

Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 25 May 2022 / 17:35:00)

Vehicle Insurance Details



Vehicle No.:

SH7642J

Make Description/Model:

HYUNDAI / AE IONIQ HEV 1.6 DCT

Insurance Company Name:

AXA INSURANCE PTE LTD

Business Transaction Reference No.:

20220527160653038007

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Save as PDF

OK →

Print



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Date of Request: 02/06/2022

Your Ref No: SMT 3940 H - LYS

Dear Sir/Madam,

Date of Accident: 25/05/2022 00:00 (SGT)

Vehicle No: SMT3940H

Place of Accident: 28 Leedon Heights, Singapore 266222

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SH7642J	28 Leedon Heights, Singapore 266222	(31.00)	1	(28.97)
GST Amount				(2.03)
Total Amount Due (GST Inclusive)				(31.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

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 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. 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 26/05/2022 17:44 (SGT)
Date of Accident 25/05/2022 17:30 (SGT)
Exact Location of Accident 28 Leedon Heights, Singapore 266222
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH7642J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Ae ioniq
Variant -
Vehicle Category Taxi
Transmission Auto
CC 1580

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy Yes
Policy Number VFX/P2419138
Cover Note Number -

DRIVER

Name of Driver WYMEN POH NAM XIONG
NRIC No S7609969C
Address 438A BUKIT BATOK WEST AVENUE 8 #13-1025
Address complement -
Postcode 651438
Does Driver Own Other Vehicles? No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Head to Rear
Weather Conditions Raining

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? No
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 1

CIRCUMSTANCES OF ACCIDENT

ON 25.05.2022 AT ABOUT 1730HRS I WAS DRIVING MY VEHICLE A SH7642J TO LEEDON HEIGHTS CONDO. VEHICLE B SMT3940H IN FRONT SUDDENLY STOP HENCE MY VEHICLE A REAR ENDED VEHICLE B. NO ONE WAS INJURED. PARTICULARS EXCHANGED BUT NO HANDPHONE

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes
Reasons for not uploading a video of the accident FILE IS NOT SUITABLE
Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMT3940H
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver KOAY KOK YONG
Insurance Company Name -

SKETCH PLANIMPORTANT 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

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SH7642J

B - SMT3940H

→

←

LEEDON HEIGHTS CONDO

BASEMENT CARPARK

Describe Circumstances of the Accident

ON 25.05.2022 AT ABOUT 1730HRS I WAS DRIVING MY VEHICLE A SH7642J TO LEEDON HEIGHTS CONDO. VEHICLE B SMT3940H IN FRONT SUDDENLY STOP HENCE MY VEHICLE A REAR ENDED VEHICLE B. NO ONE WAS INJURED. PARTICULARS EXCHANGED BUT NO HANDPHONE

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


26.05.2022 1520HRS

Witnessed by Reporting Centre Personnel


Lynne Yong

















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 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. 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	26/05/2022 14:30 (SGT)
Date of Accident	25/05/2022 17:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LEEDON HEIGHT CONDO
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT3940H
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOAY KOK YONG
NRIC No	S2746209Z
Email Address	KOAY.ANDY@YAHOO.COM
Mobile Phone No	(Phone) +65-90628661
Alternative Phone No	+65-90628661

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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 hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117759177-01
Cover Note Number	-

DRIVER

Name of Driver	KOAY KOK YONG
NRIC No	S2746209Z

Date Of Birth	13/04/1965
Occupation	Outdoor
Date Of Driving Pass	10/01/1994
Driving experience	28 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90628661
Alt. Phone Number	+65-90628661
Email Address	KOAY.ANDY@YAHOO.COM
Address	BLK 528 CHOA CHU KANG ST 51
Address complement	#13-349
Postcode	680528
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	Raining
Road Surface	Wet

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

PASSENGER 1

Name	PASSENGER
Gender	Female

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 SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH7642J
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)	2

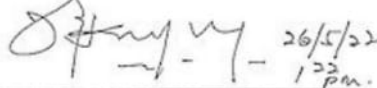
SKETCH PLAN


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 willful 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

Sketch Plan

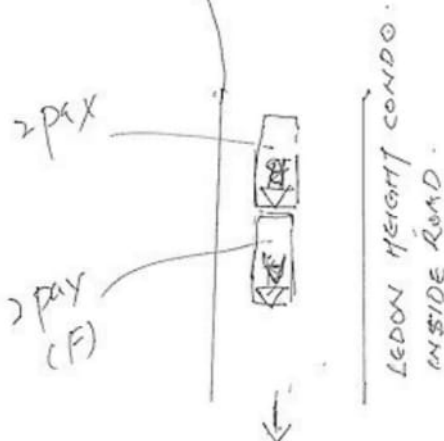
 26/5/22 1:22 pm
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

rain / wet

(A) SMT 3940H

(B) SH7642J



Describe Circumstances of the Accident


LICENSE PLATE 24734064 ACCIDENT DATE & TIME 2/3/22 8:24 pm
 CONTACT NUMBER 408-286-1 E-MAIL ADDRESS gary.andre@yahoo.com
 LOCATION St/122 115km I'm driving my vehicle along lower height
Car is in right Road I'm driving slow (10km) at night dark
Road during heavy Rain then Sudden by me Turn St/122
hit On to my vehicle Rear body damage

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN
 INITIAL CLAIM. LATER HELP WITH POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

☐ I am Self Policy
 ☐ I am Third Party
 ☐ I am DOTP at other work/area
 ☐ I am Working Drive

Discussion

Figure 1. The effect of the concentration of the inhibitor on the rate of polymerization of α -methylstyrene in the presence of SnCl_4 at 25°C . The concentration of SnCl_4 was 1.0×10^{-2} mole/l. and the concentration of α -methylstyrene was 0.5 mole/l. The concentration of the inhibitor was (a) 0, (b) 1.0×10^{-3} , (c) 2.0×10^{-3} , (d) 3.0×10^{-3} , (e) 4.0×10^{-3} , (f) 5.0×10^{-3} , (g) 6.0×10^{-3} , (h) 7.0×10^{-3} , (i) 8.0×10^{-3} , (j) 9.0×10^{-3} , (k) 1.0×10^{-2} mole/l.


 Peter A. von Senger, Date 8
 Page

26/5/2022 12⁰⁰ pm

Witnessed by: Stephany Carter
Deaconess



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #28-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: SM7 3940 H
 Name (as shown in NRIC) : Koay Kok Yung NRIC/FIN/Passport No : 527 46 2092
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No.: 9662 8661
 Email Address : _____
 Date of Accident : 25/5/22 Time of Accident : 1735hrs
 Place of Accident : Leedon Height Condo
 Insurance Company: NPHC Income

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Date of accident is 25/5/22

Policyholder / Driver's Signature
 Date: _____

Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: _____

Constant Appraiser Services

Qualified Automobile Accident Damage Appraisers/Loss Adjusters
Blk 2 Rivervale Link, #09-02 Singapore 545040
Tel/Fax: 6886 1106 Mobile: 9007 5234
Email: constant_as@yahoo.com.sg
RCB No. 53138015K

INVOICE

To: Koay Kok Yong
Blk 528 Choa Chu Kang St 51
#13-349
Singapore 680528

Date : 04/07/2022
Invoice No : IV22-07002/CAS

Particulars	Amount
Fee For Services Rendered In Respect Of: Surveying, Adjusting, and Re-inspection Of Accident Damaged Vehicle SMT 3940H (Inclusive Of Photographs And Transport Charges) Our reference : CAS/22-07/002	\$696.00
Total	\$696.00

E. & O.E

Constant Appraiser Services



Cheque Should Be Crossed And Made Payment To 'Constant Appraiser Services'

Constant Appraiser Services

Qualified Automobile Accident Damage Appraisers/Loss Adjusters

Blk 2 Rivervale Link, #09-02 Singapore 545040

Tel/Fax: 6886 1106 Mobile: 9007 5234

Email: constant_as@yahoo.com.sg

RCB No. 53138015K

Automobile Inspection Report

To: Koay Kok Yong
Blk 528 Choa Chu Kang St 51
#13-349
Singapore 680528

Date : 04/07/2022

Reference No : CAS/22-07/002

General Information

Registration No. : SMT 3940H
Accident Date : 25/05/2022

Particulars of Damaged Vehicle

Colour	: Pearl White	Make & Model	: Honda Vezel
Engine Capacity	: 1496 cc	Pre-Accident Condition	: Good
Mileage (KM)	: 214738	Engine No.	: L15B5569986
Chassis No.	: RU11319946	Steering	: In Order
Registration Date	: 05/06/2020	Brake	: In Order

Tyre Condition

	Size	Make	Balance
R/H Front Tyre	215/60R16	YOKOHAMA	80%
L/H Front Tyre	215/60R16	YOKOHAMA	80%
R/H Rear Tyre	215/60R16	GITI	90%
L/H Rear Tyre	215/60R16	GITI	90%

Inspection

Repairer : LYS Engineering
65 Chestnut Avenue, #18-15, Singapore 679524

Adjustment And Recommendation Cost Of Repair

Repairer's Estimate : \$10,939.00
Revised Amount : \$6,500.00
Less Excess : -
Nett Total : \$6,500.00

Remarks

- (A) Survey was done on 27/06/2022
- (B) Re-survey was done on 27/06/2022
- (C) Re-survey after repair was done on 29/06/2022
- (D) The survey was conducted entirely on WITHOUT PREJUDICE basis.
- (E) We have NOT given any instruction to authorize the repair of the vehicle.

NOTE: The revised estimate was made from a visual inspection. Should there be any discrepancy or unseen damage/item in this survey, kindly notified the company within 7 (seven) days from the date hereof. Otherwise, the revised amount shall be deemed to be valid.

Adjustment On Repair Costs And Replacement Of Parts:

S/No	Qty	Descriptions	Assessed Condition	Estimate by Workshop (\$)	Revised Amount (\$)
		<u>PARTS REPLACEMENT – LIST ITEMS</u>			
1	1pc	Tailgate	Dented/Warped	1,275.60	1,275.60
2	1pc	Tailgate glass moulding	Necessary	133.87	133.87
3	1pc	Tailgate emblem ‘Vezel’	Necessary	86.80	86.80
4	1pc	Tailgate outer garnish	Mounting Broken	481.90	481.90
5	1pc	Tailgate inner lock	Bent/Jammed	310.90	310.90
6	1pc	Tailgate inner trim board	Deformed/Broken	582.60	582.60
7	1pc	Tailgate weatherstrip	Distorted	241.50	241.50
8	2pcs	Tailgate lamp @ \$510.60	Serviceable	1,021.20	-
9	2pcs	Tailgate stopper @ \$18.20	Necessary	36.40	36.40
10	2pcs	Tailgate hinge @ \$65.50	Repair	131.00	-
11	2pcs	Taillamp @ \$718.08	Serviceable	1,436.16	-
12	1pc	Rear bumper	Dented/Deformed	1,084.93	1,084.93
13	2pcs	Rear bumper reflector @ \$111.32	Cracked/Broken	222.64	222.64
14	2pcs	Rear bumper side @ \$241.20	Dented/Torn	482.40	482.40
15	2pcs	Rear bumper side retainer \$48.90	Necessary	97.80	97.80
16	1pc	Rear end panel	Dented/Warped	759.10	759.10
17	1pc	Rear end panel garnish	Deformed	265.20	265.20
				8,650.00	6,061.64
		Less 20%		(1,730.00)	(1,212.32)
		Sub total		6,920.00	4,849.32
		<u>PARTS REPLACEMENT – SPECIAL NETT ITEMS</u>			
1	1pc	Tailgate glass sealant	Necessary	80.00	80.00
2	1pc	Tailgate glass foam tape	Necessary	65.00	65.00
3	1set	Tailgate inner trim board clip	Necessary	44.00	44.00
4	1set	Rear bumper clip	Necessary	52.00	52.00
5	2sets	Rear bumper side clip @ \$22.00	Necessary	44.00	44.00
6	1set	Rear end panel trim clip	Necessary	28.00	28.00
7	1set	Rear floor panel undercover clip	Necessary	46.00	46.00
8	1pc	Reverse camera	Damaged	320.00	280.00
9	1set	Reverse sensor	Damaged	280.00	220.00
		Part total		7,879.00	5,708.32

S/No	Qty	Descriptions	Assessed Condition	Estimate by Workshop (\$)	Revised Amount (\$)
		<u>LABOUR & MISC. CHARGES</u>			
1		Remove, refix tailgate glass		150.00	120.00
2		Remove, refix rear interior trim to assist repair		100.00	80.00
3		Check rear electrical wiring		30.00	20.00
4		Transfer & reinstall tailgate mechanism to new tailgate		100.00	70.00
5		Remove, refix reverse sensor / camera		80.00	60.00
6		Respray undercoating		100.00	60.00
7		Respray painting & etc (Pearl white)		1,200.00	1,000.00
8		Panel beating, cut, weld, remove & replacing above parts		1,300.00	1,000.00
		Grand total		10,939.00	8,118.32
Recommended cost of lump sum repair (To its pre-accident condition)					6,500.00

Adjustment/Recommendations

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle and we have listed the breakdown of our finding and our recommendation.

The repairer has agreed to undertake the job at a lump sum of **\$6,500.00** on a contractual basis. Under normal circumstances, the repair period would be about **3 (Three)** working days.

Yours faithfully,

Constant Appraiser Services



Lim Yong Tian (Sebastian)
Licensed Appraiser
Adv. Dip. In Mechanical Engineering (AUS)
MSAAA

INVOICE

65 Chestnut Ave #18-15, Singapore 679524
Tel: 6674 8965 Fax: 6674 8965 Hp: 9730 8695
Email: lys88@yahoo.com.sg

Specialise in Motor Repairing, Welding, Panel Beating, Spray Painting, Side Guide, Accident Claims, General Insurance Agents, ROV Inspection, Insurance Claim.

Koay Kok Yong
SMT 3940H

5177

Cash/30 days

6/7/2022

Amount
\$ cts

Tump Sum repair

6500.

₹	6,500.	₹
---	--------	---

6500	00
------	----

LYS ENGINEERING

For **LYS ENGINEERING**



順福租車

SOON HOCK VEHICLE RENTAL

Blk 331 #11-1726 Jurong East Ave 1 Singapore 600331

HP No: 8368 8783

INVOICE NO.: 0840

DATE: 27/06/22

VEHICLE REGISTRATION NO.	SKN 8695M	HIRER'S PARTICULARS	
MAKE OF VEHICLE	Toyota	NAME	K O A Y K O K Y O N G
RENTAL RATE (DAILY BASIS)	S\$ 1600 PER DAY	ADDRESS	B L K 5 2 8 C H O A C H U K A N G
RENTAL RATE (OTHER THAN DAILY RATE)	S\$ - PER MONTH	NRIC NO.	S 2 7 4 6 2 0 9 Z
RENTAL PAID BY	S\$ 480-00	D.O.B.	1 3 0 4 1 9 6 5
*CASH / CHEQUE NO.	RECEIPT NO. 0840	D / L TYPE	LOCAL / INTERNATIONAL
AMEX / VISA / NETS		D / L NO.	S 2 7 4 6 2 0 9 Z
ADDITIONAL RENTAL PAYABLE	S\$ -	OTHER DOCUMENT PROOFS:-	
DEPOSIT PAID BY	S\$ -	CO-HIRER / DRIVER'S PARTICULARS (IF DIFFERENT FROM HIRER)	
*CASH / CHEQUE NO.	RECEIPT NO. -	NAME	
AMEX / VISA / NETS		ADDRESS	
COMMENCEMENT DATE OF HIRE	27/06/22	NRIC NO.	
DATE OUT (IF DIFFERENT FROM COMMENCEMENT DATE)	-	D.O.B.	
TIME OUT	0930 A.M. / P.M.	D / L TYPE	LOCAL / INTERNATIONAL
HIRE PERIOD EXPIRES ON	30/06/22	D / L NO.	
COLLISION DAMAGE WAIVER	*Hirer Accepts / declines If Accepts, Premium Paid \$ -	OTHER DOCUMENT PROOFS:-	
		EXTENSION OF RENTAL	
		DATE	
		AMOUNT	
		EXPIRY	
		RECEIPT NO	
		MODE OF PAYMENT	

THE HIRER / DRIVER DECLARE THAT THE ABOVE PARTICULARS GIVEN BY HIM / THEM ARE TRUE AND CORRECT IN EVERY RESPECT.

STAMP & SIGNATURE OF HIRER

SIGNATURE OF CO-HIRER / DRIVER (IF DIFFERENT FROM HIRER)

IMPORTANT:

- (a) IT IS ESSENTIAL THAT THE VEHICLE BE RETURNED TO SOON HOCK NOT LATER THAN THE END OF THE HIRE PERIOD STATED ABOVE. ON THE EXPIRATION OF THAT PERIOD ALL THIRD PARTY AND OTHER INSURANCE CEASES TO BE EFFECTIVE.
- (b) **AGE LIMIT AND DRIVING LICENCE:** ALL DRIVERS MUST BE ABOVE 21 YEARS OLD AND HOLDS A VALID DRIVING LICENCE FOR AT LEAST ONE YEAR.

VEHICLE TO BE RETURNED TO SOON HOCK AT

* CIRCLE WHICHEVER IS APPLICABLE

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO SOON HOCK AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	CHECKED BY	REMARKS	SIGNATURE OF HIRER / DRIVER

Attach a document, eg. consent signature relevant to the application, any Annexes etc, where necessary.



順福租車

SOON HOCK VEHICLE RENTAL

Blk 331 #11-1726 Jurong East Ave 1 Singapore 600331

HP No: 8368 8783

OFFICIAL RECEIPT

NO: 0840

DATE: 27/06/22

Received with thanks from Messrs / Mr / Miss

Koay Kok Yong

the sum of Dollars

Four Hundred And Eighty Only

in payment of *rental fees / invoice No.:

Vehicle No.: SKN 8695M

*Vehicle to be returned on

30/06/22

0930

at

AM / PM

*Vehicle Hire Agreement No.:

Rental Fees S\$

480.00

No Returning of vehicles after 1 pm
on Sat and eve of Public Holidays.

SOON HOCK VEHICLE RENTAL

TOTAL S\$

480.00

CASH / CHEQUE / AMEX / VISA / NETS

*Delete where inapplicable

Receipt is void, if cheque payment is dishonoured.

In case your rented vehicle breakdown or involve in an accident after office hour or during Sunday or Public Holiday, please contact:-
HP No: 8368 8783. After office hour: 8 pm to 12 midnight. Sunday/Public Holiday: 6 am to 12 midnight.



Transaction ref: 20200605134549472518

Please check that the owner and vehicle details are correct

1. Name	: KOAY KOK YONG
2. Identification No. Type	: Singapore NRIC
3. Identification No.	: SXXXX209Z
4. Country/Region	: -
5. Registered Address	: APT BLK 528 CHOA CHU KANG STREET 51 #13-349 SINGAPORE 680528
6. Mailing Address	: -
7. Vehicle Registration No.	: SMT3940H
8. Effective Date of Ownership	: 05 Jun 2020
9. Original Registration Date	: 05 Jun 2020
10. First Registration Date	: 05 Jun 2020
11. Vehicle Type	: Z11 - Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover
12. Vehicle Scheme	: Normal
13. Attachment 1	: No Attachment
14. Attachment 2	: -
15. Attachment 3	: -
16. Vehicle Make	: HONDA
17. Vehicle Model	: VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR
18. Year of Manufacture	: 2019
19. Primary Colour	: White
20. Secondary Colour	: -
21. Passenger Capacity	: 4
22. Chassis/Trailer Chassis No.	: RU11319946 / -
23. Propellant/Emission Standard	: Petrol / JPN2009 + Euro VI PN limit
24. Engine No./Motor No.	: L15B5569986 / -
25. Engine Capacity(cc)/Power Rating(kW)	: 1496 / -
26. Maximum Power Output(kW/bhp)	: 96.0 / 128
27. Unladen Weight(kg)	: 1190
28. Maximum Laden Weight(kg)	: 1465
29. Open Market Value	: \$23,375.00
30. PARF Eligibility	: Yes
31. PARF Eligibility Expiry Date	: 04 Jun 2030
32. Minimum PARF Benefit	: \$7,362.00

Annex

Transaction ref 20200605134549472518

Please check that the owner and vehicle details are correct:

33. IU Label No.	: -
34. COE No.	: 2020040101000354H
35. COE Expiry Date	: 04 Jun 2030
36. COE Category	: A - Car up to 1600cc & 97kW (130bhp)
37. Quota Premium/Prevailing Quota Premium	: \$32,699.00
38. Actual Quota Premium/PQP Paid	: \$32,699.00
39. Actual ARF Paid	: \$14,725.00
40. CO2 Emission(g/km)	: 125.00
41. CO Emission(g/km)	: 0.179000
42. HC Emission(g/km)	: 0.006250
43. NOx Emission(g/km)	: 0.002000
44. PM Emission(mg/km)	: 0.300000
45. Actual CEVS/VES Rebate Utilised	: \$10,000.00
46. CEVS/VES Surcharge Paid	: -
47. Actual Green Vehicle Rebate Utilised	: -
48. Vehicle Lifespan Expiry Date	: -
49. Road Tax Amount	: \$341.00
50. Road Tax Start Date	: 05 Jun 2020
51. Road Tax End Date	: 04 Dec 2020
52. Remarks	: This is a public service vehicle. This vehicle is eligible for PARF. To renew the COE, the Prevailing Quota Premium payable is that of Category A.