ASS. REC. BY: EG7 ...

ASS. REC. BY: Kenneth

REF: Smo/ 22003910/Kt

ASSIGNMENT

From: ______ Date: ______

Estimated Cost: ______

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

To Inspect Vehicle No: ______

at Workshop m/s Chng Hoe

of Amk

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
X	

Bal. or Market Value: $17k

IDAC Accident Rport: ______ 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: SJT 2453P Yr Regn: 09, 09

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 / NI / NA

Sp.Reading 148037 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: KMHDU41BMAU891785

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or ______

Brake: Inorder / Jammed / Leaked / Burnt or ______

Modi : NI / S/Rim / STD A/Rim or ______

Tyre Size: F: Giti 185/65R15

R: Kumho

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

Front			Rear		
R/Bal.	8	mm	R/Bal.	7	mm
L/Bal.	8	mm	L/Bal.	7	mm

D.O.A. 20/6/22 D.O.I. 22/6/2022

Survey held at ______

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

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

Date / Time	Action / Instruction
/	T/Loss, repairer unable to repair the veh at the balance value of about $11,600k
	01/07/2022 submit extensive total loss

Date/Time, File Pass to? Prell. Report

1) ______ Final Report

Date/Time, File Return to?

2) ______

Days Of Repair: ______

Resurvey No. of Trip: ______

Add Fee: Site Insp ($ ______)

Interview ($ ______)

Tech Invs ($ ______)

Weekend ($ ______)

Survey Fee:

Transportation:

__S + RS.__SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: ($ ______)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	246G
Vehicle Details	
Vehicle No.:	SJT2453P
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Jun 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	AVANTE 1.6 AT ABS D/AB 2WD 4DR
Primary Colour:	Red
Manufacturing Year:	2009
Engine No.:	G4FC9U745247
Chassis No.:	KMHDU41BMAU891785
Maximum Power Output:	89.7 kW (120 bhp)
Open Market Value:	$11,605.00
Original Registration Date:	30 Sep 2009
First Registration Date:	30 Sep 2009
Transfer Count:	4
Actual ARF Paid:	$10,509.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 May 2024
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	$13,943.00
COE Rebate Amount:	$5,419.00
Total Rebate Amount:	**$5,419.00**
Message	

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 21 Jun 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 witholding 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	20/06/2022 22:17 (SGT)
Date of Accident	20/06/2022 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE (NEAR ANG MO KIO AVE 1 EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT2453P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JENNY JUNIATI
NRIC No	SXXXX246G
Email Address	jenie2010@hotmail.com
Mobile Phone No	(Phone) +65-91282337
Alternative Phone No	+65-91282337

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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1600

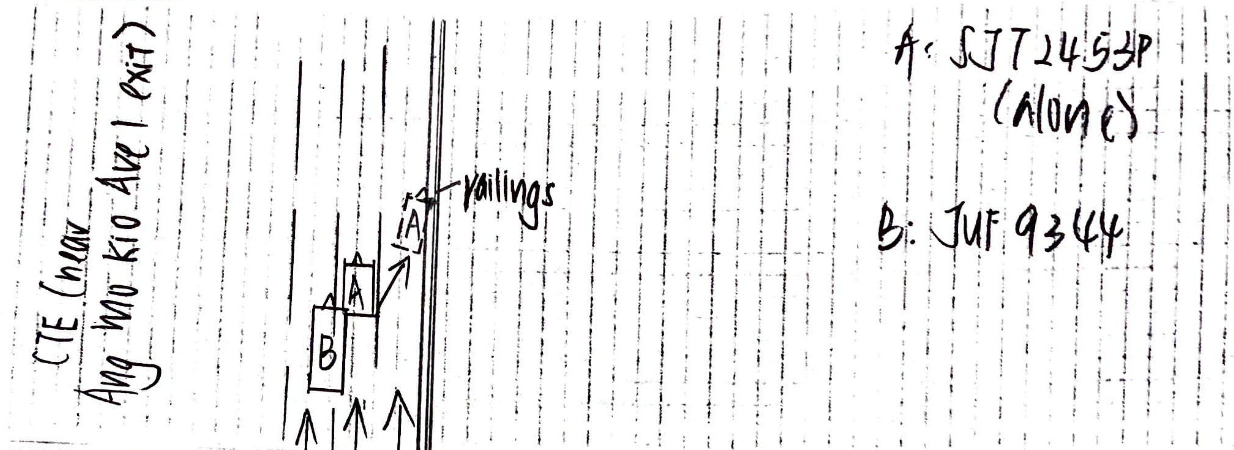
INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D22MTPV01004434
Cover Note Number	08/03/2022 - 07/03/2023

DRIVER

Name of Driver	KARIM MD RAZAUL
Passport No/FIN	GXXXX302R

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SJT2453P (Sompo)
Date & Time: 20/06/22 @ 0830 (Drizzling (wet)
refer to police report.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.: (AMK)

(✓) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only

( ) Claim OD/TP at other workshop (______________)