



# Wah Hong Motors & Credit Pte Ltd

Enterprise Hub 38 Toh Guan Road East #01-57 S(608581)

Email: motor@wahhong.sg

(199806235M)

Vehicle No. SMJ4970S HYUNDAI AD AVANTE 1.6 GLS (A)

Page No. 1

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(\$\$)	SURVEYOR'S ADJUSTMENT
<b>PARTS (LIST ITEMS)</b>				
1	Boot lid / DD		1783.00	
1	Boot lid logo badge / APC		200.00	
1	Boot lid emblem "AVANTE" / APC		35.00	
1	Boot lid Lamp RH / BR		285.00	
1	Tail lamp RH / BR		362.00	
1	Rear bumper / DD		460.00	
2	Rear bumper side retainer LH/RH @2*\$36 / BR		72.00	
1	Rear bumper center garnish / BR		355.00	
1	Rear bumper side reflector lamp RH / ? / cut		205.00	
1	Rear reinforcement / ? x		295.00	
1	End panel (Repair refer to labour)		0.00	
1	Rear fender RH (Repair refer to labour)		0.00	
1	Rear door RH (Repair refer to labour)		0.00	
Part Items Total:			4052.00	
			-20% -810.40	
			3241.60	
<b>SPECIAL NETT ITEMS</b>				
1	Rear bumper clips / APC		30 35.00	
1	Rear carplate / cut		35.00	
1	Rear reverse sensor / shld		200.00	
SN Items Total:			270.00	
Total Parts			3511.60	



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Vehicle No. SMJ4970S HYUNDAI AD AVANTE 1.6 GLS (A)

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S/N	DESCRIPTION	REPAIRER'S ESTIMATE (\$\$)	SURVEYOR'S ADJUSTMENT
	<b>LABOUR</b>		
1	To remove the affected parts & fittings to commence repairs; panel beat & reshape the affected areas and replace the damaged parts and components	1200.00	600
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	1200.00	<del>600</del> 800
3	To remove/refix/replace wiring system at accident damaged area and check for all electrical proper function	60.00	30
4	To perform anti-rust treatment on affected areas	60.00	30
5	To remove and replace rear reverse sensor	60.00	20
Labour Total :		2580.00	
TOTAL (PARTS & LABOUR):		6091.60	

Steno (LKK)

9/5/12, 1.00p

ML AL  
5 45

L/S

My AL My

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	213A
<b>Vehicle Details</b>	
Vehicle No.:	SMJ49705
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Apr 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	AD AVANTE 1.6 GLS (A)
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	G4FGKU094922
Chassis No.:	KMHD841CMKU866195
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$12,497.00
Original Registration Date:	08 Mar 2019
First Registration Date:	08 Mar 2019
Transfer Count:	0
Actual ARF Paid:	\$12,497.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Mar 2029
PARF Rebate Amount:	\$9,372.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	07 Mar 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$22,932.00
COE Rebate Amount:	\$18,068.00
<b>Total Rebate Amount:</b>	<b>\$27,440.00</b>

The information contained herein is correct as at 22 Apr 2022

OK

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL6289H
Vehicle Manufacturer	Yamaha
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	JTV9317
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHC4321L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-



Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBL6289H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

## Describe Circumstances of the Accident

Please refer to the police report on 7/20/2027/2029

### 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



### 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 law yers/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



Vehicle A SM34970S

Vehicle B: FBL6289H

Vehicle C: JTV9317

Vehicle D: SMC43216

AVE TOWARDS CITY (AFTER EXIT 1),  
NEAR LAMP POST 560)





**SINGAPORE  
POLICE FORCE**



T/20220422/2029

Police Station Of Origin  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

1 of 4

Report No: T/20220422/2029

**CONTINUATION OF REPORT**

Rider			
Name	SIVANANTHAN UTHAYA BALAN	ID No.	NIL
Related Vehicle	NIL	Contact No.	89242153
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

**Brief Details.**

On the 22/04/2022 at about 0820hrs, I was driving my vehicle bearing registration plate number SMJ4970S along Ayer Rajah Expressway heading towards CTE. Just after Clementi Ave 6 exit, I was travelling on the middle lane. Subsequently, I heard a thud from the back and I stopped to make a check. I saw one female rider rolling on the road on my right side. I alighted and attended to the lady and she was lying on the ground conscious. One of the passerby had called for the ambulance and police. The female rider was riding her bike bearing registration plate number FBL6289H. I also noticed that there are damages on the taxi bearing registration plate number SHC4321L however I did not see how the collision between them happened. The police and ambulance subsequently arrived and the female rider was conveyed to the hospital. I was advised by the TP Officer to lodge a police report. I am unsure if the Malaysian Sports Bike JTV9317 was involved in the accident as I did not witness anything.

I wish to state that my vehicle sustained damages on the rear bumper. I have an in-car camera facing the rear and the front and the TP officer had already taken my SD card. I wish to state that at the point of time, my daughter was also in the vehicle with me. We are both not injured.



ASS. REC. BY: Steve

REF:

CS/INC 77004789/EVg3

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
	XX

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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SMJ 4970S Yr Regn: 8/3/19  
Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or  
Make: Hyundai Avante c.c. 1591  
Colour: White A/C: Insured / Std / Nil / NA  
Sp. Reading: 20236 T/Radio: Insured / Std / Nil / NA  
Eng/No: \_\_\_\_\_  
C/No: KMHDE4CMK0866195  
Gen. Cond: Good / Fair / Poor / Burnt  
Steering: In order / Jammed / Leaked / Burnt or  
Brake: In order / Jammed / Leaked / Burnt or  
Modl: Nil / S/Rim / STD A/Rim or  
Tyre Size: F: 195/65R15  
R: 1)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or \_\_\_\_\_

Front \_\_\_\_\_ Rear \_\_\_\_\_  
R/Bal. 5 mm R/Bal. 5 mm  
L/Bal. 5 mm L/Bal. 5 mm  
D.O.A. 22/4/22 D.O.I. 9/5/22  
Survey held at Wah Hong  
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-75K

Date/Time, File Pass to?

☐ : Prel. Report  
☐ : Final Report

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Date/Time, File Return to?

2) \_\_\_\_\_

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)  
☐ : Interview (\$ \_\_\_\_\_)  
☐ : Tech. Invs (\$ \_\_\_\_\_)  
☐ : Weekend (\$ \_\_\_\_\_)

Report Format: \_\_\_\_\_

Lump Sum / I.B.F. (\$ \_\_\_\_\_)