

ASS. REG. BY:

REF:

LPC/ 22010965/16V

C

Kenneth

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:

Policy No.

Claims No. 22/22/22/VP05/024677

Sum Insured:

Excess:

NIL

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value:

\$100k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4-5 days

Res.: Yes or No

Lum Sum:

1.8.1 %

3 Val.: Yes or No

CA / (REV) / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

15/5/23 89461.00 Carw (red 3981.90, 29%)

Veh No:

SMP 1550 J

Yr Regn:

09, 19

Type:

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

Truck / Trailer or

(A)

Make:

Hyundai i30

C.G

1353

Colour:

Red

A/C:

Insured / Std / NI / NA

Sp. Reading

24079

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

TMA143513VKJ113964

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 / RIM or

Tyre Size:

F:

205/55R16

R:

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

Front

R/Bal.

S

mm

Rear

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

27/10/22

D.O.I.

2/11/2022

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, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation

S + RS. \$

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format: OD

Lump Sum / I.B.I: (\$ 9461

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	820B

Vehicle Details

Vehicle No.:	SMP1550J
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Oct 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	I30 PDE 1.4 T-GDI DCT
Primary Colour:	Red
Manufacturing Year:	2019
Engine No.:	G4LDKD076295
Chassis No.:	TMAH3513VKJ113964
Maximum Power Output:	95.6 kW (128 bhp)
Open Market Value:	\$19,007.00
Original Registration Date:	13 Sep 2019
First Registration Date:	13 Sep 2019
Transfer Count:	0
Actual ARF Paid:	\$19,007.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Sep 2029
PARF Rebate Amount:	\$14,255.00

Intended COE Rebate Details

COE Expiry Date:	12 Sep 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$32,725.00
COE Rebate Amount:	\$22,497.00
Total Rebate Amount:	\$36,752.00

The information contained herein is correct as at 28 Oct 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 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	27/10/2022 17:09 (SGT)
Reported by	Both
Date of Accident	27/10/2022 07:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KPE TOWARDS NICOLL HIGHWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP1550J
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG SER HSIEN (HONG SHEXIAN)
NRIC No	SXXXX820B
Email Address	serhsien@yahoo.com.sg
Mobile Phone No	(Phone) +65-94384340
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I30
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	1400

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VP05031931

DRIVER

Name of Driver	ANG SER HSIEN (HONG SHEXIAN)
NRIC No	SXXXX820B
Date Of Birth	13/11/1980
Occupation	Indoor



Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLB3197T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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)	2

Date Of Driving Pass	29/05/2006
Driving experience	16 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94384340
Alt. Phone Number	-
Email Address	serhsien@yahoo.com.sg
Address	BLK 662D EDGEDALE PLAINS #08-714
Address complement	-
Postcode	824662
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	Chain Collision
Weather Conditions	AFTER RAIN
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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

REFER TO 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	SMM4230D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	-
Contact Number	-

Describe Circumstance of the Accident

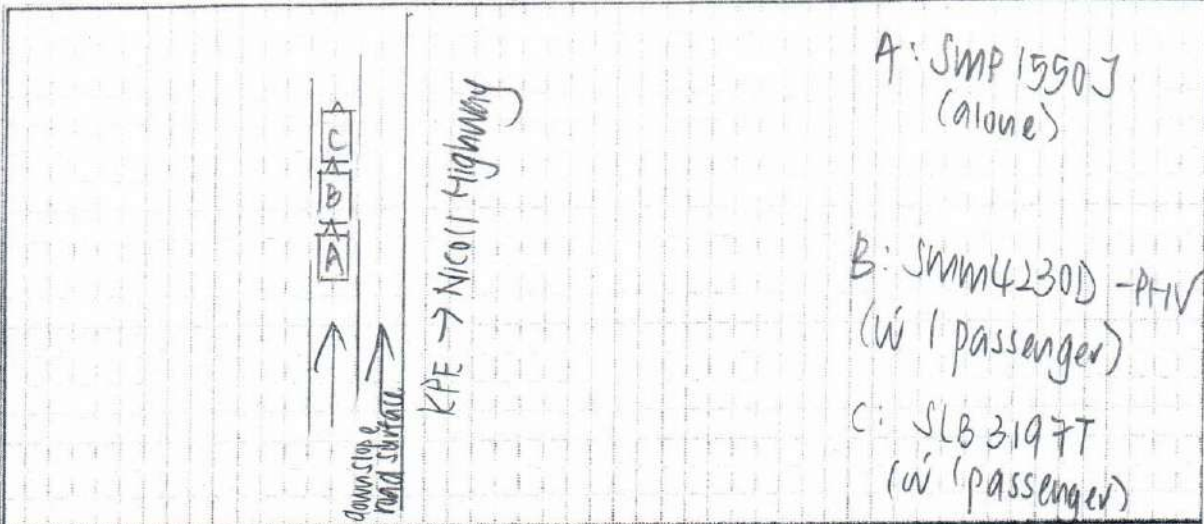
** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE

Claim under your Own Comprehensive policy. Pls check your policy for more information.

(☒) Claim Own Policy () Claim Third party () Reporting Only

() Claim OD/ TP at other workshop ()

Sketch Plan



Vehicle No: SMP 1550J (Lompac)

Date & Time: 27/10/22 @ 0740 (after rain/wet)

I saw my car SHMM4230D ebrake in front, as such i quickly follow too. However, due to downslope & wet road surface, i was unable to brake in time. As such, my vehicle front portion had collided onto the rear portion of SHMM4230D. Upon alighting, i then realised there was another vehicle, SLB 3197T in front of SHMM4230D, involved in the accident as well. A total of 3 vehicles was involved in the accident with no one injured.

Declaration

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

27/10/2022

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) (AMK)

SKETCH PLAN

VEH NO: SMP1550J
INSURER: Longpac
DATE OF ACC: 27/10/22 @ 0740

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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

AO 27/10/2022
Policyholder's Signature / Date & Time

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

[Signature]
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Dedyniannk 27/10/22

Sketch Plan

		PLEASE		
		TURN		
		OVER		

Cheng Hoe Motor Pte Ltd

Blk 1019, Yishun Industrial Park A #01-374/382, Singapore 768761
TEL: 67556142 (YIS) FAX: 67557719 (YIS) Email: chmotor@singnet.com.sg
GST:201001158E RCB NO:201001158E

Not Notation
Henry B4pain
4-5 days

M/S : LONPAC INSURANCE BERHAD
300 BEACH ROAD
#17-04/07 THE CONCOURSE
SINGAPORE 199555

TEL: 62507388 FAX: 62963767

ATTN: Motor Claim Department

WS Ref: OD/LONPAC/AMK

Claim Type: Own Damage

Accident Date: 27/10/2022

Claim No: ES2291124

Estimate No: ES2291124/AMK

Date: 02 Nov 2022

Policy No: Z22VP05031931

Veh Reg No: SMP1550J

Make/Model: HYUNDAI I30 1.4

Chassis No: TMAH3513VKJ113964

Engine No: G4LDKD076295

Reg. Date: 13/09/2019

Estimate Repair Cost to Vehicle No : SMP1550J

Description	U/Price	Quantity	Cost	Amount
			SS	SS
Cost Plus				
1 FRONT BUMPER	CM 660.00	1 PC	660.00	✓
2 FRONT BUMPER NUMBER PLATE GARNISH	40.00	1 PC	40.00	✓
3 FRONT BUMPER REINFORCEMENT	490.00	1 PC	490.00	X
4 FRONT BUMPER SPONGE	180.00	1 PC	180.00	✓
5 FRONT BUMPER CENTRE LOWER GRILLE	105.00	1 PC	105.00	✓
6 FRONT BUMPER TOW HOOK COVER	26.00	1 PC	26.00	X
7 FRONT BUMPER LOWER CENTRE LIP	155.00	1 PC	155.00	✓
8 FRONT BUMPER INNER TOP RUBBER	52.00	1 PC	52.00	✓
9 FRONT BUMPER SIDE RETAINER	ALS DIT 55.00	2 PC	110.00	✓ 110
10 FRONT BUMPER CLIP	1.50	6 PC	9.00	✓
11 FRONT BUMPER INNER CENTRE RETAINER	38.00	2 PC	76.00	✓
12 FRONT BUMPER RIVET PIN	1.50	4 PC	6.00	✓
13 BONNET	1,450.00	1 PC	1,450.00	✓
14 BONNET INNER LOCK	70.00	1 PC	70.00	X
15 FRONT GRILLE ASSY	1,020.00	1 PC	1,020.00	✓ 600
16 FRONT GRILLE LOGO	22.00	1 PC	22.00	✓
17 FRONT GRILLE TOP COVER	75.00	1 PC	75.00	✓
18 HEADLAMP	CM 1,500.00	2 PC	3,000.00	✓
19 FRT SUPPORT PANEL	840.00	1 PC	840.00	X
20 AIR-CON CONDENSER	1,200.00	1 PC	1,200.00	X
			9,586.00	
			Add 15%	1,437.90
				11,023.90
Special Net				
21 FRONT NUMBER PLATE	35.00	1 PC	35.00	✓
22 COOLANT	35.00	1 UNIT	35.00	X 70.00
<div style="border: 1px solid blue; padding: 5px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 <p>Acknowledged by Repairer</p> <p>Signature: _____</p> <p>Date: _____</p> </div>				
Labour				
23 REMOVE AND REFIX AIRCON, CHECK, VACUUM & REFILL GAS	100.00	1 LA	100.00	X
24 REMOVE & REFIX FRT BUMPER & ATTACHMENTS, GRILLE, BONNET & ATTACHMENTS, BOTH HEADLAMPS, FRT SUPPORT PANEL, KNOCKING & REPAIR FRT FENDERS & REALIGN THE SAME	750.00	1 LA	750.00	500-600
25 PUTTY & RESPRAY FRT BUMPER, PARKING SENSORS & ATTACHMENTS, BONNET, BOTH FENDERS & ALL AFFECTED AREAS	750.00	1 LA	750.00	600

Cheng Hoe Motor Pte Ltd

Blk 1019, Yishun Industrial Park A #01-374/382, Singapore 768761
TEL: 67556142 (YIS) FAX: 67557719 (YIS) Email: chmotor@singnet.com.sg
GST:201001158E RCB NO:201001158E

M/S : LONPAC INSURANCE BERHAD
300 BEACH ROAD
#17-04/07 THE CONCOURSE
SINGAPORE 199555

TEL: 62507388 FAX: 62963767

ATTN: Motor Claim Department

WS Ref: OD/LONPAC/AMK

Claim Type: Own Damage

Accident Date: 27/10/2022

Claim No: ES2291124

Estimate No: ES2291124/AMK

Date: 02 Nov 2022

Policy No: Z22VP05031931

Veh Reg No: SMP1550J

Make/Model: HYUNDAI I30 1.4

Chassis No: TMAH3513VKJ113964

Engine No: G4LDKD076295

Reg. Date: 13/09/2019

Estimate Repair Cost to Vehicle No : SMP1550J

Description	U/Price	Quantity	Cost	Amount
			<u>S\$</u>	<u>S\$</u>
				1,600.00

Total S\$ 12,693.90

Add GST @ 7% 888.57

Total Amount payable S\$ 13,582.47

* SURVEY VEHICLE AT ANG MO KIO WORKSHOP

13,442.90

For Cheng Hoe Motor Pte Ltd



AUTHORISED SIGNATURE

Accident Date: 27/10/2022

Reg. Date: 13/09/2019

1 FRONT GRILLE OUTER CHROME

Supplementary 1

74 000 000 000

1 PC

704-0000

—

700.04

Total

SS 710 (R)

GST Activity:

\$549.00

Total Assets available

\$749.00

For Cheng-Ho Motor Pte Ltd

Portland