	and the second of the second o
ASS. REC. BY: CANCE REF: CS/INC 23	000 938 Rup3 4489
- Nation	SIGNMENT
From: Date:  Estimated Cost:  OD!TP!WS!TP RES!OD RES!EVA!!NV!MV  To inspect Vehicle No: SLS 12244  at Workshop m/s SHu FATT  of 1009 Burnt Meant #01-90  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.  Bal. or Market Value: 6[K  IDAC Accident Rport: 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	Veh No: SLS 1204 Yr Regn: 2017 1 SEP Type: M.Carl M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or  Make: Hy war Elante [6 CLS AT c.c 155] Colour GREN AC: Insured / Std / NI / NA Sp.Reading 103 438 T/Radio: Insured / Std / NI / NA Eng/No: C/No: KM 16 84   Cm Ju 53 8 3 9 7  Gen. Cond: Good / air / Poor / Burnt Steering: horder / Jammed / Leaked / Burnt or Brake: horder / Jammed / Leaked / Burnt or Modi: Nii / S/Riin / STD A/Rim or Tyre Size: F: MS 65 RLS  R: BS (DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Front R/Bal. mm R/Bal. mm  L/Bal. mm  L/Bal. mm  L/Bal. mm  D.O.A. D\( \text{ot} \ \text{L} \ \text{2} \ \text{mr}  Survey held at Sku (mr)
Vehicle: 4N / OUT	Des. of Damages: Fit / Rear / O/S / N/S / U/C / Rooftop or
Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction  KGPAUL LIMIT 32K	
: Final Report	Days Of Repair:  Resurvey No. of Trip:  Survey Fee:  Transportation:
Add Fee	7_0+10_0l
eport Format :	: Interview (\$) Photos
umn Sum / I D I. /C	: Tech. Invs (\$ ) Others

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



## 樹發汽車修理廠 SHU FATT AUTO WORKS



BLOCK 1009 BUKIT MERAH LANE 3 #01-90 SINGAPORE 159723 TEL: 6273 0119 FAX: 6270 7065 Email: shufatt@pacific not or

Co. Reg. No. 09062400M GST Reg. No. 09-062400-M

Our Ref: WSK/jw/SF-quo 11th January 2023 TP- ntuc

#### SLS 1224 Y HYUNDAI ELANTRA

SLS 1224 Y	HYUNDAI ELANTRA		
	4./	S\$	
Spare Parts	1 Rear boot logo.	35.00	
	Rear boot 'Elantra' emblem.	50.00	
	1 Rear boot 'S' emblem.	50.00	
	l Left rear reflector. Ca	285.00	
	1 Left rear tail light. 500/	372.00	
	4 Left rear tail light clips. @\$12/- W	48.00	
	Rear humar Aca	481.00	
	Rear bumper reinforcement.	295.00	
	1 Sel rear blimper cling 4 - /	60.00	
	Rear bumper side retainers. @\$48/- we (100 CH	96.00	
	Rear bumper foam.	145.00	
	l Rear lower bumper. MU	261.00	
	1 Left rear bumper reflector.CA	105.00	
	1 Set rear lower garnish clips. **/	45.00	
	1 Rear bumper sensor. 🗲	280.00	Snet
		2608.00	
	Less 20%	465.60	
		2142.40	_
Labour	To knock rear support panel, rear inner panel, rear lower	750.00	600
	panel, rear side panel, left rear fender, rear floor board,	=	
	rear spare wheel base, rear lower member, renew rear		
	light, rear bumper and assembly.		
	To respray damaged parts.	990.00	800
	To remove rear garnishes, carpets, upholstery, speaker	990.00 120.00	60
	board, seats to facilitate repairs and assembly.		
	To reseal joints, reinsulate, anti rust panels and assembly.	120.00	X
		4032.40	
		4032.40	
KMHD841CM	II 153,8307	$\mathcal{O}$	£.4
	0.7.3037 /	\ ()	m

**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 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 Signature: Date:

Hy 9000068

78 days

4/5

31/01/23 @1550

Rean after repair



### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

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

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 04/01/2023 16:25 (SGT) Reported by Both Date of Accident 04/01/2023 11:15 (SGT) Exact Location of Accident KJE, Singapore Additional Location Information KJE TOWARDS TANJONG PENJURU Country/State of Loss ..... Singapore

#### **DETAILS OF OWN VEHICLE**

**SLS1224Y** 

INSURED/POLICYHOLDER Is company? No Name Of Registered Owner LEE MEE KUEN NRIC No SXXXX448G Email Address SUZANNE\_LMK@HOTMAIL.COM Mobile Phone No (Phone) +65-97590293 Alternative Phone No

#### VEHICLE PARTICULARS

Vehicle Registration Number

Manufacturer Hvundai 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 MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number A 300634932 AHM

#### DRIVER

Name of Driver LEE MEE KUEN market and the second s SXXXX448G Date Of Birth 22/12/1978 Occupation ..... Indoor

Date Of Driving Pass 11/08/2017 Driving experience 5 YEARS AND 5 MONTHS Gender Female Mobile Number (Phone) +65-97590293 Alt. Phone Number Email Address SUZANNE\_LMK@HOTMAIL.COM Address BLK. 85 COMPASSVALE BOW Address complement #04-14 Postcode 544685 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 Weather Conditions Collision - Head to Rear Road Surface Clear Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Yes Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Yes Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement FOREIGN VEHICLE 1 Vehicle Registration Number JQK3139 Vehicle Category Motorcycle DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Yes Choa Chu Kang Neighbourhood Police Centre Police Station Phone No Alt. Police Station Phone No (Phone) +65-18007659999 (Fax) +65-67644104 Police Station Address No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER POLICE REPORT NO: T/20230104/2027 ATTACHMENT(S) Are accident photos available for attachment? Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident SD CARD KEEP BY TRAFFIC POLICE OFFICER

	<	
Vehicle Registration Number		
Vehicle Manufacturer	FBK3049J	
Vehicle Model	- DN3049J	
Vehicle Variant	. [	
Vehicle Variant Vehicle Colour	_	
Vehicle Category	_	
Vehicle Category Name of Driver	Motorcycle	
Name of Driver Contact Number	-	
Address	_	
Address complement		
Address complement Postcode		
· · · · · · · · · · · · · · · · · · ·	-	
Insurance Company Name Nature Of Damage		
Nature Of Damage	_	
Details of property damaged in accident No. Of Passenger (Including Driver)	1 (m)	
No. Of Fassenger inclining Tribari		
10. Of Fassenger (including Driver)	1	
	•	
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Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver	JQK3139 Motorcycle	RTY 2
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Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage	JQK3139 Motorcycle	RTY 2
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement Postcode Insurance Company Name	JQK3139 Motorcycle	RTY 2

#### INJURED 1

Name of injured person	
	-
DL	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	
Injuries Sustained	-
Injured person in which vehicle?	-
More seathalt	FBK3049J
Was this injured conveyed to hospital by ambulance?	Yes
INJURED 2	
Name of injured person	
Gender Phone No	-
Address	-
Address Complement	-
Address Complement Post Code	
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	-
Approximate Age Years Old Injuries Sustained	-
Injuries Sustained Injured person in which vehicle?	-
"1 Porgott in which vehicle?	JQK3139
Were seat helts worn?	7 411 14 1 4 4
vvere seat belts worn?	-
Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- Yes

#### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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 ecceptance 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 GW Records Management Centre established by the General insurence Association of Singapore (GM) 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)

lunderstand, acknowledge, agree and consent that :

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are parmitted 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 plains:
- (6) Investigating the accident and/or my claims;
- (E) carrying out end/or dealing with my instructions or responding to any enquires by me;
- (iv) administering my claims (including the making of correspondence, statements, involces, 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
- (complying with applicable law in administering, processing, handling and/or dealing with my claims, (collectively the "Purposes")
- (b) et 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 Fersonal 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.

Policyhokser's Signature / Date &

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

Witnessed by Reporting Cantra.
Personnel

Sketch Plan



8-FBK 30017 V-8F21570A

1 - Jak 3139

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Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage claim under your own comprehensive policy, please chack with your policy for more information.

#### Declaration

Who declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Winessan by Reporting Central Personnal





1 of 3

Report No. 7/20230104/2027

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/01/2023 11:42		Vide Report No.: J/20230104/0024	Station Diary No. 55		
Informan	r's Partic	ulars	A Part of the Commission		
LEE MEE			Address:	SSVALE BOW #04-14 SINGAPORE	
The washing the same	/ \$78554	48G	Contact No.: Home/Office;	Mobile: 97590293	
Nationality MALAYSI	•		Email:		
Sex: Female	Age: 44	Date of Birth: 22/12/1978	Type of Informant: Driver		
Race: Chinese		Language: Institution / School Na			
Occupation: Assistant accountant		Driving Licence Inform Class:	ation: Date of Expiry:		

General Inform	mation of the Accident			Hr to d Av
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/01/2023 08:00	Type of Location: Straight Road
Location:		110	9510)12020,00,00	
KRANJI EXP		-		w.
Weather:	RESSWAY TOWARDS BK	E Road Surface:		Dood Coord Limits
Clear		Dry	1	Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
One Way		Not Controlled	1	Moderate
Type of Collis		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		Anyone conveyed by
Between Mov	ing Vehicles - Head To Re	ar	4	ambulance:
	·			Yes

	ehicle Involved		Janas Janas Janas	and hierary		
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK3049J	Motorcycle					0
JQK3139	Motorcycle					0
SLS1224Y	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT	Silver	Slightly Damaged	0

Details of Vehicle Insurance		- 10	
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date



Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tei No: 1800-7659999 2 of 3 Report No. T/20230104/2027

#### CONTINUATION OF REPORT

Insurance N	mnany	Vehicle No. Insuran
300634932	impany IANCE (SINGAPORE)	the second secon

#### **Brief Details.**

On the 04/01/2023 at about 0800hrs, I was driving my vehicle SLS1224Y along KJE, going towars Tanjong Penjuru. It was a straight road and I was driving on the rightest lane and prior to the accident, I remember the vehicle infront of me SGD3223A did an emergency brake and I followed to brake my vehicle abruptly. I immediately felt a collision impact on the rear of my vehicle after I manage to stop my car in time abruptly.

I came down my vehicle and noticed 2 motorcycles and 2 subjects were lying on the floor and I immediately called for police assistance. Thereafter, ambulance came down and conveyed both riders. The traffic police arrived, issued me a case card and took my in-car camera SD card before informing me that I may leave the scene and lodge a report as soon as possible. The whole incident roughly took about an hour.





3 053

Report No. T/20230104/2027

Police Station Of Origin: Choz Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:	Signature Of Informant:
SGT 3 YAP CHONG WEI	
Signature Of Interpreter: Not applicable	Date/Time: 04/01/2023 11:42
Officer In Charge Of Case: TP / GIT / SI KOH WEI JIE Contact No.: 97303412	Classification Of Case:
NP168	

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	- C 448G
Vehicle No.:	5LS1224Y
Vehicle to be Exported:	No 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Intended Deregistration Date:	31 Jan 2023
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA AD 1.6 GLS AT
Primary Colour:	Silver
Manufacturing Year:	2017
Engine No.:	G4FGHU621547
Chassis No.:	KMHD841CMJU538397
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$12,674.00
Original Registration Date:	08 Sep 2017
First Registration Date:	08 Sep 2017
Transfer Count:	
Actual ARF Paid:	\$12,674.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	131 07 Sep 2027
PARF Rebate Amount:	\$8,871.00
Intended COE Rebate Details	
COE Expiry Date:	07 Sep 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	
QP Paid:	\$42,900.00
COE Rebate Amount:	\$19,745.00
Total Rebate Amount:	\$28,616.00

# Hyundai Elantra 1.6A GLS

Overview	Financial	Accessories	Similar Research	Photos Map
Price	\$65,6	66		26-Dec-2017 (4yrs 10mths 24days COE left)
Depreciation (		00 /yr nodels with similar dep	<b>Reg Date</b> Ore	
Mileage	74,888	3 km (14.7k /yr)	Manufactured ②	2017
Road Tax ②	\$738 /	<b>ýr</b>	Transmission	Auto
Dereg Value ①	\$30,48	34 as of today (change	) OMV ()	\$12,739
COE 🕥	\$44,00	)2	ARF (*)	\$12,739
Engine Cap	1,591	CC	Power	93.8 kW (125 bhp)
Curb Weight @	) 1,345	kg	No. of Owners 🕖	3
Type of Vehicle	Mid-Si	zed Sedan		