ASS. REC.BY: Taufik REF: CS/CT/22007471/TVY3.

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: SKH 801H

Policy No. DMPCSNW00129762202

Claims No. SNM22D205458/C02/THAMYL

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: 884K.

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: SMJ7590K. Yr Regn: 2019 / March

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

Make: Hyundai Avante. c.c 1591

Colour Dark Blue. A/C: Insured / Std / NI / NA

Sp.Reading 53856. T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: KMHD841CMKU879134

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 ______

Tyre Size: F: 205/55R16.

R: " "

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

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

D.O.A. 3/8/2022 D.O.I. 5/8/22.

Survey held at Bifrost.

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
31/12/22	Lump Sum $3850 confirmed by email (Red 9163, 70%)

Date/Time, File Pass to? [ ] : Preli. Report

1) ______ [ ] : Final Report

Date/Time, File Return to?

2) 3/1/22-typist

Rep[redacted]Format : Merimen

Lump Sum / LBJ: ($ $3850)

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee: [ ] : Site Insp ($ ______)

[ ] : Interview ($ ______)

[ ] : Tech. Invs ($ ______)

[ ] : Weekend ($ ______)

Survey Fee:	
Transportation:	
__S + RS.__SI	
Photos	
Others	
TOTAL	

BIFROST AUTO PTE LTD

8 KAKI BUKIT AVE 4, PREMIER @ KAKI BUKIT
#01-49 SINGAPORE 415875
Tel: +65 64524457
Fax: +65 64524584
Company Reg No: 201929175W

Repair Estimate

Vehicle number: SMJ7590K
Make & Model: Hyundai Avante
Chassis number: KMHD841CMKU879134

Date of survey:
Name of surveyor:
Contacts:

No.	Description of spare parts	Qty	Amount S$
1	Bootlid	1	$ 1,782.40
2	Bootlid centre emblem	1	$ 34.90
3	Bootlid "Avante" emblem	1	$ 45.90
4	Bootlid reverse camera	1	$ 826.10
5	Bootlid lock	1	$ 125.30
6	Bootlid RH hinge	1	$ 94.30
7	Bootlid LH hinge	1	$ 94.30
8	Bootlid weatherstrip	1	$ 109.10
9	Bootlid RH lamp	1	$ 664.10
10	Bootlid LH lamp	1	$ 664.10
11	Rear bumper	1	$ 459.80
12	Rear bumper lower garnish	1	$ 353.20
13	Rear bumper number plate garnish	1	$ 29.90
14	Rear bumper LH number plate lamp	1	$ 28.30
15	Rear bumper RH number plate lamp	1	$ 28.30
16	Rear bumper RH side lamp	1	$ 201.50
17	Rear bumper LH side lamp	1	$ 201.50
18	Rear bumper RH side retainer	1	$ 33.10
19	Rear bumper LH side retainer	1	$ 33.10
20	Rear bumper reinforcement	1	$ 302.10
21	Rear bumper reinforcement RH bracket	1	$ 78.60
22	Rear bumper reinforcement LH bracket	1	$ 78.60
23	Rear bumper reinforcement RH upper bracket	1	$ 12.00
24	Rear bumper reinforcement LH upper bracket	1	$ 12.00
25	Rear bumper reinforcement RH lower bracket	1	$ 12.00
26	Rear bumper reinforcement LH lower bracket	1	$ 12.00
27	RH taillamp	1	$ 1,052.10
28	LH taillamp	1	$ 1,052.10
29	End panel	1	$ 478.00
30	End panel inner garnish	1	$ 59.80
31	Rear antenna sensor	1	$ 55.00
32	Rear RH fender inner trim	1	$ 209.00
33	Rear LH fender inner trim	1	$ 209.00
34	Spare tyre panel top cpver	1	$ 640.80
35	Exhaust silencer	1	$ 793.20
36	Exhaust silencer gasket	1	$ 32.00

	$	10,897.50
Parts less 20%	$	2,179.50
Total	$	8,718.00

No.	Special Nett Items	Qty	Amount S$
1	Bootlid inner trim clips	1set	$ X 80.00
2	Bootlid sealant	1	$ X 100.00
3	Rear bumper clips	1set	$ 3one 100.00
4	Rear bumper lower garnish clips	1set	$ X 60.00
5	End panel inner garnish clips	1set	$ X 45.00
6	End panel joint sealant	1	$ X 100.00
7	Rear RH fender inner trim clips	1set	$ X 80.00
8	Rear LH fender inner trim clips	1set	$ 2one 80.00
9	Rear number plate	1	$ X 70.00
10	Rear number plate frame	1	$ X 50.00
		Total:	$ 765.00

No.	Labour and painting	Amount S$
1	Labour charges to remove, check, replace and reinstall	$ 700 1,400.00
	damages bodyparts. To panel beating, cut/weld and	
	realign all affected panels and areas	
2	Spray painting on affected areas and panels	$ 700 1,200.00
3	Check wiring and lighting system on affected areas	$ 30 80.00
4	Apply rust coating chemical on affected areas and panels	$ 30 100.00
5	Remove and replace rear bumper reverse sensors to carry repair	$ 30 100.00
6	Remove and replace rear inner trims, garnish and boards to carry repair	$ 60 320.00
7	Remove and replace exhaust silencer and gasket to carry repair	$ X 180.00
8	Remove and replace bootlid reverse camera to carry repair	$ X 150.00
	Total:	$ 3,530.00

Agreed Amount:_____(Part by Part / Lump sum)
Working days:_____

Tanfmi 97495777
WP 5/6/22 @ 5pm
L/S resurvey after repair
tanfmi@lkkauto.com
6days

Spare Parts:	$	8,718.00
Special Nett:	$	765.00
Labour:	$	3,530.00
Total Amount:	**$**	**13,013.00**

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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	110C

Vehicle Details

Vehicle No.:	SMJ7590K
Vehicle to be Exported:	Yes
Intended Deregistration Date:	03 Aug 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	AD AVANTE 1.6 GLS (A) S
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	G4FGKU109567
Chassis No.:	KMHD841CMKU879134
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	$14,588.00
Original Registration Date:	20 Mar 2019
First Registration Date:	20 Mar 2019
Transfer Count:	1
Actual ARF Paid:	$14,588.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Mar 2029
PARF Rebate Amount:	$10,941.00

Intended COE Rebate Details

COE Expiry Date:	19 Mar 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$25,689.00
COE Rebate Amount:	$17,022.00
Total Rebate Amount:	**$27,963.00**

The information contained herein is correct as at 03 Aug 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 Actual 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	04/08/2022 09:01 (SGT)
Reported by	Driver
Date of Accident	03/08/2022 07:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LOYANG AVE TWDS TAMPINES AVE 7 B4 TPE-PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ7590K

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HUANG SHU YANG
NRIC No	S2587110C
Email Address	limqiwen92@gmail.com
Mobile Phone No	(Phone) +65-96448244
Alternative Phone No	-

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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00200982100

DRIVER

Name of Driver	LIM QI WEN
NRIC No	S9241742E
Date Of Birth	14/11/1992
Occupation	Indoor

Date Of Driving Pass	05/07/2014
Driving experience	8 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-86909587
Alt. Phone Number	-
Email Address	limqiwen92@gmail.com
Address	BLK 188 PASIR RIS ST 12
Address complement	#05-42
Postcode	510188
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	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)	1
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SKH801H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

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. 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

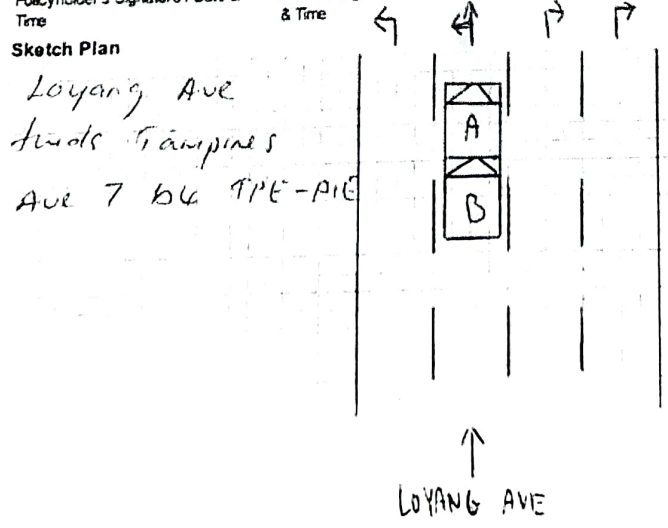
(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

04/08/22
Witnessed by Reporting Centre Personnel

Sketch Plan



A: SMJ 7540 K

B: SKH 801 H

SKETCH PLAN #2

Describe Circumstances of the Accident

I was stationary along Loyang Ave towards Tampines Ave 7 before TPE - PIE while waiting for the vehicle infront to start moving as traffic was heavy. Suddenly, I felt an impact coming from the rear of my vehicle A. I got down and realise vehicle B knock into the rear of my vehicle A

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