

ASS. REC. BY:

REF:

CS3/ASM 22011228/RVP<sup>3</sup>

4221

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SMF 427B

at Workshop m/s YAP MOTOR

of 7, SIN MINH IND &amp; STSEL C #01-80/82

Insured: ASM

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

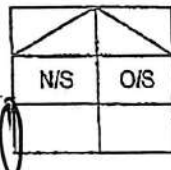
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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



Bal. or Market Value: 73K

IDAC Accident Report \_\_\_\_\_ 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: SMF 427B Yr Regn: 2018 / NOV

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

Truck / Trailer or

Make: Hyundai BLANCA 801-6 GLS c.c 1591

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

Sp. Reading: 77214 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KM H0841 CMJN 762445

Gen. Cond: Good / Fair / Poor / Burnt

Steering: (order) / Jammed / Leaked / Burnt or

Brake: (order) / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: \_\_\_\_\_

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

TOYO / YOKO or \_\_\_\_\_

Front Rear

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

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

D.O.A. 28/10/22 D.O.I. 14/11/22

Survey held at YAP MOTOR

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or

N/S Rear

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

REPAIR LIMIT - 46K

ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (1K-2K) / 3 days - 3 days

Date/Time, File Pass to?



: Prel. Report

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Date/Time, File Return to?



: Final Report

Transportation: \_\_\_\_\_

Date/Time, File Return to?

Add Fee: \_\_\_\_\_



: Site Insp (\$ \_\_\_\_\_)

S + RS \$ \_\_\_\_\_



: Interview (\$ \_\_\_\_\_)

Photos



: Tech. Invs (\$ \_\_\_\_\_)

Others



: Weekend (\$ \_\_\_\_\_)

Repair Form: \_\_\_\_\_

Lum Sum / B.P. / P

# 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	31/10/2022 18:53 (SGT)
Reported by	Both
Date of Accident	28/10/2022 16:53 (SGT)
Exact Location of Accident	Serangoon Rd, Singapore
Additional Location Information	Serangoon Road towards Hougang
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF4279B
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Kwok Seng Kwee
NRIC No	S1350422I
Email Address	kwoksengkwee59@gmail.com
Mobile Phone No	(Phone) +65-91178597
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	1591

### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	P221404308260

### DRIVER

Name of Driver	Kwok Seng Kwee
NRIC No	S1350422I
Date Of Birth	19/01/1959
Occupation	Indoor



Date Of Driving Pass .....	21/03/1980
Driving experience .....	42 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91178597
Alt. Phone Number .....	-
Email Address .....	kwoksengkwee59@gmail.com
Address .....	BLk 42 Cambridge Road #05-04
Address complement .....	-
Postcode .....	210042
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) .....	2
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 .....	-

#### PASSENGER 1

Name .....	wife
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Kampong Java Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002959999
Alt. Police Station Phone No .....	(Fax) +65-63913442
Police Station Address .....	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

refer attached police report.

#### 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	SHB3147K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-



## IMPORTANT NOTICE

## SKETCH PLAN

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 and 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

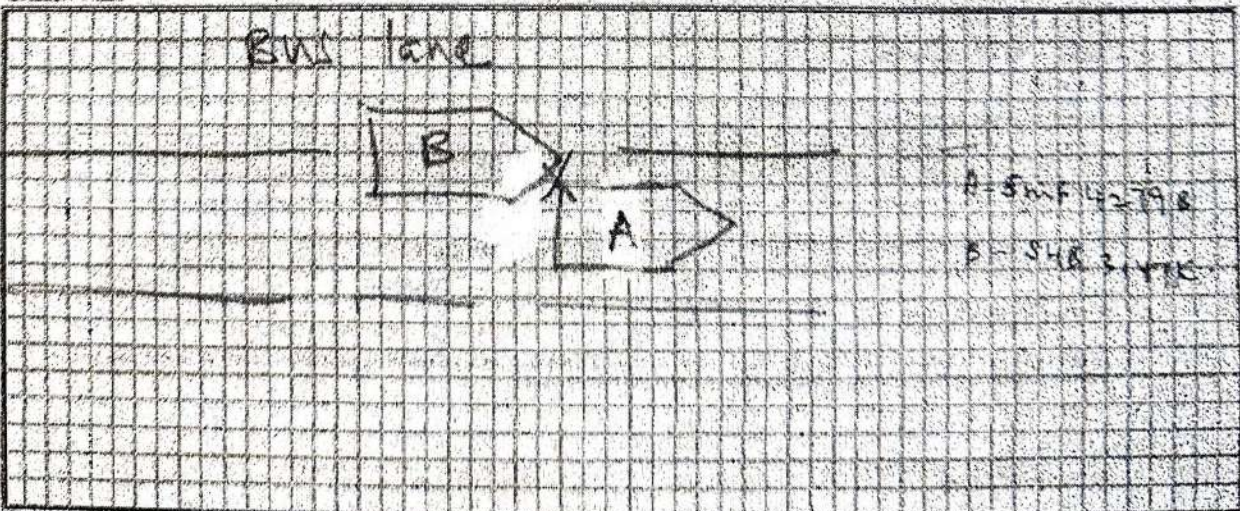
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NPIC/NO card)

Sketch Plan



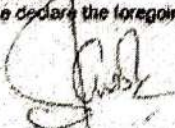


Describe Circumstance of the Accident


Refer attached police report.

Declaration

I/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  
(Name as in NRACID card)



## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	422I
<b>Vehicle Details</b>	
Vehicle No.:	SMF4279B
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Nov 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA AD 1.6 GLS AT (AMS)
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	G4FGJU273754
Chassis No.:	KMHD841CMJU762445
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$12,628.00
Original Registration Date:	12 Nov 2018
First Registration Date:	12 Nov 2018
Transfer Count:	0
Actual ARF Paid:	\$12,628.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Nov 2028
PARF Rebate Amount:	\$9,471.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	11 Nov 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$28,457.00
COE Rebate Amount:	\$17,046.00
Total Rebate Amount:	\$26,517.00

The information contained herein is correct as at 15 Nov 2022



# Hyundai Elantra 1.6A GLS

Overview

Financial

Accessories

Similar

Research

Photos

Map



湖景

## Lake View Credit Pte Ltd



Price

**\$73,800**

Depreciation ?

\$11,340 /yr

[View models with similar depre](#)

Reg Date

22-Nov-2018

(6yrs 6days COE left)

Mileage

56,917 km (14.3k /yr)

Manufactured ?

2018

Road Tax ?

\$738 /yr

Transmission

Auto

Dereg Value ?

\$25,230 as of today ([change](#))

OMV ?

\$10,999

COE ?

\$28,199

ARF ?

\$10,999

Engine Cap

1,591 cc

Power

93.8 kW (125 bhp)

Curb Weight ?

1,345 kg

No. of Owners ?

1