

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. _____

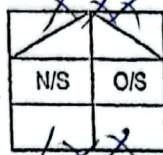
Claims No. TAX/04/22/2015

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: 5 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: SJL 4411P Yr Regn: 18/11/17

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

Truck / Trailer or

Make: Hyundai Elantra c.c. 1591

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 60246 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHD841CMJ4569045

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/45R17

R: 11

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

TOYO / YOKO or _____

Front Rear

R/Bal. 4 mm R/Bal. 4 mm

L/Bal. 4 mm L/Bal. 4 mm

D.O.A. 5/11/22 D.O.I. 20/11/22

Survey held at Charn's

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

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

Date / Time Action / Instruction

MV-60K

23/08/22 Steve informed lump sum: \$2950 and 5 days
(red, \$1896.60, 39%)

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: 5

1) 23/08/22

☐ : Final Report

Resurvey No. of Trip: 2

Survey Fee:

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Report Format: _____

Lump Sum / I.B.F. (\$ 2950 _____)

Transportation:

S + RS, SI

Photos

Others

TOTAL



CHARN'S CUSTOMCRAFT

Accident Claim Repair, Corrosion Welding, Body Dent Repairs,
Spray-Painting, Mechanical Repair And Customizing of Cars

BLOCK 1010, BUKIT MERAH LANE 3, #01-105, SINGAPORE 159724

BLOCK 1009, BUKIT MERAH LANE 3, #01-82, SINGAPORE 159723

TEL: 62717054, 62733304 FAX: 62736676 EMAIL: charns@singnet.com.sg

Bus. Reg. No. 251513/00M

DA/FIRST CAPITAL(SHB5570H)

DOA: 05/04/2022@1800

Steve (LKK) 83228813

W LC
L/S

14/04/2022

FIRST CAPITAL INSURANCE PTE LTD

ATTN: THE MOTOR CLAIMS DEPT

20/4/22, 3.03pm

M AL Sy

5 dgs

THIRD PARTY CLAIM

ESTIMATE COST OF REPAIR FOR VEHICLE NO:

SJL 4411 P - HYUNDAI ELANTRA AD 1.6 GLS AT

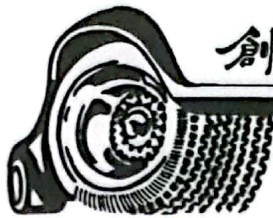
CHASSIS NO: KMHD841CMJU569045 (2017)

1 pc	Rear boot emblem 'S' / MC	\$ 35.40
1 pc	Rear boot 'ELANTRA' emblem / MC	\$ 68.80
1 pc	Rear taillamp RHS X	\$ 338.00
1 pc	Rear end panel ?	\$ 454.60
1 pc	Rear end panel top garnish X	\$ 59.80
1 pc	Rear bumper / BR	\$ 459.40
1 pc	Rear bumper reinforcement ?	\$ 294.80
2 pcs	Rear bumper reinforcement top bracket @ \$4.50 ?	\$ 9.00
8 pcs	Rear bumper clips @ \$2 / MC	\$ 16.00
1 pc	Rear bumper reflector RHS ?	\$ 55.00
1 pc	Rear bumper lower spoiler - BR	\$ 250.10
1 pc	Rear bumper retainer RHS - BR	\$ 44.30
		<u>\$ 2,085.20</u>
	LESS 20%	\$ 417.04
		<u>\$ 1,668.16</u>
1 SET	Reverse Sensor (S/NETT) Shotted	\$ 200.00 /
	Check wiring function	\$ 40.00 30
	Remove and install all cushions, seats, back rest, inner trim, garnish, roof lining and upholstery to facilitate repair.	\$ 180.00 30
	Apply rust-proofing on accident affected areas.	\$ 120.00 30
	Remove necessary parts: jacking, panel beating, repair and straighten rear inner panel, rear boot inclusive replacing the above.	\$ 600.00 400
	Putty and respray rear inner panel, rear end panel, rear boot and rear bumper.	\$ 600.00 400
		<u>\$ 3,408.16</u>
	ADD 7% GST	\$ 238.57
		<u><u>\$ 3,646.73</u></u>

Note: The above is an estimate only. IF other parts requested during the course of repair, we will inform you accordingly.

All parts are subject to availability.

CHARN'S CUSTOMCRAFT



CHARN'S CUSTOMCRAFT

Accident Claim Repair, Corrosion Welding, Body Dent Repairs,
Spray-Painting, Mechanical Repair And Customizing of Cars
BLOCK 1010, BUKIT MERAH LANE 3, #01-105, SINGAPORE 159724
BLOCK 1009, BUKIT MERAH LANE 3, #01-82, SINGAPORE 159723
TEL: 62717054, 62733304 FAX: 62736676 EMAIL: charns@singnet.com.sg
Bus. Reg. No. 251513/00M

DA/FIRST CAPITAL(SHB5570H)
DOA: 05/04/2022@1800

Supp.

Stevechen@1kkauto.com

FIRST CAPITAL INSURANCE PTE LTD

14/04/2022

ATTN: THE MOTOR CLAIMS DEPT

THIRD PARTY CLAIM
ESTIMATE COST OF REPAIR FOR VEHICLE NO:
SJL 4411 P - HYUNDAI ELANTRA AD 1.6 GLS AT
CHASSIS NO: KMHD841CMJU569045 (2017)

SUPPLEMENTARY:-

1 pc	Front bumper	/ OR (waiting Price)	
1 pc	Front grille	/ CUT (")	
1 pc	Front no. plate (s/nett)	BT	\$ 35.00 ✓
	Labour to remove and replace front bumper		\$ 300.00 200
	Labour to putty and respray front bumper		\$ 300.00 200

CHARN'S CUSTOMCRAFT

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Steve (LKK)
20/4/22, 3:27pm

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	417E
Vehicle Details	
Vehicle No.:	SJL4411P
Vehicle to be Exported:	Yes
Intended Deregistration Date:	30 Apr 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA AD 1.6 GLS AT
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	G4FGHU672389
Chassis No.:	KMHD841CMJU569045
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$11,865.00
Original Registration Date:	14 Nov 2017
First Registration Date:	14 Nov 2017
Transfer Count:	0
Actual ARF Paid:	\$11,865.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Nov 2027
PARF Rebate Amount:	\$8,898.00
Intended COE Rebate Details	
COE Expiry Date:	13 Nov 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$47,112.00
COE Rebate Amount:	\$26,081.00
Total Rebate Amount:	\$34,979.00

The information contained herein is correct as at 14 Apr 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 06/04/2022 12:06 (SGT)
Date of Accident 05/04/2022 18:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information HENDERSON ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJL4411P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NOEL IGNATIUS CHOH
NRIC No SXXXX417E
Email Address NOELCHOH@GMAIL.COM
Mobile Phone No (Phone) +65-90090308
Alternative Phone No +65-90090308

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MT/00577253/02
Cover Note Number -

DRIVER

Name of Driver NOEL IGNATIUS CHOH
NRIC No SXXXX417E

SKETCH PLAN

Date Of Birth 14/10/1976
 Occupation Indoor
 Date Of Driving Pass 22/09/2008
 Driving experience 13 YEARS AND 7 MONTHS
 Gender Male
 Mobile Number (Phone) +65-90090308
 Alt. Phone Number +65-90090308
 Email Address NOELCHOH@GMAIL.COM
 Address BLK 80B TELOK BLANGAH HEIGHTS #22-517
 Address complement -
 Postcode 102070
 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

Type of Accident Chain Collision
 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? No
 Was any injured conveyed to hospital by ambulance? -
 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 Telok Blangah Neighbourhood Police Post
 Police Station Phone No (Phone) +65-18002729999
 Alt. Police Station Phone No (Fax) +65-63776526
 Police Station Address Blk 51 Telok Blangah Drive #01-116/ 118 Singapore 100051
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT

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 SHB5570H
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Taxi

SKETCH PLAN

IMPORTANT NOTICE

VEHICLE NO: SJL 4411P
DATE OF ACCIDENT: 5/4/2022
18:00

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' 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.

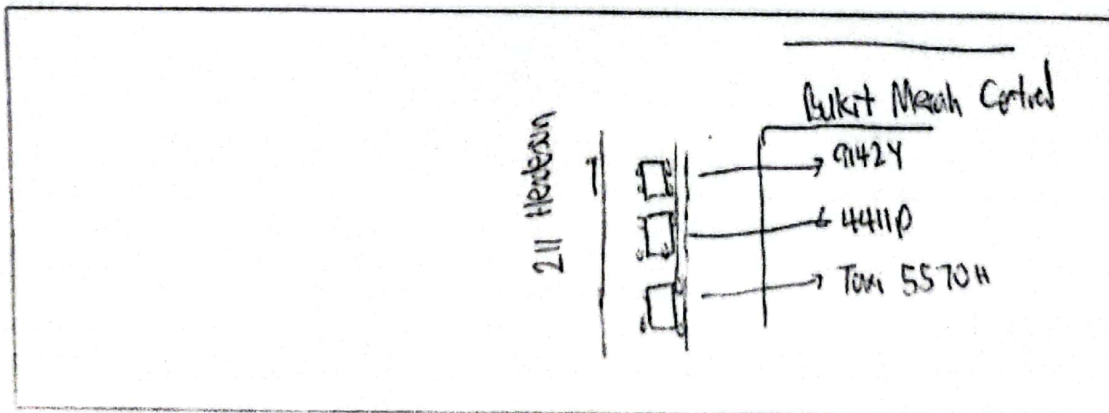


10 ROOM
10/04/2022
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





**SINGAPORE
POLICE FORCE**



T/20220405/2085

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

1 of 4

Report No. T/20220405/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/04/2022 19:28		Video Report No.:		Station Diary No.: 29	
Informant's Particulars					
Name of Informant: NOEL IGNATIUS CHOH		Address: APT BLK 70B TELOK BLANGAH HEIGHTS #22-517 SINGAPORE 102070			
ID Type / ID No.: NRIC NO / S7634417E		Contact No.:		Mobile: 90090308	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 45	Date of Birth: 14/10/1976	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: PROPERTY AGENT		Driving Licence Information: Class: 2B,3		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/04/2022 18:00	Type of Location: Straight Road
Location: HENDERSON ROAD				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Chain Collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB5570H	Car	TOYOTA	PRIUS	Maroon	Slightly Damaged	0
SJL4411P	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT	White	Slightly Damaged	0
SKZ9142Y	Car	HYUNDAI	ELANTRA	Grey	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220405/2085

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

2 of 4

Report No. T/20220405/2085

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJL4411P	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00577253/03	24/12/2018	13/11/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SECK AI CHER		ID No.	S1437069B
Related Vehicle	SHB5570H (Car)		Contact No.	96276068
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	NOEL IGNATIUS CHOH		ID No.	S7634417E
Related Vehicle	SJL4411P (Car)		Contact No.	90090308
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	KENNETH GOH HEE POH		ID No.	S7146667A
Related Vehicle	SKZ9142Y (Car)		Contact No.	81845621
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL



Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

CONTINUATION OF REPORT

Brief Details.

On 5th April 2022 just before 6pm on Henderson Road in front of 211 Henderson Road towards West Coast Highway, I was rear ended by Taxi SHB5507H. I jammed on the brakes. I may or may not have hit the car in front of me, a grey SKZ9142Y.

We all moved forward as the position of the cars was blocking a filter lane to the right into Bukit Merah Central and was already blocking a bus.

The taxi had lost its front number plate and sustained damage to its left side from the Toyota logo in the middle all the way to the wheel fender.

My car sustained damage to the back right hand side. The black portion of the stock body kit at the bottom most of the car has been dislodged. The bumper body kit had separated from the right back tail light.

The front body kit had dislodged. I am unsure if it is due to force of impact from the rear had dislodged it or possible impact to the front grey Elantra. I did not feel the car impact the front Elantra.

No one appears to have sustained bodily injury and everyone seemed fine.

My car is installed with in-car camera (Front).



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999



T/20220405/2085

4 of 4

Report No. T/20220405/2085

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

D /

SGT 1 ONG JING WEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/04/2022 19:28

Officer In Charge Of Case:

TP / GIA /

Other MUHAMMAD NOOR BIN ABDUL
RAHMAN

Contact No.: 65476201

Classification Of Case:

NP168