

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/CT1 22000951/4t93

**ASSIGNMENT**

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.

N/S	O/S

Bal. or Market Value:

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

3386

Vehicle: IN / OUT

Date:

Person Contacted:

L71188996

Veh No:

SH19047

Yr Regn:

22/5/14

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

Truck / Trailer or

CA1

Make:

Hyundai Elantra

C.C

1591

Colour

Yellow / 1st/2nd

A/C:

Insured / Std / NI / NA

Sp. Reading

941377

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMMDH 41CM\*E 4129082

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65-15

R:

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

TOYO / YOKO or

maxxis

Front

R/Bal.

6

mm

Rear

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

25/1/22

D.O.I.

27/1/22

Survey held at

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

Rear N/S

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

5440

Date / Time

Action / Instruction

CMV 1-2-22. Corundum 21-5-2022  
3rd 3mtr plus

25/2/22 1/5 @ 2900 informed willian

RED: 2540;46%

Date/Time, File Pass to?

☐

: Preli. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

) : S + RS, SI

) Photos

) Others

TOTAL

Report Format :

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



陳林摩哆私人有限公司  
TAN LIM MOTOR PTE LTD

1 Defu Lane 6 Singapore 539365  
Tel : 68585151 ( 24 Hours ) Fax : 68580877  
GST Regn. No. : M2-8922054-2

CTP Insured's Veh No : SLA9317E  
Date of Accident : 25 January 2022

Mr Ng Boon Lim

Date : 27 January 2022

Estimate To Repair SH1904T - Hyundai ELANTRA 1.6 AT ABS D/AB 2WD 4D  
Chassis No : KMHDH41CMEU129082

S/No	Quantity	Description	Amount
<u>LIST ITEMS</u>			
01	1 PC	n/s rear lamp 11	\$ 462.00 X
02	1 pc	n/s rear lamp panel R	\$ 171.00 X
03	3 ps	n/s rear lamp clip holder @ \$7.50 11	\$ 22.50 X
04	1 pc	rear end panel 385.00	\$ 385.00
05	1 pc	rear end panel inner trim 70.00	\$ 55.00
06	1 pc	rear bumper 115	\$ 385.00
07	1 pc	rear bumper reflector n/s 11	\$ 75.00 X
08	1 pc	rear bumper bracket n/s 38.00	\$ 41.00
09	1 pc	rear bumper side bracket n/s one	\$ 26.00
10	1 pc	rear bumper top bracket n/s one	\$ 18.00
11	1 pc	rear bumper - lower 22	\$ 251.00
12	1 pc	rear bumper reinforcement one	\$ 277.00
13	10 ps	rear bumper clips @ \$4.50 11	\$ 45.00
14	1 pc	rear windscreen moulding 11	\$ 235.00 X
15	1 pc	bootlid 1128.00	\$ 1128.00
16	1 pc	bootlid ELANTRA badge one	\$ 49.00
17	1 pc	bootlid GLS badge one	\$ 26.00
18	1 pc	bootlid centre emblem badge 11	\$ 26.00 X
19	1 pc	bootlid rubber moulding weatherstrip 70.00	\$ 0.00
Less 20 %			\$ 2,549.50
			\$ 509.90
			\$ 2,039.60
<u>SPECIAL NETT ITEMS</u>			
20	1 set	rear bumper parking sensor 500	\$ 350.00 X
			\$ 350.00
<u>LABOUR &amp; MISC. CHARGES</u>			
01		To reinstall of rear bumper parking sensor.	\$ 40.00
02		To remove and refit interior fittings, trimmings, garnish and other, to enable repair.	\$ 100.00 60
03		To transfer of bootlid fittings, attachments and perform water seepage test.	\$ 80.00 60
04		To rust-proofing of the affected areas.	\$ 100.00 50
05		To check electrical lighting concerned.	\$ 60.00 20
06		Panel beating, knocking and straighten the necessary portion, remove and renewal of parts, adjust and realign the same.	\$ 1,000.00 600





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Chassis No : KMHDH41CMEU129082

S/No	Quantity	Description	Amount
07		<u>LABOUR &amp; MISC. CHARGES</u>	
		Putty and spray painting of the affected portion.	\$ 700.00
			\$ 2,080.00
		Total	\$ 4,469.60

600

P - 2771  
202  
2216.80  
P - 1430  
3646.80  
202  
2917

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:

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	338G
<b>Vehicle Details</b>	
Vehicle No.:	SH1904T
Vehicle to be Exported:	No
Intended Deregistration Date:	27 Jan 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
Primary Colour:	Black
Manufacturing Year:	2014
Engine No.:	G4FGEU256221
Chassis No.:	KMHDH41CMEU129082
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	\$11,033.00
Original Registration Date:	22 May 2014
First Registration Date:	22 May 2014
Transfer Count:	0
Actual ARF Paid:	\$11,033.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 May 2022
PARF Rebate Amount:	\$6,619.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	21 May 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$60,414.00
COE Rebate Amount:	\$2,377.00
<b>Total Rebate Amount:</b>	<b>\$8,996.00</b>
<b>Message</b>	
Please note that the 8-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 27 Jan 2022

OK



# 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	26/01/2022 14:31 (SGT)
Date of Accident	25/01/2022 16:30 (SGT)
Exact Location of Accident	Near PIE, Singapore
Additional Location Information	PIE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH1904T
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Ng Boon Lim
NRIC No	SXXXX338G
Email Address	edmund_neo@yahoo.com.sg
Mobile Phone No	(Phone) +65-97814109
Alternative Phone No	+65-64562756

### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1591

### INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	-
Fleet Policy	No
Policy Number	D-210097686MSH
Cover Note Number	-

### DRIVER

Name of Driver	Lim Tong Seng
NRIC No	SXXXX837I

Date Of Birth	03/07/1947
Occupation	Outdoor
Date Of Driving Pass	12/08/1965
Driving experience	56 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82672161
Alt. Phone Number	-
Email Address	limtongseng5@gmail.com
Address	Block 572 Ang Mo Kio Avenue 3
Address complement	#03-3375
Postcode	560572
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relief Driver
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	Clear
Road Surface	Dry

#### 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	Boy 1
Gender	Male

#### PASSENGER 2

Name	Boy 2
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to police report

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	Retrieving
Was there any audio recorded?	No



## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA9317E
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Chia Jin Ling
Contact Number	(Phone) +65-97107722
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	Lim Tong Seng
Gender	Male
Phone No	(Phone) +65-82672161
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Neck and shoulder
Injured person in which vehicle?	SH1904T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## 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**.
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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.
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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' 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

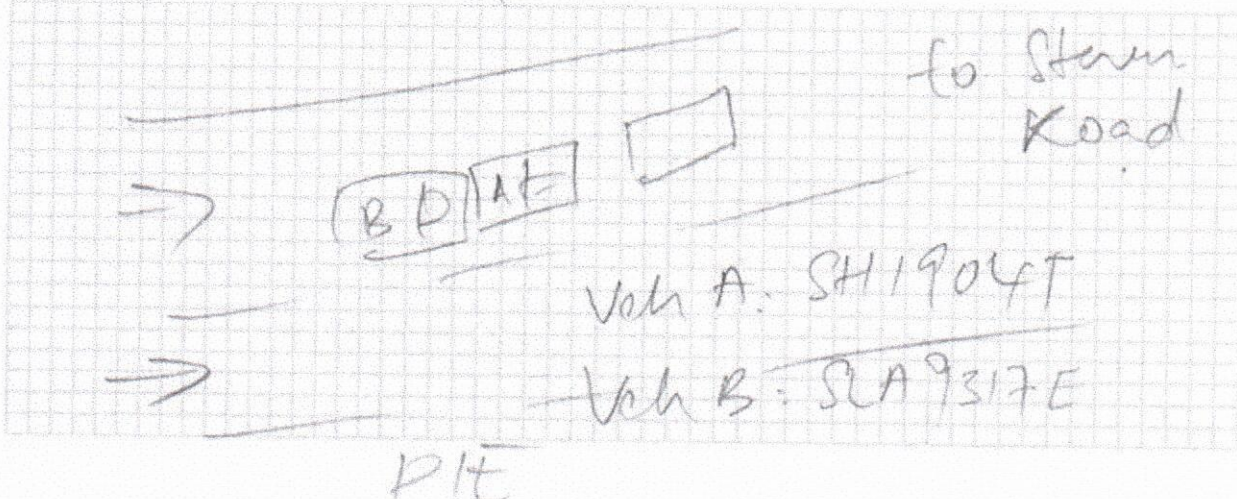
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan





**Describe Circumstances of the Accident**

As per police report.

**Declaration**

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel