

ASS. REC. BY:

REF:

FCI/ CS/FCI24100002/Kvp3

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 Cheng Hoe

of _____

Insured: SHC 2381B

Policy No. _____

Claims No. D24008561MFCT

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: \$ 27K

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 5 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

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

Veh No: SGU8989P Yr Regn: 02, 17

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

Truck / Trailer or

Make: Mit Attrage c.c. 1193

Colour: M. Gray A/C: Insured / Std / NI / NA

Sp. Reading: 102398 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MMBSTA13AHH 004341

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NII / S/Rlm / STD A/Rlm or

Tyre Size: F: 185/55R15
R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal. 4 mm

L/Bal. 4 mm

D.O.A. 26/9/24

Rear

R/Bal. 4 mm

L/Bal. 4 mm

D.O.I. 30/9/2024

Survey held at _____

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

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

Date / Time Action / Instruction

29/10 1 Pm @ 2700k Colur (red 1411.80, 34%)

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: _____

Survey Fee:

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Transportation

S-RS. \$ _____

Fuel

Others

TOTAL

Report Format :

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 616J

Vehicle Details

Vehicle No.: SGU6989P
Vehicle to be Exported: No
Intended Deregistration Date: 27 Sep 2024
Vehicle Make: MITSUBISHI
Vehicle Model: ATTRAGE 1.2 CVT
Primary Colour: Grey
Manufacturing Year: 2016
Engine No.: 3A92UDS1300
Chassis No.: MMBSTA13AHH004341
Maximum Power Output: 57.0 kW (76 bhp)
Open Market Value: \$13,821.00
Original Registration Date: 14 Feb 2017
First Registration Date: 14 Feb 2017
Transfer Count: 1
Actual ARF Paid: \$5,000.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 13 Feb 2027
PARF Rebate Amount: \$3,000.00

Intended COE Rebate Details

COE Expiry Date: 13 Feb 2027
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$50,101.00
COE Rebate Amount: \$11,937.00
Total Rebate Amount: \$14,937.00

Message

You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.

The information contained herein is correct as at 27 Sep 2024

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 First Submission | 27/09/2024 15:30 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 26/09/2024 17:45 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | SLIP RD FROM GAMBAS CRESCENT TOWARDS SEMBAWANG AVE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGU6989P

INSURED/POLICYHOLDER

| | |
|--------------------------|-------------------------------|
| Is company? | No |
| Name Of Registered Owner | LIM KAIT WEE,ALEX(LIN JIEWEI) |
| NRIC No | SXXXX616J |
| Email Address | kaitwee@gmail.com |
| Mobile Phone No | (Phone) +65-90210929 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mitsubishi |
| Model | ATTRAGE 1.2 CVT |
| 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 | 1193 |
| Vehicle Fuel | - |
| First Registration Date | 14/02/2017 |
| Chassis no | MMBSTA13AHH004341 |
| Effective Date/Time of Ownership | - |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5114590149-04 |

DRIVER

| | |
|--|------------------------------|
| Name of Driver | LIM THIAM SIANG |
| NRIC No | SXXXX191I |
| Date Of Birth | 30/12/1957 |
| Occupation | Indoor |
| Driving Pass Date | 11/10/2012 |
| Driving License Pass Class | 3 |
| Driving License Validity | Valid |
| Driving experience | 11 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-81003532 |
| Alt. Phone Number | - |
| Email Address | ameldalim@gmail.com |
| Address | BLK 159 YISHUN ST 11 #05-164 |
| Address complement | - |
| Postcode | 760159 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Parent |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| 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 | YEE POH CHEE |
| Gender | Female |

PASSENGER 2

| | |
|--------|-------------------|
| Name | LONG LI CHUN HARU |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER SKETCH ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes
Reasons for not uploading a video of the accident WILL EMAIL TO INCOME

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|----------------------|
| Vehicle Registration Number | SHC2381B |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| Name of Driver | CHUI LAI LING |
| NRIC No | SXXXX580F |
| Contact Number | (Phone) +65-90905735 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

Describe Circumstance of the Accident

** NOTE: PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS TIME FRAME for you to submit OWN DAMAGE

Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy () Claim Third party () Reporting Only

() Claim OD/ TP at other workshop (_____)

Sketch Plan



Date: 26/9/24

Time: 1745hr

Ins.: Income

Accident occurred at the slip road from Gambas Cres towards Sembawang Ave - my vehicle was stationary as I was checking for oncoming traffic. Out of sudden, I felt an impact on my rear and realized taxi (B) had collided onto my car.

NO one was injured. I have 2 passenger onboard while I also noticed taxi had passengers but I am unsure how many.

Declaration

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

[Signature]

Policyholder's Signature / Date & Time

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

[Signature] Efeck (YS)
27/9/24 ✓

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

M7/18785 - 001

VEHICLE: SGU1989P
INSURER: M10ME
DATE OF ACC: 26/9/24
@ 1745hrs

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the incident to speed up the claim 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.

[Handwritten Signature]

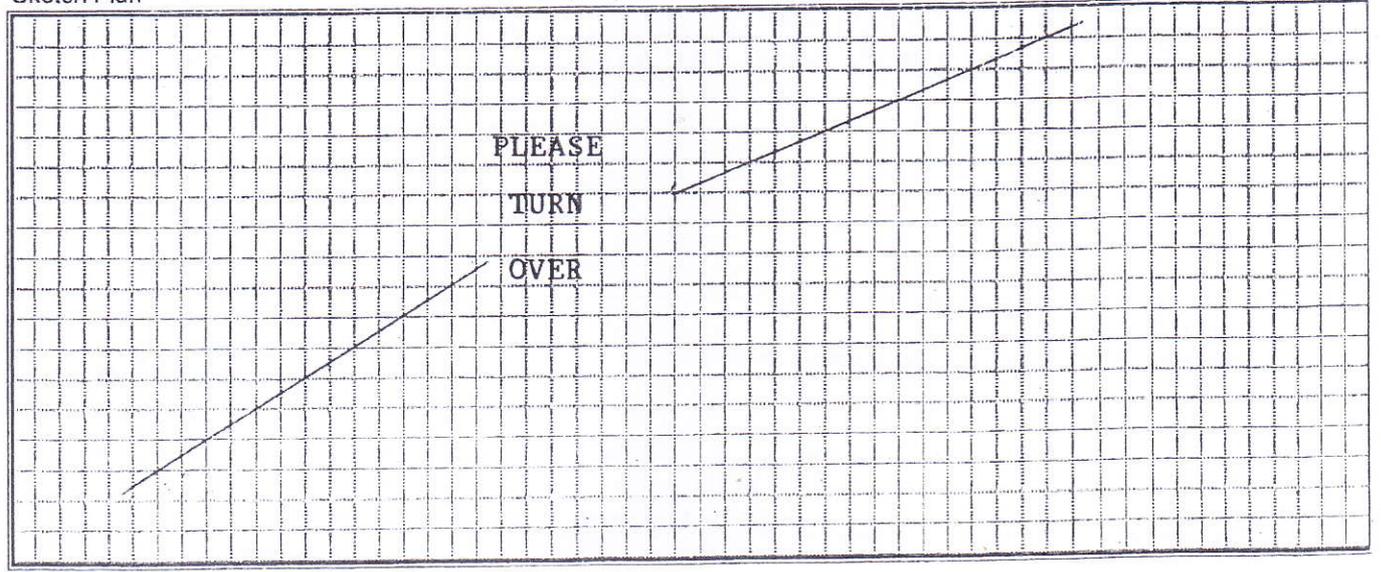
[Handwritten Signature] afeeda cys
27/9/24 ✓

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Cheng Hoe Motor Pte Ltd

Blk 1019, Yishun Industrial Park A #01-374/382, Singapore 768761
 TEL: 67556142 (YIS) FAX: 67557719 (YIS) Email: chmotor@singnet.com.sg
 GST:201001158E RCB NO:201001158E

SGU6989P
 7/7c

M/S : MS FIRST CAPITAL INSURANCE LTD
 36 ROBINSON ROAD
 #16-01 CITY HOUSE
 SINGAPORE 068877

Estimate No: ES2400810
 Date: 30 Sep 2024
 Policy No:
 Veh Reg No: SGU6989P
 Make/Model: MITSUBISHI MIT
 ATTRAGE 1.2CVT
 Chassis No: MMBSTA13AHH004341

TEL: 65073848 FAX: 65073849
 ATTN: Motor Claim Department

WS Ref: TP FC
 Claim Type: Third Party
 Accident Date: 26/09/2024
 TP Veh Reg No: SHC2381B

Not involved
Repair after rain
3 days
6/10/27cdh
 Reg. Date: 14/02/2017

Estimate Repair Cost to Vehicle No :SGU6989P

PAGE:1/1

| Description | U/Price | Quantity | List Price S\$ | Amount S\$ |
|--|---------|----------------------|-------------------|---------------|
| Net Price | | | | |
| 1 REAR BUMPER | 659.00 | 1 PC | 659.00 | ✓ |
| 2 REAR BUMPER SIDE RETAINER LH | 22.00 | 1 PC | 22.00 | ✓ |
| 3 REAR BUMPER CLIP | 5.00 | 6 PCS | 30.00 | ✓ |
| 4 REAR BOOT | 765.00 | 1 PC | 765.00 | ✓ |
| 5 REAR BOOT EMBLEM - ATTRAGE | 20.00 | 1 PC | 20.00 | ✓ |
| 6 REAR BOOT LOGO | 43.00 | 1 PC | 43.00 | ✓ |
| 7 REAR BOOT INNER LOCK | 195.00 | 1 PC | 195.00 | ✓ |
| 8 REAR BOOT INNER RUBBER | 143.00 | 1 PC | 143.00 | ✓ |
| 9 REAR BOOT OUTER CHROME MOULDING | 336.00 | 1 PC | 336.00 | ✓ |
| 10 REAR END PANEL | 427.00 | 1 PC | 427.00 | ✓ |
| 11 REAR END PANEL INNER TOP GARNISH | 62.00 | 1 PC | 62.00 | ✓ |
| | | | 2,702.00 | |
| | | Less 10% | 270.20 | 2,431.80 |
| Special Net | | | | |
| 12 REVERSE SENSOR | 200.00 | 1 PC | 200.00 | ✓ |
| | | | 200.00 | 200.00 |
| Labour | | | | |
| 13 TO REMOVE AND REFIX REAR BUMPER ASSY, TAILLAMPS, RR BOOT & ATTACHMENT; RENEW REAR PANEL AND REALIGN TO SAME | 700.00 | 1 LA | 700.00 | 500 |
| 14 TO PUTTY AND RESPRAY ON REAR PANEL BOOT. REAR BUMPER AND OTHER AFFECTED AREAS | 750.00 | 1 LA | 750.00 | 600 |
| 15 RUSTPROOFING | 30.00 | 1 LA | 30.00 | ✓ |
| | | | 1,480.00 | 1,480.00 |
| | | Total | S\$ 4,111.80 | |
| | | Add GST @ 9% | 370.06 | |
| | | Total Amount Payable | S\$ 4,481.86 | |

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 surveys are on "Without Prejudice" basis
- No illegal modification is allowed
- Supplemental items to be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
 Signature:
 Date:

For Cheng Hoe Motor Pte Ltd

[Handwritten Signature]
 AUTHORISED SIGNATURE