

Tougher

CS/EG/22007115/TcyS.

2024 Jan
2009 Feb

Veh No: 30N11856 Yr Regn: 2001 Feb

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

Truck / Trailer or

Make: Plymouth Grandfe. C.C

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

Sp. Reading 168308 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HDY4BR 94*6 34762.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or /

	
N/S	O/S

Tyre Size: F: 205/55 R16

R: 7 2

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

TOYO / YOKO DT AP/45

Front Rear 0

R/Bal.	6	mm	R/Bal.	mm
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L/Bal. 6 mm L/Bal. 6 mm

DOA _____ D.O.I. 27/7/22

Vehicle: IN / OUT

SM-1 AA

NAME: _____

Des. of Damages: 1.12.1 Real Property: 0.00; Personal: 0.00; Total: 0.00

The HVC / Chassis frame / Body Structure affected due to collision

[illegible]

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

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

Lump Sum / I.E.J. (%)

Survey Fee:

Transportation:

$$S + RS \rightarrow SI$$

Photos

Others

TOTAL

EM-1 AUTO TRADE

BLK 8 SIN MING INDUSTRIAL ESTATE SECTOR C

#01-68 SINGAPORE 575643

Contact Number: 6452 3298 (O) 9666 6556 (H/P) 6457 5776 (F)

Email Address: em1autopteltd@gmail.com

COMPANY REG. NO. : 53105453E

Vehicle Number : SJN 1183G

Vehicle Model : HYUNDAI AVANTE

Accident Date : 24.07.2022

Original Reg Date : 04.02.2009 (31.01.2024)

Date : 26.07.2022

Chassis : KMHU41BR9U634762

TP Ins. **ERGO**

ESTIMATE

1	1 pc	Bonnet		bt	1,112.70
2	1 pc	Bonnet Inner Rubber		rec	46.20
3	1 set	Bonnet Insulator Clips		rec	30.00
4	1 pc	Bonnet Inner Lock		X	76.20
5	2 pcs	Bonnet Stopper	18.00	X	36.00
6	1 pc	Headlamp LH		eng	486.30
7	1 pc	Front Bumper		?	470.80
8	1 set	Front Bumper Clips		net 30	50.00
9	1 pc	Front Grille		eng	380.50
10	1 pc	Front Grille Badge		net	52.20
11	1 set	Front Grille Clips		net 20	30.00

2,770.90

Less 20% 554.18

2,216.72

Labour charge

Panel Beating		300	600.00
Spray painting		500	600.00
Check Wiring		30	30.00

3,446.72

Less 20% 689.34

Lump sum 2,757.38

Tanpin 97495749
WP 27/7/22 e/0an
L/S Resurvey after repair
Tanpin (Khankon)
0.3 days

LPK 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

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	642R
Vehicle Details	
Vehicle No.:	SJN1183G
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Jul 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	HD AVANTE 1.6 A S/R
Primary Colour:	Beige
Manufacturing Year:	2008
Engine No.:	G4FC8U554045
Chassis No.:	KMH DU41BR9U634762
Maximum Power Output:	89.7 kW (120 bhp)
Open Market Value:	\$11,960.00
Original Registration Date:	04 Feb 2009
First Registration Date:	04 Feb 2009
Transfer Count:	2
Actual ARF Paid:	\$713.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Jan 2024
COE Category:	E - Open Category
COE Period(Years):	5
PQP Paid:	\$13,024.00
COE Rebate Amount:	\$3,942.00
Total Rebate Amount:	\$3,942.00
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 26 Jul 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	26/07/2022 11:01 (SGT)
Reported by	Driver
Date of Accident	24/07/2022 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	453 JURONG WEST ST 42 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN1183G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MING CHONG ENGINEERING TRADING PTE LTD
Company Reg No	2XXXXX642R
Email Address	mingchong10@gmail.com
Mobile Phone No	(Phone) +65-91007906
Alternative Phone No	-

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5125180355

DRIVER

Name of Driver	MASTURA BINTE AINI
NRIC No	SXXXX516F
Date Of Birth	18/03/1981
Occupation	Indoor

Date Of Driving Pass	25/02/2004
Driving experience	18 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91007906
Alt. Phone Number	-
Email Address	mingchong10@gmail.com
Address	APT BLK 453 JURONG WEST STREET 42 #04-98
Address complement	-
Postcode	640453
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

REFER TO SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP6126B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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) -

SKETCH PLAN

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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.



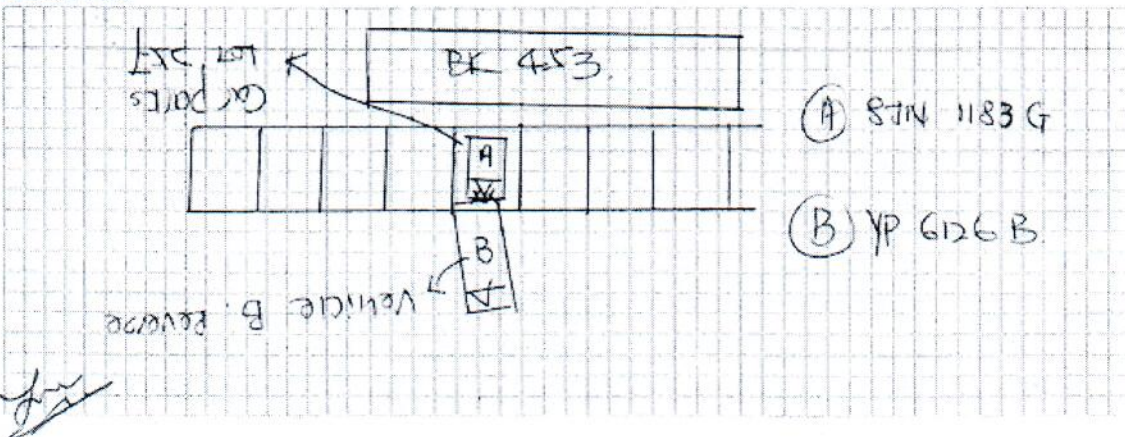
Policyholder's Signature / Date & Time

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

CITY AUTO PTE LTD

Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6463 1330 Fax: 6463 7944
Witnessed by Reported Centre
Personnel (Claims Section)

Sketch Plan



Describe Circumstances of the Accident

I park the car park lot # 257 at blk H53 Suvong West st 42. I park the car at 3.00 pm. I go home. At about 4.00pm I heard a big bang from my room. I saw vehicle was reversing and hit on to my front portion. I rush down and discuss with the driver colleague. During The discussion he said that he will pay for the repair of the ~~vehicle~~ vehicle. But within the 24 hours he did not reply to me and I make a claim through the insurance.

* I attached a letter that he agree to pay.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

CITY AUTO PTE LTD
 Blk 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 575843
 Tel: 6453 1285 Fax: 6453 7914
 Witnessed by Reporting Centre Personnel