

ASS. REC. BY:

REF: OTZ/22005314/Kgy3

C

Kenneth

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop n/s Cheng Hoe

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. SNM22D203740/CO2

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: 4 days Res.: Yes or No

Lum Sum: 11B.1% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SMR 44P6C Yr Regn: 01, 20

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

Make: Hyundai Avarde c.c. 1591

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

Sp. Reading: 88728 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHD 841 CMEU 012748

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: 215/45R17  
R: \_\_\_\_\_

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

Front R/Bal. 7 mm Rear R/Bal. 6 mm

L/Bal. 7 mm L/Bal. 6 mm

D.O.A. 25/5/22 D.O.I. 6/6/2022

Survey held at \_\_\_\_\_  
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                |
|-------------|-------------------------------------|
| <u>2016</u> | <u>1594.00 Cash Cred 485, 23/07</u> |
|             |                                     |
|             |                                     |
|             |                                     |
|             |                                     |

Date/Time, File Pass to?  : Prell. Report  
1) 22/6/2016  : Final Report

Date/Time, File Return to? \_\_\_\_\_

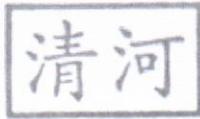
Days Of Repair: 4  
Resurvey No. of Trip: 1

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

Survey Fee:

|                |          |
|----------------|----------|
| Transportation | _____    |
| S + RS         | _____ SI |
| Fuel           | _____    |
| Others         | _____    |
| TOTAL          | _____    |

Report Format: MER-TP  
Lump Sum / I.B.I: (\$ 1594)



# CHENG HOE MOTOR PTE LTD

Blk 1019, Yishun Industrial Park A, #01-374/382, Singapore 768761

Tel : 67556142 Fax : 67557719

Email: chmotor@singnet.com.sg

**TP INSURER:** China Taiping Insurance (Singapore) Pte. Ltd. (HQ)

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Singapore

## PARTICULARS OF CLAIM

|                               |                                  |                    |                   |
|-------------------------------|----------------------------------|--------------------|-------------------|
| Claim Type:                   | THIRD PARTY                      | Ref. No:           | TP/CHINA(YP8351D) |
| Policy No:                    |                                  | Date of Loss:      | 25/05/2022        |
| Vehicle Reg. No.:             | SMR4496C                         | Driveable?         |                   |
| Party At Fault:               | UNKNOWN                          |                    |                   |
| Driver (TP):                  | CHAI KOK CHING                   | Driver (Insured):  | SURINDERJIT SINGH |
| Make/Model:                   | HYUNDAI AD AVANTE, 1.6 GLS (A)   | Vehicle Reg. Date: | 07/01/2020        |
| Vehicle Colour:               | WHITE                            |                    |                   |
| Engine No:                    | G4FGKU476523                     | Chassis No:        | KMHD841CMLU012748 |
| Odometer:                     | 0 KM                             |                    |                   |
| Paint Type:                   |                                  |                    |                   |
| Total Loss?                   | <b>NO</b>                        |                    |                   |
| Est. Duration of Repair (day) | 0                                |                    |                   |
| Present Location:             | CHENG HOE MOTOR PTE LTD (YISHUN) |                    |                   |

*Not with claim  
Repair by paint  
4 days*

## COST OF CLAIMS

|                          | Amount          |
|--------------------------|-----------------|
| Parts                    | 724.00          |
| Miscellaneous Items      | 200.00          |
| Labour                   | 1,120.00        |
| Paintwork Labour         | 0.00            |
| Towing                   | 0.00            |
| <b>Gross Total (S\$)</b> | <b>2,044.00</b> |
| <b>+ GST 7.00% (S\$)</b> | <b>143.08</b>   |
| <b>Nett Amount (S\$)</b> | <b>2,187.08</b> |

This claim is handled by: SHARON CHIONG BENG CHOON

Generated using Merimen e-Claims Internet Estimation & Adjusting System

**REPAIR DETAILS**

SMR 4496C  
TP/CHINA

**Reference**

**Part Source:** MRM-SG      Version: 1.0 (Last Synchronised: 06 Jun 2022)  
**Parts:** 143      HYUNDAI AD AVANTE 1.6 GLS (A) (Catalogue:Merimen Singapore 1.0)  
**Labour:** Repairer's      (Price-denominated Standard List)  
**Print Code:** (Unsubmitted, no print-code for SMR4496C)  
**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page  
**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk \*.

**Estimates on Parts**

| No.                      | Qty | Part No. | Particulars                                | %Disc | %Depr | Amount            |
|--------------------------|-----|----------|--|-------|-------|-------------------|
| 1                        | 1   |          | *1 PC <del>FRT</del> <sup>Rea</sup> BUMPER | 0.00  | 0.00  | *320.00 F ✓       |
| 2                        | 1   |          | *1 PC <del>FRT</del> BUMPER REINFORCEMENT  | 0.00  | 0.00  | R *165.00 F ✗     |
| 3                        | 1   |          | *1 PC <del>FRT</del> BUMPER LOWER          | 0.00  | 0.00  | mgcmt *175.00 F ✗ |
| 4                        | 1   |          | *6 PCS <del>FRT</del> BUMPER CLIPS @2/PC   | 0.00  | 0.00  | Rea *12.00 F ✓    |
| 5                        | 1   |          | *1 PC TAILGATE LOGO                        | 0.00  | 0.00  | Rea *22.00 F ✓    |
| 6                        | 1   |          | *1 PC TAILGATE EMBLEM (AVANTE)             | 0.00  | 0.00  | Rea *30.00 F ✓    |
| <b>Total Parts (S\$)</b> |     |          |  |       |       | <b>724.00</b>     |

F=Franchise part.

Report was unsubmitted during this print-out.  
Generated using Merimen e-Claims IEAS

**Estimates on Miscellaneous Items**

| No                     | Qty | Particulars                          | Amount        |
|------------------------|-----|--------------------------------------|---------------|
| 1                      | 1   | 1 SET REVERSE SENSOR                 | 200.00 ✓      |
|                        |     | <i>1 Rec no plate      35sn Rd ✓</i> |               |
| <b>Sub Total (S\$)</b> |     |                                      | <b>200.00</b> |

**Estimates on Labour**

| No                             | Particulars   | Lab.Type | Amount          |
|--------------------------------|---|----------|-----------------|
| 1                              | PANEL BEATING   | New      | 480.00          |
| 2                              | PUTTY & RESPRAY ON REAR BOOT,REAR BUMPER,REAR PANEL     | New      | 600.00          |
| 3                              | REMOVE & REFIX REAR SENSOR,REAR CAMERA AND RESET SYSTEM | New      | 40.00 ✓         |
| <b>Gross Labour Cost (S\$)</b> |   |          | <b>1,120.00</b> |

Report was unsubmitted during this print-out.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

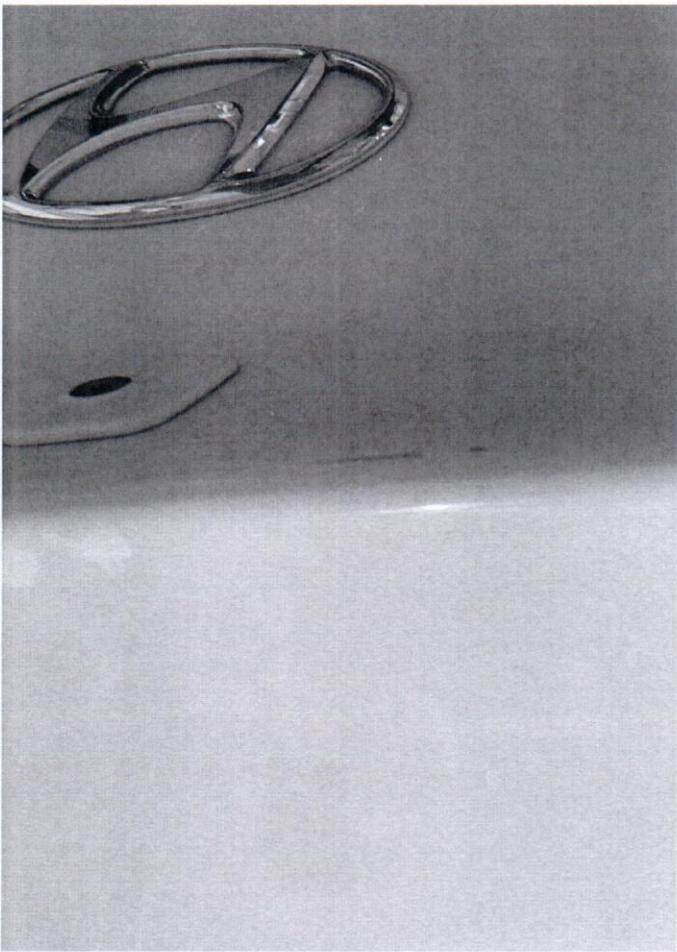
Ⓢ 1594.00

**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:

4 days



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC  
Owner ID: 194F

### Vehicle Details

Vehicle No.: SMR4496C  
Vehicle to be Exported: No  
Intended Deregistration Date: 26 May 2022  
Vehicle Make: HYUNDAI  
Vehicle Model: AD AVANTE 1.6 GLS (A)  
Primary Colour: White  
Manufacturing Year: 2019  
Engine No.: G4FGKU476523  
Chassis No.: KMHD841CMLU012748  
Maximum Power Output: 93.8 kW (125 bhp)  
Open Market Value: \$12,879.00  
Original Registration Date: 07 Jan 2020  
First Registration Date: 07 Jan 2020  
Transfer Count: 1  
Actual ARF Paid: \$12,879.00

### Intended PARF Rebate Details

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 06 Jan 2030  
PARF Rebate Amount: \$9,659.00

### Intended COE Rebate Details

COE Expiry Date: 06 Jan 2030  
COE Category: A - Car up to 1600cc & 97kW (130bhp)  
COE Period(Years): 10  
QP Paid: \$28,589.00  
COE Rebate Amount: \$21,764.00  
**Total Rebate Amount: \$31,423.00**

The information contained herein is correct as at 26 May 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 ..... 26/05/2022 20:13 (SGT)  
Date of Accident ..... 25/05/2022 18:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALEXANDRA ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMR4496C

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHAI KOK CHING  
NRIC No ..... SXXXX194F  
Email Address ..... clarence.chai88@gmail.com  
Mobile Phone No ..... (Phone) +65-90128481  
Alternative Phone No ..... +65-90128481

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... AD AVANTE 1.6 GLS (A)  
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 ..... 1591

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 22-MQ000526-R01  
Cover Note Number ..... 06/02/22 - 05/02/23

### DRIVER

Name of Driver ..... CHAI KOK CHING  
NRIC No ..... SXXXX194F

|  |                               |
|--|-------------------------------|
| Date Of Birth  | 31/08/1985                    |
| Occupation   | Indoor                        |
| Date Of Driving Pass   | 30/06/2009                    |
| Driving experience   | 12 YEARS AND 11 MONTHS        |
| Gender   | Male                          |
| Mobile Number  | (Phone) +65-90128481          |
| Alt. Phone Number  | +65-90128481                  |
| Email Address  | clarence.chai88@gmail.com     |
| Address  | BLK 435 YISHUN AVE 6 #05-2096 |
| Address complement   | -                             |
| Postcode   | 760435                        |
| 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   | Collision - Head to Rear |
| Weather Conditions | AFTER RAIN               |
| 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)   | 2   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No  |

PASSENGER 1

|        |           |
|--------|-----------|
| Name   | PASSENGER |
| Gender | Female    |

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

Traffic light was red. My vehicle was stationary. YP8351D collided onto my rear portion.

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 | YP8351D            |
| Vehicle Manufacturer        | -                  |
| Vehicle Model               | -                  |
| Vehicle Variant             | -                  |
| Vehicle Colour              | -                  |
| Vehicle Category            | Commercial vehicle |

|   |                      |
|---|----------------------|
| Name of Driver                          | SURINDERJIT SINGH    |
| Passport No/FIN                         | GXXXX082M            |
| Contact Number                          | (Phone) +65-92717150 |
| Address                                 | -                    |
| Address complement                      | -                    |
| Postcode                                | -                    |
| Insurance Company Name                  | -                    |
| Nature Of Damage                        | -                    |
| Details of property damaged in accident | -                    |
| No. Of Passenger (Including Driver)     | -                    |



SKETCH PLAN

1. VEHICLE NO.: SMR4496C

2. INSURER CO: Tokio Marine

3. ACCIDENT  
DATE & TIME: 25/5/22 6:20 pm

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.

Policyholder's Signature / Date & Time

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

(YS) ong 26/5/22  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

PLEASE  
TURN  
OVER