

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: SJR 5067L  
 at Workshop m/s: Imp motor 1.30pm.  
 of \_\_\_\_\_  
 Insured: SLZ 4728D  
 Policy No. MPC2022D0002083  
 Claims No. ~~C2021487915~~  
 Sum Insured: \_\_\_\_\_ Excess: 600  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SJR5067L Yr Regn: 26/06/09  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or CA/  
 Make: Hyundai Avante c.c. 1591  
 Colour: Grey A/C: Insured / Std / NI / NA  
 Sp. Reading: 28/245 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KMH0U41BR9U782844  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Modi: Nil / SRim / STD A/Rim or

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Tyre Size: F: \_\_\_\_\_  
 R: 195/65R15  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or

Bal. or Market Value: \$40k.  
 IDAC Accident Rport: Consistent?: Yes or No  
 GIA / PR Seen: Consistent?: Yes or No  
 Est. Repairs: 4 days Res.: Yes or No  
 Lum Sum: 20 % 3 Val.: Yes or No

Front 6 Rear 6  
 R/Bal. \_\_\_\_\_ mm R/Bal. \_\_\_\_\_ mm  
 L/Bal. 6 mm L/Bal. 6 mm  
 D.O.A. 21/04/22 D.O.I. 25/04/22  
 Survey held at \_\_\_\_\_

CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
836h  
 Vehicle: IN / OUT

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
O/S Rear  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction Dep 6000  
coe until 30-04-2022 LTA \$18358

28/4/22 L/S \$1700 informed David Urad \$6957.70, 80%  
 06/05/22@3.56pm revert to III via Merimen.  
 10/05/22@4.25pm Derrick informed C/A at LS \$1700 & repairer already submit their invoice.

Date/Time, File Pass to?  : Preli. Report  
 10/05  : Final Report  
 1) 28/4/22  
 Date/Time, File Return to?

Days Of Repair: 4  
 Resurvey No. of Trip: \_\_\_\_\_

Report Format: TP MER-OD  
 Lump Sum / I.B.I. (\$) 1700

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

Survey Fee:	
Transportation:	
_____ S + RS, _____ SI	
) Photos	
) Others	
TOTAL	

# 哈 汽 車 貿 易 服 務

## HUP MOTOR TRADING & SERVICE

Blk 9004 Tampines Street 93 #01-120 Singapore 528838 Tel: 6784 0039 Fax: 6784 0076 Email: hupmotor@gmail.com Reg. No. 378091/00W

Our Ref: TP 3063/04/22

Your Ref: \_\_\_\_\_

Date: 21st April 2022

MR HO KUM CHUEN  
BLK 648, #10-3351  
ANG MO KIO AVE 5,  
SINGAPORE 560648

*Not Actual*  
*her*  
*1/s \$1700*  
*4 days*  
*25/4/22*  
*take the the rep.*

Estimate cost of repair to HYUNDAI AVANTE 1.6 (A) Saloon - SJR 5067 L

1 pc rear bumper		\$	498.00	—
10 pcs rear bumper clips	@ \$ 3.50		35.00	—
1 pc rear bumper o/s side retainer			29.00	—
3 pcs rear bumper o/s inner shield clips	@ \$ 3.50		10.50	X
1 pc rear o/s fender			1,806.00	X
6 pcs rear o/s fender inner shield clips	@ \$ 3.50		21.00	X
1 pc rear o/s door			1,743.00	X
16 pcs rear o/s door inner trim board clips	@ \$ 5.50		88.00	X
1 pc rear o/s lower arm			239.00	X
1 pc rear o/s shock absorber shaft			232.00	X
1 set rear o/s wheel bearing & hub			395.00	X
		\$	5,096.50	
	Less 20%	\$	1,019.30	
		\$	4,077.20	
1 pc rear o/s sport rim		\$	650.00	S.N
1 pc rear o/s wheel tyre (195X65XR15)		\$	400.00	S.N
To wiring check up for affected wiring system.			50.00	20
To check & adjust wheel balancing & wheel alignment.			150.00	60
To remove & refix rear o/s shock absorber shaft, lower arm, wheel bearing & necessary parts.			220.00	X
To remove & refix carpet, floor mat, rear o/s fender inner garnish, rear o/s door inner trim board cover for repair.			180.00	60
Labour charge to remove & cut out damaged parts, to jack, straighten & knocking out rear o/s door & necessary parts, to weld, renew & align above parts.			1,350.00	450
To putty & respray painting on all affected accident parts.			1,500.00	600
To respray Tuff-Kote on all affected accident parts.			80.00	X
		\$	8,657.20	

Dollars : Eight Thousand Six Hundred Fifty Seven And Cents Twenty Only.

HUP MOTOR TRADING & SERVICE

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:

P-562  
202  
469.60  
2139.6  
202  
1711

INSURER ENQUIRY

# Find insurer

Vehicle reg. no.

SLZ4728D

Date of Accident

21/04/2022 

Reset

## % RESULT & RECEIPT

### TP Insurer Enquiry

Insurance ..... **Auto & General Insurance (Sin...**

Period of Insurance ..... **04/05/2021 - 03/05/2022**

Requested By ..... **david (Hup Motor Trading & S...**

Requested Date ..... **21/04/2022 11:20**

#### Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST Inclusive): **S\$2**

#### General Insurance Association

Records Management Centre

GST Registration No: **M400017735**

LKK Auto Consultants hence notify  
 the Repairer of the following:  
 • To reserve before/after spray painting  
 • To display damaged parts during reserve  
 • Parts prices are subject to confirmation  
 • Third party survey is on a "Without Prejudice" basis  
 • No illegal modification(s) is allowed  
 • Supplementary items must be reserved 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 ..... 21/04/2022 17:00 (SGT)  
Date of Accident ..... 21/04/2022 07:40 (SGT)  
Exact Location of Accident ..... Ang Mo Kio, Singapore  
Additional Location Information ..... Along Ang Mo Kio Ave 6 towards Marymount Rd, beside Blk 303.  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJR5067L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Ho Kum Chuen  
NRIC No ..... SXXXX836H  
Email Address ..... hupmotor@gmail.com  
Mobile Phone No ..... (Phone) +65-81868012  
Alternative Phone No ..... +65-81868012

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Avante  
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 ..... 1591

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D18MPC0002588\_03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Ho Kum Chuen  
NRIC No ..... SXXXX836H

Date Of Birth .....	13/02/1966
Occupation .....	Indoor
Date Of Driving Pass .....	04/10/1994
Driving experience .....	27 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81868012
Alt. Phone Number .....	+65-81868012
Email Address .....	hupmotor@gmail.com
Address .....	Blk 648 Ang Mo Kio Ave 5, #10-3351
Address complement .....	-
Postcode .....	560648
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 .....	Side Swipe
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

CIRCUMSTANCES OF ACCIDENT

Kindly Refer to Sketch Plan Attached.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLZ4728D
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	Chua Yen Che, Bruce
NRIC No .....	SXXXX515G
Contact Number .....	(Phone) +65-93656187
Address .....	-

Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

**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.

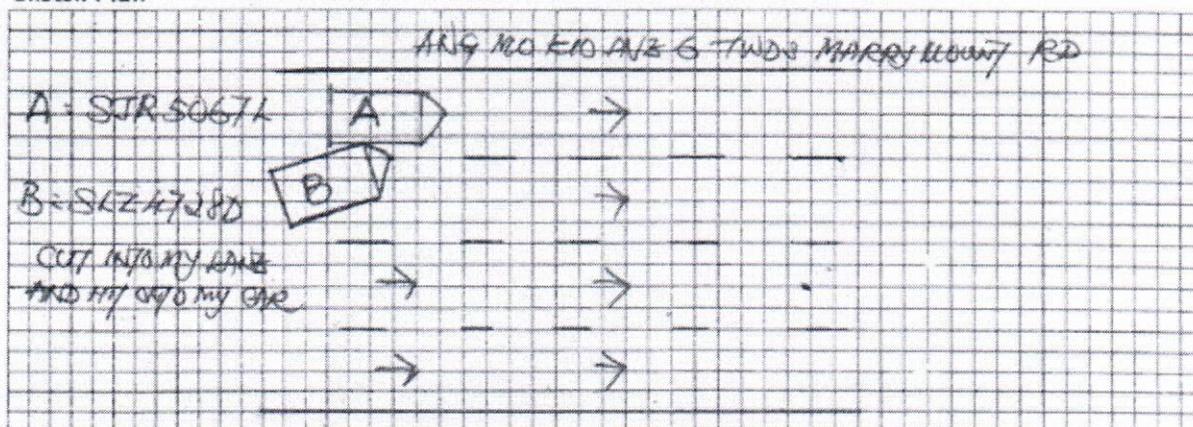
*Law*  
21/4/22

Policyholder's Signature / Date & Time

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

*[Signature]*  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

When I was driving my car SJR 5067L on 21 April 2022 at 7:40am to my work place on extreme left lane along Ang Mo Kio Ave 1 toward Marymount Road, beside R110 303, I heard a loud bang. Hence, I slowed down and stopped my car to check what had happened. When I got down from my car, I saw the car SLZ 4728D hit on its right side of the back of my car and right rear wheel were badly dented and scratched.

<p>You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a <b>Fourteen (14) days clause</b> whereby the claim must be made within the stipulated timeframe from the day of occurrence.</p>	Reporting Only
	Claim OD
	Claim TP <input checked="" type="checkbox"/>
	Claim OD / TP at other workshop

**Declaration**

We declare the foregoing particulars are true in every respect.

Quir 21/4/22  
 Policyholder's Signature / Date & Time

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

[Signature]  
 Witnessed by Reporting Centre Personnel



ACCIDENT REPORTING CENTRE  
& AUTHORISED WORKSHOP:  
**HUP MOTOR TRADING & SERVICE**  
BLK 9004 TAMPINES STREET 93  
#01-120 SINGAPORE 528838  
TEL: 67840039 (24 hrs) HP: 98154655  
Email: hupmotor@gmail.com

INDIA INTERNATIONAL INSURANCE PTE LTD  
Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X  
64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711  
Office (65) 63476100 Email insure@iii.com.sg  
Fax (65) 62244174 Website www.iii.com.sg

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D18MPC0002588\_03

COVER: COMPREHENSIVE

1. **Index Mark and Registration Number of Vehicle** : SJR5067L  
**Chassis No** : KMHDU41BR9U782844
2. **Name of Policyholder** : HO KUM CHUEN
3. **Effective date of Insurance** : 26 Dec 2021
4. **Expiry date of Insurance** : 25 Dec 2022
5. **Persons or Classes of Persons entitled to drive\***
  - (a) The Policyholder  
The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner.
  - (b) Any other person who is driving on the Policyholder's order or with his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle
6. **Limitations as to use\***

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

**The Policy does not cover**

  - a) Use for hire or reward.
  - b) Use for racing, pace-making, reliability trial, speed-testing.
  - c) Use for the carriage of goods other than samples in connection with any trade or business.
  - d) Use for any purpose in connection with the Motor Trade.

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

Insured & Named Drivers Excess Sect I : SGD600.00  
Unnamed Drivers Excess Sect I : SGD1,100.00  
Windscreen Excess : SGD100.00  
Hire Purchase Company : N.A

FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.

I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Agent/Broker : A000038/M Plus Consultancy  
Date of Issue : 02/11/2021 15:12:05  
MX1-Private Car (Insured Driving)

For India International Insurance Pte Ltd

Authorised Signatory

> Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle**

**Vehicle Owner Particulars**

Owner ID Type: Singapore NRIC  
Owner ID: 836H

**Vehicle Details**

Vehicle No.: SJR5067L  
Vehicle to be Exported: Yes  
Intended Deregistration Date: 29 Nov 2021  
Vehicle Make: HYUNDAI  
Vehicle Model: HD AVANTE 1.6 A \_  
Primary Colour: Silver  
Manufacturing Year: 2009  
Engine No.: G4FC9U668791  
Chassis No.: KMH DU41BR9U782844  
Maximum Power Output: 89.7 kW (120 bhp)  
Open Market Value: \$11,302.00  
Original Registration Date: 26 Jun 2009  
First Registration Date: 26 Jun 2009  
Transfer Count: 3  
Actual ARF Paid: \$11,302.00

**Intended PARF Rebate Details**

PARF Eligibility: Forfeited  
PARF Eligibility Expiry Date: -  
PARF Rebate Amount: \$0.00

**Intended COE Rebate Details**

COE Expiry Date: 30 Apr 2029  
COE Category: E - Open Category  
COE Period(Years): 10  
PQP Paid: \$26,175.00  
COE Rebate Amount: \$19,420.00  
**Total Rebate Amount: \$19,420.00**

The information contained herein is correct as at 29 Nov 2021

OK