A.S.	SSIGNMENT
From: Date:	Veh No: SLS 4353 M. Yr Regn: 2017, Sept
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Hyudai Elentra c.c 1591
at Workshop m/s	Colour Bre A/C: Insured / Std / NI / NA
of	Sp.Reading 23/30 T/Radio: Insured / Std / NI / NA
insured:	Eng/No:
Policy No.	C/No: KMHD841CMJU538276.
Claims No.	Gen. Cond; Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil S/Rim / STD A/Rim or
	Tyre Size: F: 195/65R15.
(Policy Condition)	R: 185/65 RIS.
Remark: The veh had commenced its N/S O/S	
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value;	Front Rear
DAC Accident Rport: Consistent? : Yes or No	R/Bal. Ob mm R/Bal. Q6 mn
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mr
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 13/02/23
um Sum: % 3 Val.: Yes or No	Survey held at CAS-
CA / REV / REP. / 24 HRS	Des. of Damages Fit / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OU	
Date: Person Contacted: Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collisio
Date / Time Action / Instruction	,
11,1000	
mv : 601c.	
PV: 30.5K	
Nett: 29.5K	
	·
te/Time, File Pass to?	·
Fren. Report	Days Of Repair:
te/Time, File Return to?	Resurvey No. of Trip: Survey Fee:
	Transportation:
Add E.	
Add Fe	: Site Insp (\$) _ 8 + RS _ SI



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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.
- 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

07/02/2023 16:50 (SGT)

Driver

06/02/2023 18:20 (SGT)

North Buona Vista Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLS4353M

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

QST DENTAL PTE LTD

201000018D

SHAWN.YEO@QSTTECH.COM

(Phone) +65-97733859

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of accident

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

Vehicle Category Transmission

CC

Hyundai

Elantra

Private use

No - Claiming third party

Private car

Auto

1600

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

India International Insurance Pte Ltd D18MPC0001946

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

YEO WEI PENG S8240878I

18/12/1982

Indoor

Accident report SS2X2327000D

Page 1 of 13

14/12/2007 Date Of Driving Pass 15 YEARS AND 2 MONTHS Driving experience Gender (Phone) +65-97733859 Mobile Number Alt. Phone Number SHAWN, YEO@QSTTECH.COM **Email Address** BLK 441B CLEMENTI AVE 3 #29-11 Address Address complement 122441 Postcode No Is the driver the policyholder? If No, Relationship of the Driver with the Insured Employee No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Chain Collision 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 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) 1 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

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON THE STATED DATE AND TIME, I WAS DRIVING MY VEHICLE SLS4353M ALONG NORTH BUONA VISTA ROAD. IN FRONT OF THE VEHICLE SLN8360S WAS STATIONARY, I FOLLOWED SUIT. SUDDENLY VEHICLE SLZ9493Y HIT ONTO MY REAR PORTION AND CAUSED MY CAR TO PUSH FORWARD AND HIT ONTO VEHICLE C. THERE WERE 3 CARS INVOLVED IN AN ACCIDENT.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

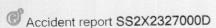
Vehicle Colour

Vehicle Category

SLZ9493Y

SLZ9493Y

Private car



Name of Driver	
Contact Number	-
Address	-
Address complement	-
Postcode	
Income and Community N	-
Noture Of Demand	-
	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLN8360S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	_
Address complement	=1 ===================================
Postcode	5)
Insurance Company Name	-
	-
Nature Of Damage	· .
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the acciders to speed up the claims process.
- This Form wast be completed by the Policyholder and/or the Actual Driver.
- Information provided must be as truthful and accurate as possible. Any willul misrepresentation or withholding of material facis 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.
- 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.
- 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 permitted to critect, 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 insurers) 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 audior dealing with my instructions or responding to any enquiries by me;
- (w) 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 part thouses and/or
- (v) complying with applicable tow in administering, processing, handling and/or dealing with my classes

(noticely the "Purposes")

- (b) as insurance) who have insured vehicle(s) involved in this accident end the Insurers' lawyershaw hars, may are perested to collect, use, disclose ancier process my Personal Information for one or more of the above Purposes; and
- (d) my Personal Information may/can be tile-losed by any of the Industry and/or GIA to their third-pady service providers or agents fairlinding their lowyers/law items), which may be slied outside or Singapore, for one or more of the above Purposes.

qut

196 Pandan Loop #04-29 Pantech Business Hub Singapore 128384 Tel: +65 6270 6260 Fax: +65 6273 6260

QST Dental Pte Ltd

glyword

Disser's Signature (It dever is not the policyholded / Det

Visineseed by Repoding Centre Periodonil (Flame as in HIGC/ID eard)

Sketch Plan

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Describe Circumstance of the Accident
on the stated date and time, I was driving my
vehicle SLS 4353M along North Buona Vista Road
In front of the vehicle SLN 8360s was stationary
I fellow suit suddenly reliable SLZ94934 hit on
my near purition and cause my car to push forward
and hit on vehicle c. There were 3 cars involved
in an accident.

Declaration

196 Pandan Cook and 2010ing particulars are true in every respect.

Pantech Business Hub Singapore 128384

Tel: +65 6270 6260 Fax: +65 6273 6260

QST Dental Pte Ltd

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	018D
Vehicle Details	。 第15章 15章 15章 15章 15章 15章 15章 15章 15章 15章
Vehicle No.:	SLS4353M
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Feb 2023
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA AD 1.6 GLS AT
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	G4FGHU621466
Chassis No.:	KMHD841CMJU538276
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$12,674.00
Original Registration Date:	23 Sep 2017
First Registration Date:	23 Sep 2017
Transfer Count:	0
Actual ARF Paid:	\$12,674.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Sep 2027
PARF Rebate Amount:	\$8,871.00
Intended COE Rebate Details	。 第一种的现在分词是是自己的第一种的。
COE Expiry Date:	22 Sep 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$46,778.00
COE Rebate Amount:	\$21,543.00
Total Rebate Amount:	\$30,414.00

The information contained herein is correct as at 14 Feb 2023



Posted: 01-Feb-2023

Hyundai Elantra 1.6A GLS

\$65,000 \$12,520 /yr

02-Nov-2017

1,591 cc 107,000 km

Sedan

Available

100% loan available at \$1500/mth! Agent maintained from day 1. Spacious, fuel efficient and reliable car! Pre-purchase inspection welcomed. Optional comprehensive warranty available up to 3 years! Trade in welcomed. Consignment unit. WhatsApp/call for viewing a...

Prem Roy Motoring

Posted: 12-Jan-2023