

ASS. REC. BY: Tom

REF:

CS/MSG22003303/Rg y3

681B

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SMX 95675at Workshop m/s YEW TEE AUTOof 39, meomanns close #01-12 @ mkaInsured: MSG

Policy No. _____

Claims No. 272446

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: 58K

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMX 95675 Yr Regn: 2016 / DecType: M. Cap / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Hyundai ELANTRA 1.6 GLS Acc 1891Colour: RED A/C: Insured / Std / NI / NASp. Reading: 80901 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH0841CMHU 2906-73Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt or _____Brake: In order / Jammed / Leaked / Burnt or _____Modi: Nil / S/Rim / STD A/Rim or _____Tyre Size: F: 205/55ZR16R: 2

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

TOYO / YOKO or Kumho

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 07/04/22 D.O.I. 13/04/22Survey held at YEW TEE @ mka

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.

Date / Time Action / Instruction

REPAIR LIMIT - 21K

17/05/22 @ 3.37pm revised to Fievel Foo via Merimen

23/12/22 Submit Preli. report - as the vehicle repair at other workshop

Date/Time, File Pass to?



: Preli. Report

1) 23/12 Typist



: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Report Format: _____

Lump Sum / L.B.L. (\$) _____

Yew Tee Automobile Tech Pte Ltd (Co.Reg.No.200311009C)

Mega@Woodlands, 39 Woodlands Close #01-12

Singapore 737856

Tel: Fax: Email:

INSURER :

PARTICULARS OF CLAIM

Claim Type:	TP	Ref. No:	
Policy No:	5121130564	Date of Loss:	07/04/2022
Vehicle Reg. No.:	SMX9567S	Driveable?	no
Driver Age:		Third Party Vehicle No.:	FBD7989G
Any Injuries?	no	Contact No:	
Insured/Claimant:	MOHAMAD ADHAM BIN AHMAD ZAINI	Driver:	SITI NABILA HUDA BINTE JASMI

PARTS MODEL

Make/Model:	Hyundai, Elantra 1.6 AT 4DR - KMHDH41	Vehicle Reg. Date:	01/04/2017
Vehicle Colour:		Engine Number:	
Chassis No:	KMHD841CMHU290673	Odometer:	
Total Loss?		Est. Duration of Repair(Day)	

DESCRIPTION OF ACCIDENT/LOSS

Description of Accident/loss Collision - Head to Rear

Remarks:

Present Location: Yew Tee Automobile Tech Pte Ltd (Mega)-YTMG

COST OF CLAIMS

	Amount
Parts	4,827.60
Miscellaneous Items	105.00
Labour	1,090.00
Paintwork Labour	700.00
Towing	0.00
Gross Total(S\$):	6,722.60
GST 7.00%(S\$):	470.58
Nett Amount(S\$):	7,193.18

This claim is handled by: Sky Toh T C

REPAIR DETAILS**Estimates On Parts**

No.	Qty	Particulars	Amount	%Disc	After Disc
1	1	REAR BUMPER CM	595.40	-20.00	476.32
2	1	REAR BUMPER SIDE RETAINER RH LH X NN	45.00	-20.00	36.00
3	1	REAR BUMPER BRACKET RH LH X NN	55.00	-20.00	44.00
4	1	REAR BUMPER REFLECTOR RH LH X NN	35.00	-20.00	28.00
5	1	REAR BUMPER LOWER SKIRT CM	370.00	-20.00	296.00
6	1	REAR BUMPER LOWER DIFFUSER X NN	440.00	-20.00	352.00
7	1	REAR BUMPER REINFORCEMENT X NN	395.00	-20.00	316.00
8	1	REAR FENDER RH X NN	1,768.30	-20.00	1,414.64
9	1	REAR TAILLAMP RH X NN	763.80	-20.00	611.04
10	1	REAR TAILLAMP LOWER BRACKET LH X NN	55.00	-20.00	44.00
11	1	REAR TAILLAMP LOWER PANEL LH X NN	372.00	-20.00	297.60
12	1	REAR EXHAUST PIPE X NN	1,140.00	-20.00	912.00

Total Parts (\$\$) 4,827.60

Estimates of Miscellaneous Items

No.	Qty	Particulars	Amount	%Disc	After Disc
1	1	REAR BUMPER CLIPS (1 SET) NE	45.00	0.00	45.00 30
2	1	REAR WINDSCREEN SEALANT X NN	60.00	0.00	60.00

Sub Total (\$\$) 105.00

Estimates On Labour

No.	Qty	Particulars	Amount	%Disc	After Disc
1	1	To Disconnect and Reconnect, Check Electrical wiring Harness Wire, Sockets, Replace Damaged Parts.	30.00	0.00	30.00 ✓
2	1	To Dismantle and Refit Rear Windscreen Glass.	100.00	0.00	100.00 X
3	1	To Remove and Refit, Straighten and Re-adjust Exhaust Pipe and Rear Exhaust Silencer and Mountings.	180.00	0.00	180.00 X
4	1	To Remove and Refit Rear Bumper Sensor.	80.00	0.00	80.00 60
5	1	To Remove and Replace the above Damaged Parts, Straighten, Knock out, Realign and Repair including Cut and Weld body panels. To Re-adjust to the Original position using power tools.	700.00	0.00	700.00 300

Gross Labour Cost (\$\$) 1,090.00

Estimates On Paint Work Labour

No.	Qty	Particulars	Amount	%Disc	After Disc
1	1	To Carry-Out Body Cavity Preservation.	50.00	0.00	50.00 X
2	1	To Spray painting on the Replaced and Repair Parts, Prepare Spray Such as Masking Tape the unaffected areas with paper, Cleaning and Sanding of Surfaces, Final Polishing and Waxing are also available.	650.00	0.00	650.00 300

Notes On Paint Work Labour

Qty

Particulars

Amount

%Disc

After

Disc

Gross Labour Cost (\$\$)

700.00

< END OF ESTIMATES >

Paul

Hp 90014068

3 days

43

13/04/22 @ 1545

Resurvey after repair

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:

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 08/04/2022 10:16 (SGT)
Date of Accident 07/04/2022 07:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information BKE ENTERING PTE (CHANGI)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX9567S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMAD ADHAM BIN AHMAD ZAINI
NRIC No SXXXX681B
Email Address AVENGERS37@HOTMAIL.COM
Mobile Phone No (Phone) +65-90239307
Alternative Phone No (Home) +65-90239307

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Elantra
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 0

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5121130564
Cover Note Number -

DRIVER

Name of Driver SITI NABILA HUDA BINTE JASMI
NRIC No SXXXX469F

Date Of Birth	18/06/1989
Occupation	Indoor
Date Of Driving Pass	30/07/2012
Driving experience	9 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92476673
Alt. Phone Number	-
Email Address	NABILAHUDA.JASMI@GMAIL.COM
Address	BLK 442 FAJAR RD #03-478
Address complement	-
Postcode	670442
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	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?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBD7989G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Motorcycle
Vehicle Category	

Name of Driver
 Contact Number
 Address
 Address complement
 Postcode
 Insurance Company Name
 Nature Of Damage
 Details of property damaged in accident
 No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SITI NABILA HUDA BINTE JASMI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMX9567S
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.
3. Information provided must be as truthful and accurate as possible. Any willful 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' 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

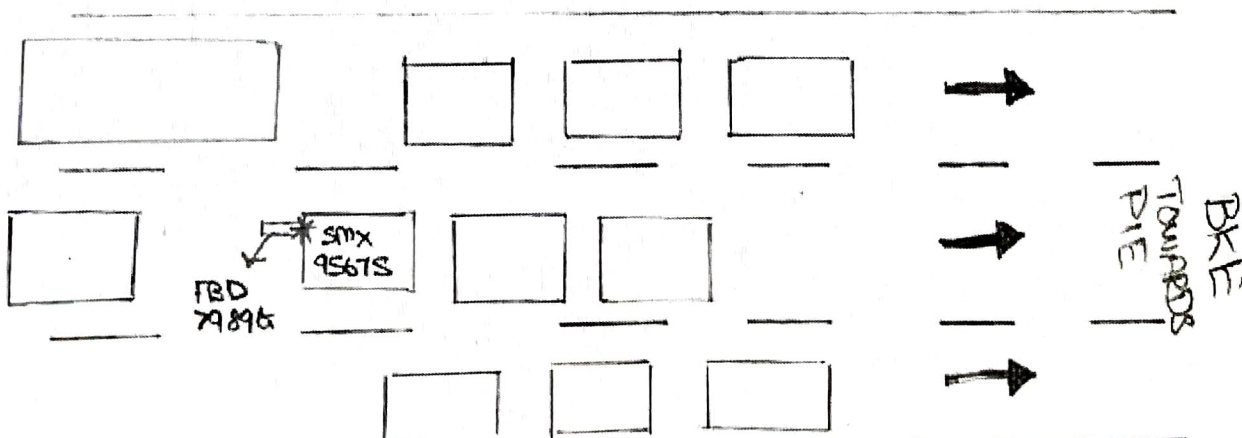
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


7/4/22
Policyholder's Signature / Date & Time


7/4/22
Driver's Signature / If driver is not the policyholder / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to police report.

Declaration

We declare the foregoing particulars are true in every respect.

 7/4/22
Policyholder's Signature / Date & Time

 7/4/22
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

Owner ID Type:	Singapore NRIC
Owner ID:	681B
Vehicle No.:	SMX9567S
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Apr 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA AD 1.6 GLS AT
Primary Colour:	Red
Manufacturing Year:	2016
Engine No.:	G4FGGU259682
Chassis No.:	KMHD841CMHU290673
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$17,809.00
Original Registration Date:	01 Dec 2016
First Registration Date:	01 Dec 2016
Transfer Count:	1
Actual ARF Paid:	\$17,809.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Nov 2026
PARF Rebate Amount:	\$12,466.00
Intended COE Rebate details	
COE Expiry Date:	30 Nov 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$50,951.00
COE Rebate Amount:	\$23,578.00
Total Rebate Amount:	\$36,044.00

The information contained herein is correct as at 14 Apr 2022

OK

Hyundai Elantra 1.6A GLS

Overview Financial Accessories Similar Research Photos Map

Price	\$56,900		
Depreciation	\$11,290 /yr View models with similar depre	Reg Date	19-Oct-2016 (4yrs 6mths 4days COE left)
Mileage	60,000 km (10.9k /yr)	Manufactured	2016
Road Tax	\$738 /yr	Transmission	Auto
Dereg Value	\$32,023 as of today (change)	OMV	\$11,882
COE	\$52,503	ARF	\$11,882
Engine Cap	1,591 cc	Power	93.8 kW (125 bhp)
Curb Weight	1,345 kg	No. of Owners	1
Type of Vehicle	Mid-Sized Sedan		