Driver's Name / IC No.: DAMEN PAUL HIPONIA TAN S99905932 (As Above) ☐
Driver's Contact No.: 98137030 Company Contact No / Owner Contact No: _____
Driver's Address: BLK 313 Sembawang Drive #16-470. 750313
Owner Email address: damenpaul200@gmail.com Insurance Company: CHINA TAPING Spore
Driver Email address: as above

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse ☒ (Children) / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

***No. of Passengers (Including Driver):** NIL

***Passenger Name:** _____

Gender: Male / Female x ()

***Passenger Name:** _____

Gender: Male / Female x ()

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No Remarks: _____

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: N/A Injured Person in Which Vehicle: N/A

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: JOHNSON S6826861C Vehicle No.: GBK 5478R

Driver's Contact No.: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): TP Contact No: _____

Preferred Workshop Name: Alpha Car Services Pte Ltd Contact No: 6509 8258 / 8338 8376

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 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

X

Danion Paul

Policyholder's Signature / Date & Time

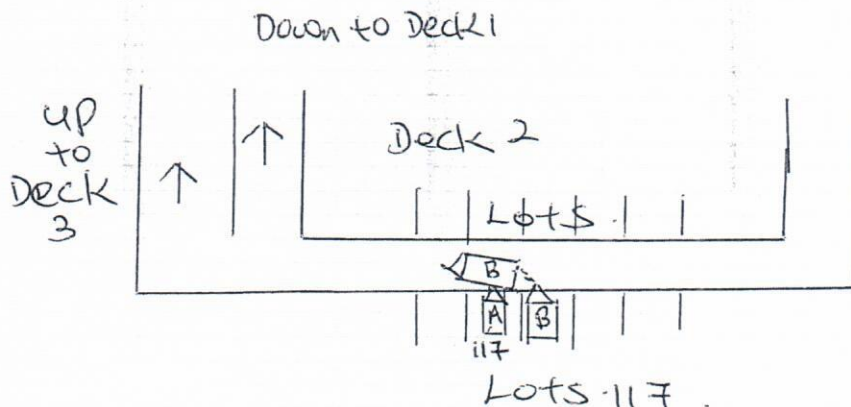
X

Danion Paul

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A SKB 83876

B GBK 5478R

Describe Circumstances of the Accident

Apologies in the delay in reporting the incident as I am currently serving my National Service as an NSF in Kranji Camp 111 and was not able to book out during office hrs last few day.

On 10/1/22 I parked my car SKB8387R at the multi story carpark located at BIK 678 Choa Chu Kang Crescent Deck 2A lots 117. After booking out of camp, at 1759 hrs I discovered that the right front side of my car was damaged. No one or any note was left behind to claim responsibility of the damage. So I proceeded to call Choa Chu Kang Police Post at 1812 hrs to report. I was then instructed to wait at the carpark for the officers to arrive. Before the TP arrive at around 1849 hrs, Mr Johnson S6826861C approached me and took responsibility for causing damage to my car. According to him he was in a rush and as he turned out of the lots and hit my vehicle. He then give me his contact details and vehicle number. Soon then TP arrived and he surveyed the damage of my car. Since Mr Johnson had claimed responsibility for the accident no report was filed. However for recording purposes TP officer recorded the contact details of the person responsible for the incident.

Declaration

We declare the foregoing particulars are true in every respect.

X

Damian Paul

Policyholder's Signature / Date & Time

X

Damian Paul

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

Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	113G
Vehicle Details	
Vehicle No.:	SKB8387R
Vehicle to be Exported:	Yes
Intended Deregistration Date:	14 Jan 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	HD AVANTE 1.6 A
Primary Colour:	Red
Manufacturing Year:	2008
Engine No.:	G4FC8U565668
Chassis No.:	KMH DU41BR9U647990
Maximum Power Output:	89.7 kW (120 bhp)
Open Market Value:	\$11,523.00
Original Registration Date:	24 Jan 2009
First Registration Date:	24 Jan 2009
Transfer Count:	2
Actual ARF Paid:	\$11,523.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	23 Jan 2024
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$13,024.00
COE Rebate Amount:	\$5,272.00
Total Rebate Amount:	\$5,272.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 14 Jan 2022

OK