

ASS. REG. BY: Taught

REF: CS/EG/23006747/7ngs

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

☒ OD ☒ WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: 100

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Val of Veh: 415K

IDAC Accident Report _____ Consistent?: Yes or No

GIA / PR Seem _____ Consistent?: Yes or No

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

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

CA ☒ REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMZ 7961P Yr Regn: 2021 May

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

☐ Truck / ☐ Trailer or

Make: Hyundai Avante c.c. 1598

Colour: Grey A/C: ☐ Insured / ☐ Std / ☐ NI / ☐ NA

Sp. Reading: 27/20 T/Radio: ☐ Insured / ☐ Std / ☐ NI / ☐ NA

Eng/No: _____

C/No: KMH/N4/ETN 9183391

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt

Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Modl: ☒ NI / ☐ S/Rim / ☐ STD A/Rim or

Tyre Size: F: 225/45R17

R: ~ ~

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

TOYO / YOKO or Kumho

Front

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.L. 12/7/25

Survey held at Century Motors

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

Fr + N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report

i)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS SI _____

Photos _____

Others _____

TOTAL

Rep. Format: _____

Lump Sum / L.E.R. (?) _____

Century Motors Pte Ltd (Co.Reg.No:192800002R)

2 Pandan Crescent, Inchope Centre Level 10
Singapore 128462
Tel: 66311118 Email: claims@autoinsure.com.sg

INSURER: **ERGO Insurance Pte. Ltd. (HQ)**

PARTICULARS OF CLAIM

Claim Type:	OD (OWN DAMAGE)	Ref. No:	
Policy No:	DMPG23005924	Date of Loss:	30/06/2023
Vehicle Reg. No.:	SMZ7961P	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved? YES	
Insured/Claimant:	MUHAMMAD TAUFIQ SHAH BIN MUDZAFFAR SHAH		

Make/Model:	HYUNDAI CN7 AVANTE, 1.6 DOHC CVT S (A)	Vehicle Reg. Date:	19/05/2021
Vehicle Colour:	GREY		
Engine No:	G4FMMU014613	Chassis No:	KMHLN41ETNU183391
Odometer:	26771 KM		

Paint Type:	
Total Loss?	NO
Est. Duration of Repair (day)	5

Present Location: CENTURY MOTORS PTE LTD (HQ)

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

COST OF CLAIMS

Parts	2,134.00
Miscellaneous Items	30.00
Labour	600.00
Paintwork Labour	700.00
Towing	0.00

Gross Total (\$\$)	3,464.00
+ GST 8.00% (\$\$)	277.12
Nett Amount (\$\$)	3,741.12

This claim is handled by: LOH CHEN KHUAN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

Taufiq 9749 5747 (6256356)

12/7/23 @ 1120am

Not Advise Repair

Ex: to be advise

Taufiq @ 1120am

2-3 days.

* p/p Resurvey before paint

Reference

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*HEAD LAMP LH	0.00	0.00	*780.00 F
2	1		*FRONT BUMPER	0.00	0.00	*300.00 F
3	1		*FRONT GRILLE	0.00	0.00	*220.00 F
4	1		*FRONT BUMPER LOWER GRILLE	0.00	0.00	*140.00 F
5	1		*FRONT BUMPER SKIRT	0.00	0.00	-
6	1		*FRONT BUMPER SIDE AIR GUIDE LH	0.00	0.00	*40.00 F
7	1		*FRONT BUMPER INNER BRACKET LH	0.00	0.00	*35.00 F
8	1		*FRONT BUMPER SIDE RETAINER LH	0.00	0.00	*35.00 F
9	1		*FRONT BUMPER SPONGE	0.00	0.00	*70.00 F
10	1		*FRONT BUMPER REINFORCEMENT	0.00	0.00	*320.00 F
F=Franchise part.						
				Sub Total (\$\$)		1,940.00
				+ Margin on L,N Items 10.00% (\$\$)		194.00
				Total Parts (\$\$)		2,134.00

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Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	FRONT BUMPER CLIPS	30.00
Sub Total (S\$)			30.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Paintwork Labour</u>			
1	LABOUR FOR SPRAY PAINTING	New	200 600.00
2	CHECK AND RECTIFY ELECTRICAL WIRING, SOCKETS INCLUDING FOCUS OF HEADLAMP	New	30 50.00
3	SUNDRIES (SAND PAPER, WELDING WIRE ETC.)	New	X 50.00
<u>Labour Items</u>			
4	LABOUR CHARGE TO REMOVE, REFIT AND REPAIR AFFECTED ACCIDENT PARTS	New	200 600.00
Gross Labour Cost (S\$)			1,300.00

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< END OF ESTIMATES >

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 988D

Vehicle Details

Vehicle No.: SMZ7961P
Vehicle to be Exported: No
Intended Deregistration Date: 05 Jul 2023
Vehicle Make: HYUNDAI
Vehicle Model: CN7 AVANTE 1.6 DOHC CVT S/R
Primary Colour: Grey
Manufacturing Year: 2021
Engine No.: G4FMMU014613
Chassis No.: KMHLN41ETNU183391
Maximum Power Output: 90.2 kW (120 bhp)
Open Market Value: \$21,384.00
Original Registration Date: 19 May 2021
First Registration Date: 19 May 2021
Transfer Count: 0
Actual ARF Paid: \$6,938.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 18 May 2031
PARF Rebate Amount: \$5,203.00

Intended COE Rebate Details

COE Expiry Date: 18 May 2031
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$44,589.00
COE Rebate Amount: \$35,083.00
Total Rebate Amount: \$40,286.00

The information contained herein is correct as at 05 Jul 2023

OK

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	03/07/2023 12:50 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/06/2023 17:12 (SGT)
Exact Location of Accident	Jurong West Central 2, Singapore
Additional Location Information	AT B1 CARPARK OF JURONG POINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ7961P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMMAD TAUFIQ SHAH BIN MUDZAFFAR SHAH
NRIC No	SXXXX988D
Email Address	t_taufiqs@hotmail.com
Mobile Phone No	(Phone) +65-91993091
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	CN7 1.6 DOHC CVT S/R
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG23005924

DRIVER

Name of Driver	MUHAMMAD TAUFIQ SHAH BIN MUDZAFFAR SHAH
NRIC No	SXXXX988D
Date Of Birth	16/09/1994
Occupation	Indoor

Date Of Driving Pass	19/11/2015
Driving experience	7 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91993091
Alt. Phone Number	-
Email Address	t_taufiqs@hotmail.com
Address	APT BLK 339 JURONG EAST AVE 1 #03-1532
Address complement	-
Postcode	600339
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	Side Swipe
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)	1
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO POLICE REPORT NO: T/20230703/2026.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH5252K
Vehicle Manufacturer	-
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
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 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 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

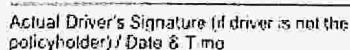
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.


(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

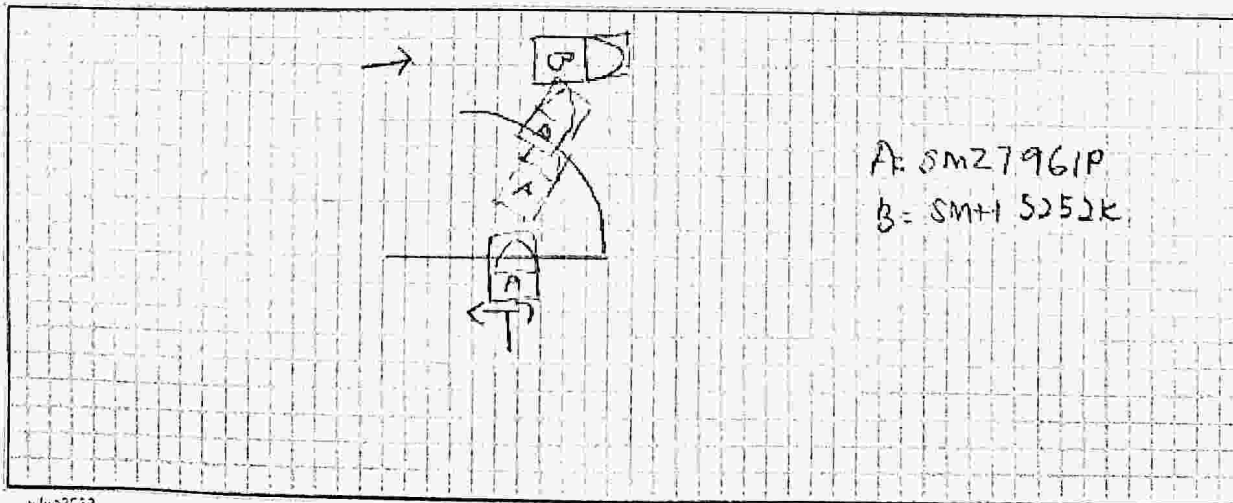
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


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

Sketch Plan



Describe Circumstance of the Accident

Pls refer to Police Report No: 7/00230703/2026.

Declaration

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

4 

Policyholder's Signature / Date & Time

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



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