ASP. REGORDY: STEVR 1 CS/CT1220	11915/6.mp3
ASSI	GNMENT
From: Date:	Veh No: SMD4193A Yr Regn; 18/8/18
Estimated Cost:	Type: M.Carl M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
O) TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Plyvinda; Elantia c.o. 1591
at Workshop m/s	Colour Reige NC: Insured / Std / NI / NA
of	Sp.Reading 54450 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CNO: KM HD EUICM TU 68(456 .
Claims No.	Gen. Cond: 909d / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Ingrater / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nii / SIZIM / STD A/Rim or
× × ✓	Tyre Size: F: 195/65R15
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS I DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYOTYOKO or TOMPONOY
Bal. or Market Value:	Fron! Rear
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. W mm , R/Bal. W mm
GIA / PR Seen: Consistent? : Yes or No	UBal. 4 . mm
Est Repairs: days Res.: Yes or No	D.O.A. 5/11/92 (1)1/61/1 D.O.I. 9/11/9/
Lum Sum: % 3 Val.: Yes or No	Survey held at (10/0 hel)
	Des. of Damages (Frt) / Rear / O/S / N/S / U/C / Roottop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	I Dady Structure affected due to collision.
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	,
MY- 17 K	
- E	
Osle/Time, File Pass to? : Prell. Report	Days Of Repair:
	Resurvey No. of Trip: Survey Fee:
: Final Report	Transportation:
Date/Time, File Return to? Add F	ee: : Site Insp (\$)s+Rssi
2)	: Interview (\$) Photos
Ropert Former:	: Tech, Invs (3) Others
Lump Sum (LB.): (\$)	: Weekend (*
Comp Comp	TOTAL

Goldbell Engineering Pte Ltd 8 Tuas Ave 18, Singapore 638892

Insurer Reference: SMD4193A Repairer Reference: 054336

pate calculated: 08/11/2022 6:12 PM

Full Report Registration: SMD4193A Printed: 08/11/2022 6:13 PM

Summary Information

Claim

Location:

Singapore (SG)

Work Provider:

China Taiping Insurance

(Singapore) Pte Ltd

SGD

05/11/22

Printed by:

Claim Reference:

Actual Repair Days:

Estimated Repair Time:

SMD4193A

Catherine Chong Kai Ling Currency:

Date of Incident: Hire Car Start:

Hire Car End:

Vehicle Details

Vehicle

Manufacturer:

HYUNDAI ELANTRA (AD)

Model: Sub Model:

BASE MODEL

Model Sheet Number: Registration:

30 EL 01 SMD4193A

VIN number:

KMHD841CMJU686455

Odometer:

54450

Model Specs

1.4 LTR 96KW

AIR CONDITIONING

TWO COAT METALLIC

PREPARE OFF VEHICLE



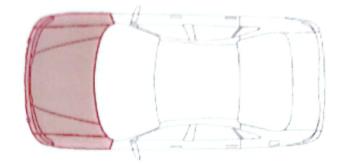
Vehicle Condition

Vehicle Status

Pre-Accident Damage: Date of Inspection:

Damage Areas

All Underbody



Tyres Condition

Tyre Brand

Tread (Left Middle), Tread (Left Outer), Tread (Left Inner), Tread (Right Inner), Tread (Right Outer), Tread (Right

Condition

P2 P2

D2 D3

mm

mm

Middle), mm

Spare Tyre Brand

Tread (Spare), mm

Labour

	Time	Base 10 WU/h	Price = 42.	00 SGD/h
Code	Description		WU	Price SGD
18600A00	ADJUST HEADLAMPS		3.0	12.60
NO NUMBER	R + R FRONT PANEL		16.0	67.20
86512R00	RENEW FRONT BUMPER		8.0	33.60
	INCLUDES: R + R FRONT BUMPE NECESSARY ATTACHED PARTS	R, GRILLE AND		
66400R00	RENEW BONNET		7.0	29.40
	INCLUDES: R + R BONNET,			
	CONVERT ATTACHED PARTS, REN	NEW IF		
	NECESSARY			
79110R00)	R + R L/BONNET SEAL		1.0	4.20
79110R5A)	R + R R/BONNET HINGE		1.0	4.20
66300R0B)	R + R BOTH FRONT WINGS		9.0	37.80
,	INCLUDES: R + R BOTH HEADLA	MPS AND		
	NECESSARY ATTACHED PARTS			
	DOES NOT INCLUDE: R + R FRO	NT BUMPER,		
	ADJUST HEADLAMPS			
28100R00	R + R AIR CLEANER CPL		3.0	12.60
25300R00)	R + R RADIATOR		7.0	29.40
			7.0	
Audatex Syste	em Using Manufacturer Times	Page 2 of 4	PRINT DATE	08/11/2022

Code	Description			wu	Price SGD
25386R00 ZAX	R + R FAN MOTOR			1.0	4.20
NO NUMBER	DRAIN/REFILL COOLING SYSTEM			3.0	12.60
NO NUMBER	ADD/WORK FOR SEALING BONNET			3.0	12.60
	Labour Cost		Hrs	WU	2
	Panel / Mechanical Labour		6.20	62.0	260.40
	Total of Labour				260.40
Paint					
Paint Work	SYSTEM AZT		Tim	e Basis	10 WU/h
Code	Description - TWO COAT METALLIC			WU	Price SGD
	BONNET NEW PART PAINTING			14.0	
	L/F WING NEW PART PAINTING			9.0	
	FRONT PANEL CPL SURFACE PAINT			5.0 10.0	
	FRONT BUMPER NEW PART PAINT K1R			10.0	
Paint Material	Per Part				n.i con
Code	Description				Price SGD
0471	BONNET NEW PART PAINTING				38.70
0741	L/F WING NEW PART PAINTING				16.51
	FRONT PANEL CPL SURFACE PAINT				7.97 47.23
0283	FRONT BUMPER NEW PART PAINT K1R				47.23
	Labour Cost - Paint		Hrs	wu	Price SGD
	Factor	42.00 SGD/h			
	Time Paint		2.50	38.0	105.00
	Preparation Main Work Metal Preparation Comp. Work Plastic		2.50 0.50	25.0 5.0	105.00 21.00
	Total	10 WU/h	6.80	68.0	285.60
	Total	10 110/11	0.00	00.0	_30.00
	Material Cost - Paint				Price SGD
	New Part Painting				55.21
	New Part Painting - Plastic K1R				47.23
	FURTACO-/RIAND DAINT				7 0 7

		-	
Sna		D-	
307	116	ra	LIS

			prices as	at 2015-06-01
Code	Description	Part Number	Part Source	Price SGD
0257	FRONT NUMBER PLATE	KNPL3	Original / DR	35.00
0283	FRONT BUMPER	86511F2AA0	Original / OR	480.00
0315	FRONT IMPACT DAMPER	86520F2AA0	Original / K	70.00
0341	HD BUMPER	86571F2AA0	Original / IR (Renfred)	265.00
0410	GRILLE	86350F2AA0	Original / DR	400.00

Audatex System Using Manufacturer Times

Surface-/Blend Paint

Total

Material-constant Plastic

Material-constant Metal Preparation

Page 3 of 4

PRINT DATE 08/11/2022



7.97

28.60

148.01

9.00

code 0471 0475 0476 0492 0561 0562 0741 1009 4465 7761 7790	Description BONNET L/BONNET HINGE R/BONNET HINGE BONNET LOCK LEFT HEADLAMP ASSY RIGHT HEADLAMP ASSY L/F WING FRONT PANEL CPL AIR CON CONDENSER RADIATOR FAN MOTOR	Part Number 66400F2500 79110F2000 79120F2000 81130F2950 92101F2530 92102F2530 66310F2500 64101F2500 97606M6200 25310M6400 25386M6140	Part Source Original / 00 Original / 07 Original / 07 Original / 08 Original / 07 Original / 07	Price SGD 800.00 40.00 40.00 65.00 550.00 320.00 300.00 310.00 330.00
f: OEM Parts	Savings Subtotal			0.00 4,855.00
n: Non-OEM Parts u: Used parts	Total			4,855.00

Final Calculation	SGD	SGD
Parts Total Parts	4,855.00	4,855.00
Labour Time Base 10 WU/h Total 62.0 WU X 42.00 SGD/h Total of Labour	260.40	260.40
Paint Work Time Base 10 WU/h Labour Cost 68.0 WU X 42.00 SGD/h Material Cost Total Paint Including Material	285.60 148.01	433.61
Repair Cost Excludes GST GST (+7.0%)		5,549.01 388.43 5,937.44
Repair Cost Included GST		_,

Comments * - USER SUPPLIED DATA NN - NO MANUFACTURERS CODE EXISTS) - WU PARTIAL INCL IN OTHER POSITIONS

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 Prejute

No assessment notes entered.

Assessment Note

Steve (LKK) 9/11/22, 3.20pc OD-MAL EXP (1- ?

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:

PIP, M) BL G, 6 LJS
Page 4 of 4

PRINT DATE 08/11/2022

Audatex System Using Manufacturer Times

SG0M22B70005 / GOLDBELL ENGINEERING PTE LTD (638892) SG0M22B70005 / GOLDBELL ENGINEERING F ENTRY DATE & TIME: 07/11/2022 14:01 (SGT) SUBMITTED BY: Ramesh S/O Somasundrem VERSION: 1 (07/11/2022 14:01 (SGT))



OSTATEMENT

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 in the provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate in the provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate in the provided must be as truthful and accurate as possible. 3. Information provided musicle as truttiful and accurate as possible. Any willful misrepresentation or witholding of material facts may allow insurance companies to repudial 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

07/11/2022 14:01 (SGT) Both 05/11/2022 03:00 (SGT) Near 2B Handy Rd, Singapore 229237 ORCHARD ROAD AND HANDY ROAD JUNCTION Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMD4193A

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No Email Address Mobile Phone No Alternative Phone No KOH SEE KIAT SXXXX927I

No

KAYDEN8898@GMAIL.COM (Phone) +65-96104633

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Transmission

CC

Hyundai

ELANTRA AD 1.6 GLS AT (AMS)

HYUNDAI

Private use

Yes

Private car

Manual

1591

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00180492201

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

KOH SEE KIAT SXXXX927I 07/11/1992 Indoor

Accident report SG0M22B70005

Page 1 of 12



Date Of Driving Pass 18/03/2015 7 YEARS AND 8 MONTHS Driving experience Male Gender (Phone) +65-96104633 Mobile Number Alt. Phone Number KAYDEN8898@GMAIL.COM Email Address BLK 700B ANG MO KIO AVE 6 #06-316 Address Address complement 562700 Yes Is the driver the policyholder? Postcode 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

Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? 2 Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement

PASSENGER 1

ZACH Name Male Gender

DETAILS OF POLICE ACTION

No Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON 5/11/22 I WAS DRIVING VEH-B SMD4193A ALONG ORCHARD ROAD TOWARD HANDY ROAD JUNCTION. VEH-A SHC5442P STOPPED AT THE JUNCTION, I DID NOT NOTICE, I APPLIED VEH-B BRAKE BUT UNABLE TO STOP ON TIME, COLLIDED ONTO VEH-A REAR, NO ONE WAS INJURED.

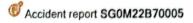
ATTACHMENT(S)

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 Vehicle Manufacturer .

SHC5442P



Page 2 of 12



vehicle Model
vehicle Variant
vehicle Colour
vehicle Category
Vehicle Category
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)

---Taxi -(Phone) +65-87797863 --



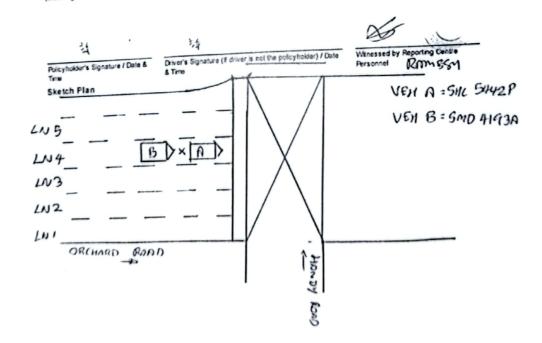


SKETCH PLAN

MPORTANT NOTICE

- 1. Pease report <u>correctly</u> the details of the accident to speed up the claims process.
- 2 This Formmust be completed by the Policyholder and/or the Authorised Driver 2 This Form must be completed by the <u>Forextivited and accurate as possible</u>. Any will disrepresentation or withholding of metarial facts may a forested provided must be as <u>fruthful</u> and <u>accurate as possible</u>. Any will disrepresentation or withholding of metarial facts may.
- 4. The asset and acceptance of this Formby insurance companies is not an admission of policy liability on the part of the insurance
- 8 The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association
- Interriport we be not around by the ensurers or the control 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)

- (a) My insurer, my w orkshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose (a) my misurer, my w crisinop and the central risurance Association of Singapore ("OLA") mayrare permitted to collect, use, discusse another 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 resumed published a title disclose and transfer such Personal Information to all insurers. 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 file rease fill the insured vehicle of Cinemator and our sales and collectively referred to as the "Insurers"), the insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant
- (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 making 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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the lineurers' law yers/law firms, may/are permitted to collect,
- ture disclose and/or process my Personal information for one or more of the above Purposes; and use, osciose and/or process my resistant entimation for one or make or sing above marginates, while convices and/or GiA to their third party service providers or agents (in) 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.





SETCH PLAN #2

Describe Circumstances of the Accident

0 5/11/22 I	WAS 1	DRIVING	VEH-13	SMD	4193A	PLONG	
CHARD ROA			YOUR	ROND	JUNCT	ION .	
7011	5442P	STOPPE		THE	JUNCT	ON.	
KHA SKC	NOTHE		PPLIED	VEH-		KE BUT	
I DIO NOT I	CTAD	IN TIME		LIDED	ONTO	VEN-A	REI
11/	STOP O	SWRED.	,				
NO ONE WI	D TW	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
			Milela	No:	Vehic	cle no:	
I (Owner/ In -charge/ Dri	iver)		,Nnc				
I (Owner/ In -charge/ Dri	iver) d damaged vehicle	to Company name	,Nnc			nicle damaged repa	airs and
will be sending my above states	d damaged vehicle				for my ver		airs and
will be sending my above states	d damaged vehicle				for my ver		airs and

Declaration

Who declare the foregoing particulars are true in every respect.

+ 6

1

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / De

Witnessed by Reporting Centre Personnel CAMGGO

CAccident report SG0M22B70005

Page 5 of 12

