

ASS. REC. BY:

REF:

AGZ/22012911/K nyz

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 _____ EM

of _____

Insured: _____

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 11/28 Person Contacted: _____ Vehicle: IN / OUT

Veh No: PJL 3457 Yr Regn: 11.08

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

Truck / Trailer or

Make: Hyundai Avante C.C. 1591

Colour: White A/C: Insured / Std / Nil / NA

Sp. Reading: 533959 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMHOU41BR9U 612796

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: Kepra 185/65R15

R: Fin189

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

TOYO / YOKO or

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 25/12/2

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Rear

R/Bal. 8 mm

L/Bal. 8 mm

D.O.I. 4/1/2023

Date / Time Action / Instruction

11/1 215mp @ 1500h Cebu (Red, \$3122.56, 68%)

Date/Time, File Pass to?

1) 12/1/23

Date/Time, File Return to?

2) _____

: Prell. Report

: Final Report

Days Of Repair: 3

Resurvey No. of Trip: 2

Survey Fee:

Transportation

S - RS. SI

Fixes

Others

TOTAL

Add Fee: : Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

Report Format :

TP

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

1500

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	27/12/2022 11:17 (SGT)
Reported by	Driver
Date of Accident	25/12/2022 01:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG YISHUN AVE 1 TOWARDS MANDAI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL345Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ASSET LIMO
Company Reg No	53309913K
Email Address	jamesleecars@hotmail.com
Mobile Phone No	(Phone) +65-87491984
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	HD AVANTE 1.6 A
Variants	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	P2382948

DRIVER

Name of Driver	GAN CHEE WAH
NRIC No	S8066503B
Date Of Birth	30/12/1980
Occupation	Outdoor

Date Of Driving Pass	23/08/2011
Driving experience	11 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87491984
Alt. Phone Number	-
Email Address	jamesleecars@hotmail.com
Address	348A YISHUN AVE 11 #14-541
Address complement	-
Postcode	761348
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP8735J
Vehicle Manufacturer	Mazda
Vehicle Model	-
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GAN CHEE WAH
Gender	Male
Phone No	(Phone) +65-87491984
Address	348A YISHUN AVE 11 #14-541
Address Complement	-
Post Code	761348
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJL345Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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 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.



Policyholder's Signature / Date & Time

[Handwritten Signature]

[Handwritten Signature]

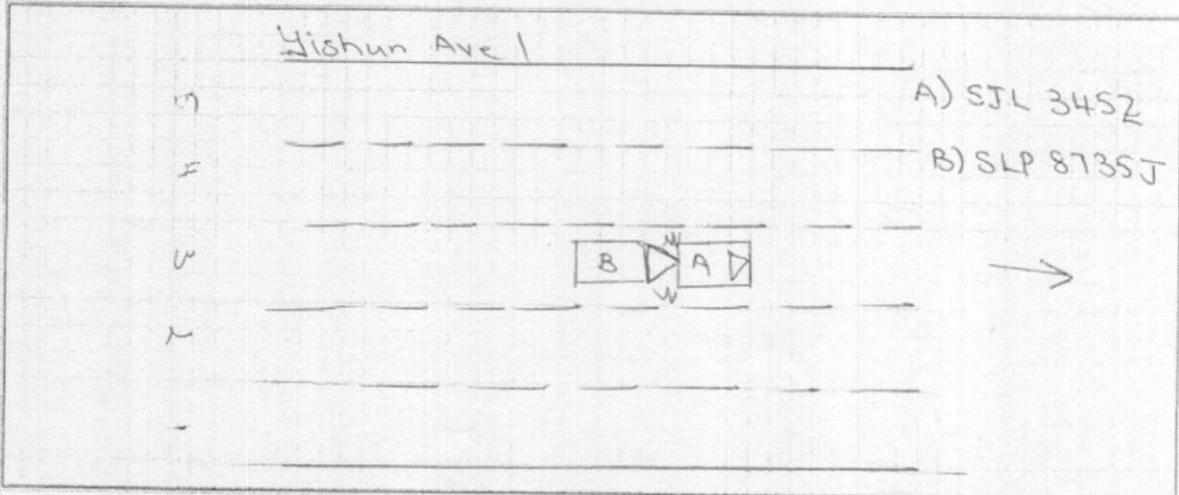
Driver's Signature (if driver is not the policyholder) / Date & Time



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

Kian

Sketch Plan



Describe Circumstance of the Accident

Refer to police report No: T/2022/225/2022

I will claim my 3rd party at T&T workshop (A/P)

Declaration

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



[Handwritten signature]

Policyholder's Signature / Date & Time

[Handwritten signature]

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



Kiaq

Witnessed by Reporting Centre Personnel (Name as in NRICAD card)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Business
Owner ID: 913K

Vehicle Details

Vehicle No.: SJL345Z
Vehicle to be Exported: No
Intended Deregistration Date: 28 Dec 2022
Vehicle Make: HYUNDAI
Vehicle Model: HD AVANTE 1.6 A
Primary Colour: White
Manufacturing Year: 2008
Engine No.: G4FC8U534654
Chassis No.: KMHDU41BR9U612796
Maximum Power Output: 89.7 kW (120 bhp)
Open Market Value: \$11,942.00
Original Registration Date: 13 Nov 2008
First Registration Date: 13 Nov 2008
Transfer Count: 4
Actual ARF Paid: \$11,942.00

Intended PARF Rebate Details

PARF Eligibility: Forfeited
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 12 Nov 2028
COE Category: A - Car (1600cc & below)
COE Period(Years): 10
PQP Paid: \$29,670.00
COE Rebate Amount: \$17,430.00
Total Rebate Amount: \$17,430.00

The information contained herein is correct as at 27 Dec 2022

OK

E M Solution Pte Ltd

160 Sin Ming Drive #03-18/19, Sin Ming Autocity

Singapore 575722

Tel: 64560226 Fax: 64584500

GST Reg. No: 201016308K

*Not with the
Lump \$1500.
Respray After Paint
3 days*

ESTIMATE

Date : 27th Dec 2022

M/s **Asset Limo**
18 Sin Ming Lane, #07-37
Singapore 573960

Veh No : **SJL 345Z**
Make/Model : **Hyundai Avante**
Chassis No : KMHDU41BR9U612796
Date of Acc : 25.12.22
TP Veh No : SLP 8735J

S/No	Qty	Description	Unit Price	Amount
Materials				
1	1 pc	Rear Boot Lid		\$ <i>R</i> 886.00 <i>X</i>
2	1 pc	Rear Boot Lid Hyundai Logo		\$ <i>na</i> 32.90 <i>X</i>
3	1 pc	Rear Boot Lid Avante Emblem		\$ <i>na</i> 32.50 <i>X</i>
4	2 pcs	Rear Boot Lid Lamp L/R	\$ 126.30	\$ <i>na</i> 252.60 <i>X</i>
5	1 pc	Rear Bumper		\$ <i>Blue</i> 582.20 <i>✓</i>
6	2 pcs	Rear Bumper Side Holder L/R	\$ 42.30	\$ <i>na</i> 84.60 <i>X</i>
7	2 pcs	Rear Bumper Bracket L/R	\$ 78.30	\$ <i>R</i> 156.60 <i>X</i>
8	1 pc	Rear Bumper Reinforcement		\$ <i>CM</i> 286.20 <i>✓</i>
9	1 pc	Rear Bumper Inner Foam <i>95.20</i>		\$ <i>CM</i> 141.40 <i>✓</i>
10	1 pc	Rear Boot Lid Mechanism Lock		\$ <i>R</i> 168.00 <i>X</i>
11	1 pc	Rear Boot Weatherstrip		\$ <i>na</i> 118.30 <i>X</i>
12	1 pc	Rear End Panel		\$ <i>R</i> 485.10 <i>X</i>
13	1 pc	Rear End Panel Top Garnish		\$ <i>na</i> 89.30 <i>X</i>
				\$ 3,315.70
			Less 20%	\$ 663.14
				\$ 2,652.56
Special Nett				
1	1 set	Rear Bumper Clips		\$ <i>na</i> 45.00 <i>✓</i>
2	1 set	Top Garnish Clips		\$ <i>na</i> 35.00 <i>X</i>
3	1 set	Reverse Sensor		\$ <i>shot</i> 250.00 <i>200.00</i>
			Parts Total :	\$ 2,982.56
Labour				
1		To remove & rearrange electrical wirings, check lightings		\$ 80.00 <i>100</i>
2		To remove & reinter upholstery, trim garnishes to facilitate repairs.		\$ 80.00 <i>500</i>
3		To remove, transfer boot lid components		\$ <i>na</i> 80.00 <i>X</i>
4		To remove, repair & replace damaged bodyparts, realign bodywork and where consistent to the accident.		\$ 600.00 <i>400</i>
5		Putty and respray painting on affected portions.		\$ 600.00 <i>400</i>
6		To remove & renew reverse sensor		\$ 100.00 <i>50</i>
7		Rust proofing on affected portions.		\$ <i>na</i> 100.00 <i>X</i>
			Labour Total :	\$ 1,640.00
			Total Parts & Labour:	\$ 4,622.56

[Signature]
for E M Solution Pte Ltd

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display de
- 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

Acknowledged by Repairer

Note: Parts quoted were based on visual inspection. Should additional parts be found damaged upon dismantling, we will seek your approval before proceeding.