

ASS. REC. BY:

REF:

CIP / 23002506/KW

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

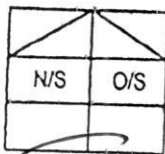
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: \$73k

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

3 days

Res.: Yes or No

Lum Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

1) Est not ready

116 CIP, @ 12501 Calm @ 3 days (Red \$5,331.00/8270)

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation

) S - RS. SI

) Fuel

) Others

Report Format: TP

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

45 \$1,250.00Veh No: PMF 40234Yr Regn: 11, 18Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: HyundaiElantra c.c. 1591Colour: h. Silver

A/C: Insured / Std / NI / NA

Sp. Reading: 133433

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM11D841CMJ4 767552Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In 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 Greenway

Front

Rear

R/Bal. 8 mmR/Bal. 6 mmL/Bal. 8 mmL/Bal. 6 mmD.O.A. 5/3/23D.O.I. 8/3/2023

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.

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation

) S - RS. SI

) Fuel

) Others

Report Format: TP

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

45 \$1,250.00

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	06/03/2023 16:24 (SGT)
Reported by	Driver
Date of Accident	05/03/2023 20:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AH HOOD ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF4023Y

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HONG LIYIN
NRIC No	SXXXX947F
Email Address	tanchingpoh@hotmail.com
Mobile Phone No	(Phone) +65-97375183
Alternative Phone No	+65-90883779

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	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10453257R02

DRIVER

Name of Driver	TAN CHIN POH
NRIC No	SXXXX076F
Date Of Birth	05/08/1979
Occupation	Indoor

Date Of Driving Pass	05/10/1998
Driving experience	24 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90883779
Alt. Phone Number	-
Email Address	tanchinpoh@hotmail.com
Address	BLK 331 SEMBAWANG CLOSE
Address complement	#14-355
Postcode	750331
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
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	HONG LIYIN
Gender	Female

PASSENGER 2

Name	TAN YI XUAN CHARLOTTE
Gender	Female

PASSENGER 3

Name	TAN JING HENG DENZEL
Gender	Male

PASSENGER 4

Name	TAN TING XUAN ELISE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

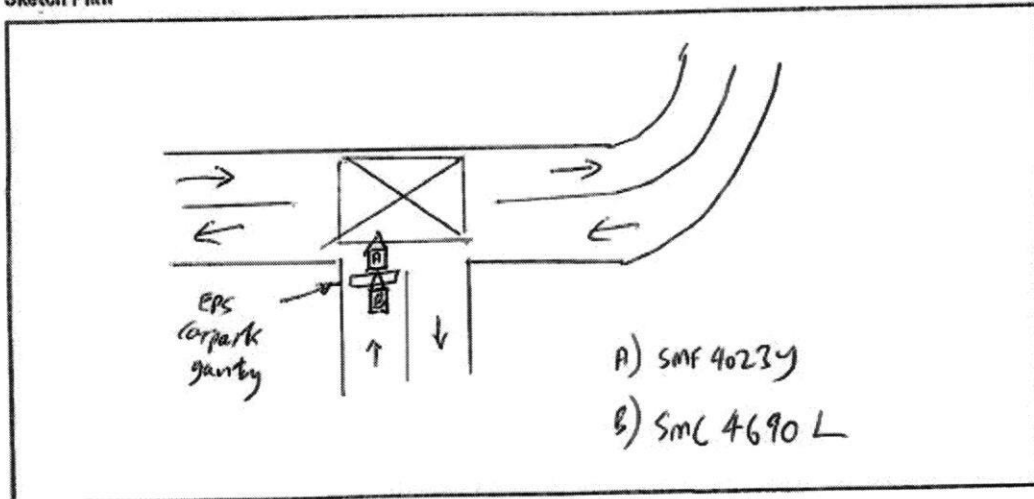
SKETCH PLAN

Insurer: Budget
Direct
Vehicle: SMF 4023 Y

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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 be 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 be 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.

Sketch Plan

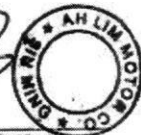


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Mei Lu
6/28/2023



ALL LIM MOTOR COMPANY

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	947F
Vehicle Details	
Vehicle No.:	SMF4023Y
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Mar 2023
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA AD 1.6 GLS AT (AMS)
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	G4FGJU277113
Chassis No.:	KMHD841CMJU767552
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$12,628.00
Original Registration Date:	09 Nov 2018
First Registration Date:	09 Nov 2018
Transfer Count:	0
Actual ARF Paid:	\$12,628.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	08 Nov 2028
PARF Rebate Amount:	\$9,471.00
Intended COE Rebate Details	
COE Expiry Date:	08 Nov 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$25,556.00
COE Rebate Amount:	\$14,488.00
Total Rebate Amount:	\$23,959.00

The information contained herein is correct as at 07 Mar 2023

OK

KW

Thiam Heng Huat Pte Ltd

176 Sin Ming Drive #05-14 Sin Ming Autocare Singapore 575721

Mobile: 82636295 Email: thiamhenghuat@gmail.com

Make/Model: HYUNDAI ELANTRA

Engine/Chassis No.: KMHD841CMJU767552

Date of accident: 05.03.23

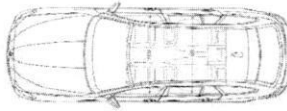
Damaged area: Rear

Date: 28/03/2023

Claim Type: TP

VRN: SMF4023Y

NOT AUTHORIZED
11km @ 1250/h
Resurvey After Paint



3 days

List items					
S/N	Parts description	QTY	UNIT PRICE	AMOUNT	
1	Rear Bumper 43P-40 Myom/Blue	1	\$ 983.00	\$ 983.00	
2	Rear Bumper diffuser 231-10 Not 10m	1	\$ 467.00	\$ 467.00	
3	Rear Bumper lower cowl	1	\$ 314.00	\$ 314.00	
4	Rear Bumper reflector	2	\$ 255.00	\$ 510.00	
5	Rear Bumper splash guard	2	\$ 95.00	\$ 190.00	
6	Rear Bumper reinforcement support bracket	5	\$ 36.00	\$ 180.00	
7	Rear Bumper reinforcement 295	1	\$ 659.00	\$ 659.00	
8	Rear Bumper reinforcement side bracket	2	\$ 129.00	\$ 258.00	
9	Rear bumper side retainer	2	\$ 65.00	\$ 130.00	
10	Rear licence plate lamp	2	\$ 143.00	\$ 286.00	
11	Rear bumper licence plate base	1	\$ 59.00	\$ 59.00	
12	End panel	1	\$ 732.00	\$ 732.00	
13	End panel top garnish	1	\$ 177.00	\$ 177.00	
Subtotal				\$ 4,945.00	
List discount				20.00%	
Total				\$ 3,956.00	

Special nett items					
No.	Parts description	QTY	UNIT PRICE	AMOUNT	
1	Rear Bumper clips	12	\$ 4.50	\$ 54.00	
2	Rear licence plate & frame	1	\$ 55.00	\$ 55.00	
3	End panel top garnish clips	8	\$ 4.50	\$ 36.00	
4	Reverse sensor	1	\$ 280.00	\$ 280.00	
5	End panel sealant	1	\$ 100.00	\$ 100.00	
6	Sundries	1	\$ 50.00	\$ 50.00	
Total				\$ 575.00	

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before 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:

Repair Estimate

Labour			
No.	Description	Work unit	Amount
1	To dismantle / renew accident damaged portion. To panel beat, reshape, straighten, orientate and align repair / replacement parts.	6	\$ 1,200.00
2	To disconnect rear wire harness of electrical component to facilitate repairs, reconnect and check functions.	0.25	\$ 50.00
3	To remove, replace reverse sensors and check for proper function.	0.5	\$ 100.00
4	Supply spray paint material and necessary items to respray affected area / panel.	5	\$ 1,000.00
5	To rust proof accident affected portions.	0.5	\$ <i>nm</i> 100.00
Total labour			\$ 2,450.00
Estimate Grand Total			\$ 6,981.00

3000

136

500

4000

X