

(08/11/13) wef
ASS REC. BY: form

REF: CS3/CT122007485/Rq3

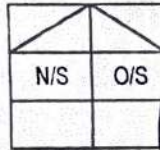
501A

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SMW 78855
at Workshop m/s MJE MOTOR
of 7, SMW MINN INDUST SEC 801-96
Insured: CTI
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.



Bal. or Market Value: 140K
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: SMW 78855 Yr Regn: 2020 / PK
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or

Make: HYUNDAI TL TUCSON FL 1.64E.C / 1591
Colour: GREY A/C: Insured / Std / NI / NA
Sp. Reading: 5176 T/Radio: Insured / Std / NI / NA

Eng/No: _____
C/No: KMH 33812VL 6390463

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/60R17
R: _____

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

Front		Rear
R/Bal. <u>6</u> mm		R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm		L/Bal. <u>6</u> mm
D.O.A. <u>03/08/22</u>		D.O.I. <u>08/08/22</u>

Survey held at MJE 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 - 91K

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

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1) Date/Time, File Return to?
2) _____

Report Format : _____

Lump Sum / I.B.I.: (\$ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation: _____

_____ \$ + RS _____ SI

Photos

Others

TOTAL

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 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	04/08/2022 11:54 (SGT)
Reported by	Both
Date of Accident	03/08/2022 17:50 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 5, Singapore
Additional Location Information	1ST LEFT LANE AT AMK AVE 5 (FROM CTE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW7885S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHONG SENG FATT
NRIC No	S8170501A
Email Address	MELVINCHG@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-91380396
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Tucson
Variant	TL TUCSON FL 1.6 GLS T-GDI DCT 2WD
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	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070171504-01

DRIVER

Name of Driver	CHONG SENG FATT
NRIC No	S8170501A
Date Of Birth	18/04/1981
Occupation	Indoor

Date Of Driving Pass 07/01/2005
 Driving experience 17 YEARS AND 7 MONTHS
 Gender Male
 Mobile Number (Phone) +65-91380396
 Alt. Phone Number -
 Email Address MELVINCHG@YAHOO.COM.SG
 Address BLK 359 ADMIRTY DRIVE
 Address complement #16-190
 Postcode 750359
 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 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

I WAS COMING FROM CTE SLIP ROAD AND FILTER INTO THE 1ST LANE (LEFT) OF AMK AVE 5 COMPLETELY. AFTER A FEW SECONDS, THE VEHICLE (B) MOVE INTO MY LANE FROM REAR RIGHT SIDE AND COLLIDED INTO MY CAR.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMA2153U
 Vehicle Manufacturer Mazda
 Vehicle Model 3
 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)

(Phone) +65-98448443

-
-
-
-
-
-
-

SKETCH PLAN

IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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

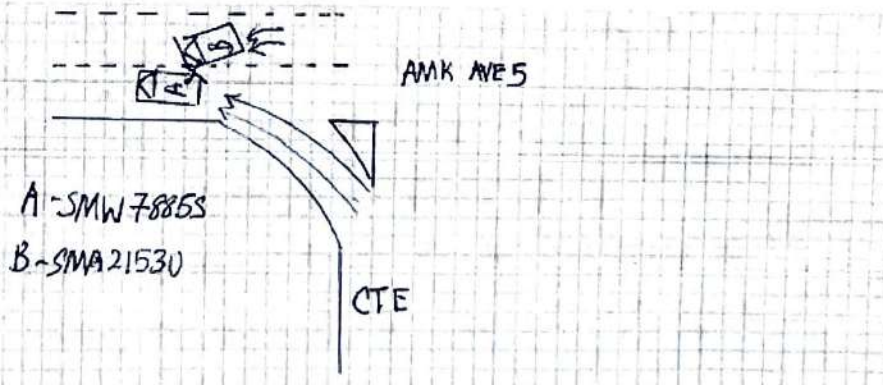
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was coming from CTE slip road and filter into the 1st lane (left) of A166 Ave 5 completely. After a few seconds, the vehicle (B) move into my lane from rear right side and collided into my car.

Declaration

We declare the foregoing particulars are true in every respect.

JH

Policyholder's Signature / Date & Time

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:	501A
Vehicle No.:	SMW78855
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Aug 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	TL TUCSON FL 1.6 GLS T-GDI DCT 2WD
Primary Colour:	Grey
Manufacturing Year:	2020
Engine No.:	G4FLH805654
Chassis No.:	KMHJ3812VLU390463
Maximum Power Output:	130.0 kW (174 bhp)
Open Market Value:	\$19,173.00
Original Registration Date:	11 Dec 2020
First Registration Date:	11 Dec 2020
Transfer Count: -	0
Actual ARF Paid:	\$19,173.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	10 Dec 2030
PARF Rebate Amount:	\$14,379.00
COE Expiry Date:	10 Dec 2030
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$40,990.00
COE Rebate Amount:	\$34,158.00
Total Rebate Amount:	\$48,537.00

The information contained herein is correct as at 10 Aug 2022

OK

Hyundai Tucson 1.6A GLS T-GDi DCT Turbo

Overview

Financial

Accessories

Similar

Research

Photos

Map



AUTO ZOOM



Price **\$137,800**

Depreciation ⓘ \$15,650 /yr
[View models with similar depre](#)

Reg Date 13-Oct-2020
(8yrs 2mths 2days COE left)

Mileage ⓘ 21,000 km (11.5k /yr)

Manufactured ⓘ 2020

Road Tax ⓘ \$738 /yr

Transmission Auto

Dereg Value ⓘ \$48,004 as of today ([change](#))

OMV ⓘ \$19,637

COE ⓘ \$40,690

ARF ⓘ \$19,637

Engine Cap 1,591 cc

Power 130.0 kW (174 bhp)

Curb Weight ⓘ 1,594 kg

No. of Owners ⓘ 1