

ASS. REC. BY: P. Paul

REF:

CS3/SMR 22004360/R y3

7277

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLE 1924Jat Workshop m/s LIM MOTORof 160, SM MINH BR #05-20Insured: SMR

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

Bal. or Market Value: 52K

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

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLE 1924JYr Regn: 2016 / July

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

Truck / Trailer or

Make: HYUNDAI ELANTRA 1.6 GL ATc.c. 1591Colour: GREY

A/C: Insured / Std / Nil / NA

Sp. Reading: 278015

T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMHD841CMHU200451

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: 205/55R16

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 06/05/22D.O.I. 17/05/22Survey held at LIM MOTOR

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

REPAIR LIMIT - 18K

ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (3K-4K) / 6 days

SUBMIT PRS REPORT

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6

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.R. (\$) _____

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 07/05/2022 11:51 (SGT)
Date of Accident 06/05/2022 10:30 (SGT)
Exact Location of Accident Cairnhill Cir, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLE1924J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Lie Hock Hee (Li FuXi)
NRIC No S7220727J
Email Address gilbertliehh@gmail.com
Mobile Phone No (Phone) +65-81003329
Alternative Phone No (Home) +65-81003329

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Elantra
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5114302845-02
Cover Note Number -

DRIVER

Name of Driver Lie Hock Hee (Li FuXi)
NRIC No S7220727J

Date Of Birth	15/06/1972
Occupation	Outdoor
Date Of Driving Pass	02/10/2006
Driving experience	15 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81003329
Alt. Phone Number	(Home) +65-81003329
Email Address	gilbertliehh@gmail.com
Address	Blk 445 Jurong West Street 42 #02-266
Address complement	-
Postcode	640445
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	unknown
Gender	Male

PASSENGER 2

Name	unknown
Gender	Male

PASSENGER 3

Name	unknown
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer attached police report no. T/20220506/2051

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

Yes
No
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB159X
Vehicle Manufacturer Toyota
Vehicle Model Prius
Vehicle Variant -
Vehicle Colour -
Vehicle Category -
Name of Driver Taxi
NRIC No Soh Khoon Hung
Contact Number S1516636C
Address (Phone) +65-90219678
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 1

First Capital

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Lie Hock Hee (LiFuXi)
Gender Male
Phone No (Phone) +65-81003329
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SLE1924J
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

1. Rease 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.

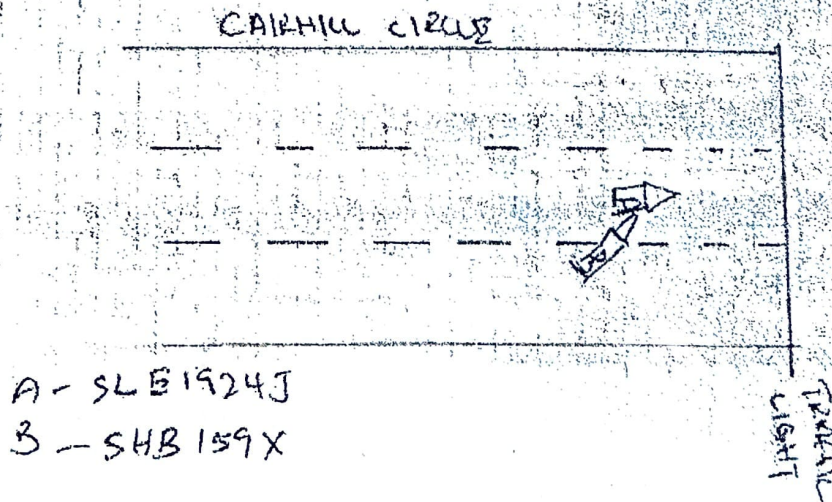
07052022 1045AM

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

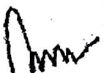


Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT NO: T/20220506/2051


Declaration

We declare the foregoing particulars are true in every respect.

 07052022

Policyholder's Signature / Date &
Time 1045 AM

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:	727J
Vehicle No.:	SLE1924J
Vehicle to be Exported:	No
Intended Deregistration Date:	18 May 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA AD 1.6 GLS AT
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	G4FGGU194339
Chassis No.:	KMHD841CMHU200451
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$17,432.00
Original Registration Date:	13 Jul 2016
First Registration Date:	13 Jul 2016
Transfer Count:	0
Actual ARF Paid:	\$17,432.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Jul 2026
PARF Rebate Amount:	\$12,202.00
COE Expiry Date:	12 Jul 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$52,301.00
COE Rebate Amount:	\$21,699.00
Total Rebate Amount:	\$33,901.00

The information contained herein is correct as at 18 May 2022

OK

Hyundai Elantra 1.6A GLS

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[Financial](#)

[Accessories](#)

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PURE MOTORS PTE LTD



Price **\$51,800**

Depreciation \$11,350 /yr
[View models with similar depreciation](#) **Reg Date** 03-Jun-2016
(4yrs 15days COE left)

Mileage 97,000 km (16.3k /yr) **Manufactured** 2016

Road Tax \$738 /yr **Transmission** Auto

Dereg Value \$23,544 as of today ([change](#)) **OMV** \$11,824

COE \$37,755 **ARF** \$11,824

Engine Cap 1,591 cc **Power** 93.8 kW (125 bhp)

Curb Weight 1,345 kg **No. of Owners** 1