	1012
(08/11/13) wef ASS. REC. BY: REF: CS (CT) 120	001169/Rfy3 . 866A
	GNMENT
Potes	Veh Nó: SMN 40444 Yr Regn: 2019 1 AUG
From: Date:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
Estimated Cost: OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: SMN 40444	Make: HYUMMAI AVANTE 1.6 GLS (A) c.c 1591
at Workshop m/s PINCTEW	Colour WHITE A/C: Insured / Std / NI / NA
of 34, womanny close omen Hoiry	Sp.Reading 26967 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: KMHD841CML4964227
Claims No.	Gen. Cond: Good / Fair/ Poor / Burnt
Sum Insured: Excess:	Steering: Iporder/ Jammed / Leaked / Burnt or
	Brake: Morder / Jammed / Leaked / Burnt or
(Client's Record)	Modi: Nil / 8/Rim / STD A/Rim or
Make of Veh:	
~	
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Kuntho
Bal. or Market Value:	Front
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal.
Est. Repairs: days Res.: Yes or No	D.O.A. 02/07/22 D.O.I. 68/07/22
Lum Sum: % 3 Val.: Yes or No	Survey held at NINETEEN
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	READ OS
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction REPAIR LIMIT— 42K	
REPAIR LIMIT - 42K	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Tonacadallari
2) Add Fee	
	: Interview (\$). Photos
Report Format :	
	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$: Weekend (\$

NINETEEN AUTOWERKS PTE LTD

Blk 436 Tampines Street 43 #07-97 Singapore 520436 Tel: (65) 9674 1991 ☑ nineteenautowerks@gmail.com

ESTIMATE

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:

DATE:

DOA:

VEHICLE NO:

MAKE & MODEL:

7-Feb-22 2-Feb-22 SMN 4044 U **HYUNDAI AVANTE**

DESCRIPTION	QUANTITY	AMOUNT	TOTAL
Rear Bumper by Rear Bumper Side Retainer Rear Bumper Reflector Rear Bumper Lower Cover Rear Bumper Inner Sponge Rear Bumper Reinforcement	1 2 2 1 1	\$988.50 \$105.60 \$69.20 \$319.00 \$162.80 \$328.00	\$988.50 \$211.20 \$138.40 \$319.00 \$162.80 \$328.00
Rear Bumper Bracket	2	\$156.20 Total Less 20%	\$312.40 \$2,460.30 \$492.06 \$1,968.24
SPECIAL NETT ITEMS			
Sundries	. 1	\$60.00	\$60.00
Rear Bumper Clips (set)	1	\$100.00	\$100.00 \$0
Reverse Sensor	1	\$400.00	\$400.00 \$560.00
	Р	arts Total	\$2,528.24

LABOUR CHARGES

Panel Beating Spray Painting Remove & Refit Reverse Sensor To apply undercoating for rust roofing Check Wiring system after disconnect & connect

Labour Total

Total Parts and Labour Cost of Repair

Date:

Signature:

Acknowledged by Repairer

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

- No illegal modification(s) is allowed
- Third party survey is on a "Without Prejudice" basis
 - Parts prices are subject to confirmation
 - To display damaged pad(s) during resurvey
 - To resurvey before/after spray painting
 - the Repeirer of the following:

LESS Auto Consultants hence notify

\$1,000.00 \$800.00 200 \$100.0060 \$150.00 🗙 \$100.00 30 \$2,150.00

m m

\$4,678.24

Hp 90010068 3days Resy after repair

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

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 03/02/2022 18:10 (SGT) Date of Accident 02/02/2022 18:46 (SGT) **Exact Location of Accident** 51 Yishun Ave 11, Singapore 768867 Additional Location Information YISHUN AVE 9 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN4044U

INSURED/POLICYHOLDER

Is company? ... Name Of Registered Owner CHIA TING FANG KIMBERLEY S9247866A Email Address chiakimberleytf@gmail.com Mobile Phone No (Phone) +65-96444366 Alternative Phone No +65-96444366

VEHICLE PARTICULARS

Manufacturer

Hyundai Avante Exact purpose for which vehicle was being used at time of 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 1300

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number VPA/2318270 Cover Note Number

DRIVER

Name of Driver

CHIA TING FANG KIMBERLEY S9247866A

Date Of Birth	21/12/1992	
Occupation	Indoor 05/12/2018	
Date Of Driving Pass	3 YEARS AND 2 MONTHS	
Driving experience	Female	
Gender	(Phone) +65-96444366	
Mobile Number	(Filone) 100 DO 1111	
Alt. Phone Number Email Address	chiakimberleytf@gmail.com	
	221, YISHUN STREET 21 #09-429	
Address	221, 11611611 611122	
Address complement Postcode	760221	
	No	
Is the driver the policyholder?	OWNER	
If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	No	
Vehicle Registration Number of Other Vehicle Owned by Driver	NO	
Venicle Registration Number of Other Venicle Owned by Brives	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Insurance Company of Other Vehicle Owned by Driver		
GENERAL INFORMATION OF THE ACCIDENT		
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	No	
Was anybody injured in the Accident?	1	
Was any injured conveyed to hospital by ambulance?	No	
Was any other vehicle or property damaged?	The state of the s	
Number of Passengers (Including Driver)	Yes	
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	
f yes, against whom?	NO	
	T	
OIDO MATANATA AT A SA S		
CIRCUMSTANCES OF ACCIDENT		
REFER ATTACHED (SKETCH PLAN)		
ATTACHMENT(S)		
re accident photos available for attachment?	Yes	
as there any video captured by Car Camera?	No spenie a management of the second	
/as there any audio recorded?	No	
DETAILS OF OTHER	VEHICLE PROPERTY 1	
Phicle Registration Number	SMT8698A	
ehicle Manufacturer	BMW	
Phicle Model	-	
Phicle Variant	•	
Phicle Colour	- Publisher	
hide Category	Private car	

Name of Driver Contact Number

Address Complement

:-ado	
postcode	
- acc Company Mame	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	5
Details or property of the built of the buil	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

- 1. Reaso 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 <u>truthful</u> and accurate as <u>possible</u>. Any widel misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 erchiving 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)

Lunderstand, 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, handing 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 maing 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 tirms, 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 sized outside of Singapore, for one or more of the above Purposes.

Policy holder's Signatur	o / Dale & Driver's S	ignaluro (¥ driver is	not the policyholder) / Cate	Witnessed by Reporting Centre
Sketch Plan	Q IIIIB			Personnel
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			A - SMN4044-U. - B - SMT8698 A

Scanned with CamScanner

Cribe Circumstances of the Accident	
Chia The Chia	
was prively in my	
believe (SMU 4044U) along Yishun Avenue 9. As the	
(SMU 40440) along Yishun Amenue 9. As the	
traffic light turn red, I came to a halt. Suddenly	
rathe light turn red, I came to a halt. Suddenly	
I felt an impact from the year. A vehicle bearing	
(SMT 8698A) had collided onto the rear portion of	
my behole. We then exchange particulars and I decide	led
J I	
to proceed with insurance dains.	
Declaration	
We declare the foregoing particulars are true in every respect.	
1 / / A	
Helli Helli	
Policyl older's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Report	
Time & Ti	ng Centro

Scanned with CamScanner

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:		Singapore NRIC
Owner ID:		866A
Vehicle No.:		SMN4044U
Vehicle to be Exported:		No
Intended Deregistration Date:	1 2 2 2 2 3 3	08 Feb 2022
Vehicle Make:		HYUNDAI
Vehicle Model:	· 多·多·多·多·多·多·	AD AVANTE 1.6 GLS (A) S
Primary Colour:		White
Manufacturing Year:	全事条条条条	2019
Engine No.:	249444	G4FGKU190791
Chassis No.:		KMHD841CMLU964227
Maximum Power Output:	2.4.4.4.4.4	93.8 kW (125 bhp)
Open Märket Value:		\$14,501.00
Original Registration Date:		07 Aug 2019
First Registration Date:		07 Aug 2019
Transfer Count:	图片图 医部门外心线	· 對 · O 家 蒙 夢 · · · · · · · · · · · · · · · · · ·
Actual ARF Paid:	京學者 复字子	\$14,501.00
PARF Eligibility:		Yes
PARF Eligibility Expiry Date:		06 Aug 2029
PARF Rebate Amount:		\$10,875.00
TPAT NEDBLE PUBLICA		720,075,00
COE Expiry Date:		06 Aug 2029
COE Category:	1177774	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	* * * * * * * *	10
QP Paid:	学学学学会会会	\$28,589.00
COE Rebate Amount:		\$21,426.00
Total Rebate Amount:	A	\$32,301.00

Hyundai Avante 1.6A GLS

Overview

Financial

Accessories

Similar

Research

Photos

Map



TAY MOTOR & CREDIT PTE LTD





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-			-
)	rī	rio

\$75,800

Depreciation ?

\$9,240 /yr View models with similar depre

\$29,619 as of today (change)

Reg Date

14-Aug-2019 (7yrs 6mths 5days COE left)

Mileage

32,000 km (12.8k /yr)

Manufactured (?)

2019

Auto

Road Tax (?)

\$738 /yr

Transmission

\$12,771

Dereg Value (?)

\$26,667

ARF (?)

OMV (?)

\$12,771

Engine Cap

COE (7)

1,591 cc

Power

93.8 kW (125 bhp)

Curb Weight ?

1,345 kg

No. of Owners