

ESTIMATE

LIBERTY INSURANCE PTE LTD
 ONE RAFFLES QUAY
 #25-01 NORTH TOWER
 SINGAPORE 048583
 Attn: MOTOR CLAIM DEPARTMENT

No. : ES.24100001
 Date : 02-10-2024
 Ref. : YN9162L
 Staff : SUSAN
 Terms : Progress Claim
 Job :

**VEH NO : YN9162L MODEL : MITSUBISHI FEB21ER3SDEB (CBU) CHASSIS NO :
 FEB21EA10306 DOA : 30/09/2024**

SNo	Description	Quantity	Unit Price	Amount
	LIST PART ITEM:-			
1	WIPER GARNISH X	1	0.00	0.00
2	WIPER GARNISH CLIPS X	1	0.00	0.00
3	FRONT PANEL ASSY X	1	0.00	0.00
4	FRONT PANEL GARNISH X	1	0.00	0.00
5	FRONT GRILLE ASSY X	1	0.00	0.00
6	FRONT GRILLE CLIPS X	1	0.00	0.00
7	FRONT GRILLE EMBLEM - LOGO X	1	0.00	0.00
8	FRONT GRILLE EMBLEM - CANTER X	1	0.00	0.00
9	HEADLAMP (RH & LH) / mi / BR	2	0.00	0.00
10	COMBLAMP / mi	2	0.00	0.00
11	SIGNAL LAMP / BR	2	0.00	0.00
12	HEADLAMP LOWER COVER (LH) - mi	2	0.00	0.00
13	CORNER PANEL H?	2	0.00	0.00
14	CORNER PANEL CLIPS X	2	0.00	0.00
15	FRONT BUMPER / DD	1	0.00	0.00
16	FRONT BUMPER CENTER GARNISH X	1	0.00	0.00
17	FRONT BUMPER GARNISH LH / mi	1	0.00	0.00
18	FRONT BUMPER GARNISH RH / DD	1	0.00	0.00
19	FRONT BUMPER GARNISH COVER LH & RH / mi	2	0.00	0.00
20	FRONT BUMPER BRACKET ?	1	0.00	0.00
21	FRONT DOOR (LH) - DD	1	0.00	0.00
22	FRONT DOOR HINGE LH (inner) - GT	2	0.00	0.00
23	FRONT DOOR CHECKER LH X	1	0.00	0.00

ESTIMATE

LIBERTY INSURANCE PTE LTD
 ONE RAFFLES QUAY
 #25-01 NORTH TOWER
 SINGAPORE 048583
 Attn: MOTOR CLAIM DEPARTMENT

No. : ES.24100001
 Date : 02-10-2024
 Ref. : YN9162L
 Staff : SUSAN
 Terms : Progress Claim
 Job :

**VEH NO : YN9162L MODEL : MITSUBISHI FEB21ER3SDEB (CBU) CHASSIS NO :
 FEB21EA10306 DOA : 30/09/2024**

SNo	Description	Quantity	Unit Price	Amount
24	FRONT DOOR RUBBER LH X	1	0.00	0.00
25	FRONT DOOR WEATHERSHTRIP LH X	1	0.00	0.00
26	FRONT DOOR INNER TRIM BOARD LH / DEF	1	0.00	0.00
27	FRONT DOOR INNER TRIM BOARD CLIPS LH / RK	1 SET	0.00	0.00
28	FRONT DOOR LOWER GARNISH LH X GR	1	0.00	0.00
29	FRONT DOOR SCUFF PLATE LH / GR	1	0.00	0.00
30	A PILLAR LH / SS	1	0.00	0.00
31	STEP LH / GR	1	0.00	0.00
32	FRONT FENDER X	1	0.00	0.00
33	FRONT LOWER ARM ?	1	0.00	0.00
34	FRONT LOWER ARM BALL JOINT ?	1	0.00	0.00
35	FRONT SHOCK ABSORBER ?	1	0.00	0.00
36	FRONT KNUCKLE ARM ?	1	0.00	0.00
37	STEERING RACK ?	1	0.00	0.00
38	TIE ROD END ?	1	0.00	0.00
39	TIE ROD ?	1	0.00	0.00
40	I-LINK ?	1	0.00	0.00
41	REAR AXLE X	1	0.00	0.00
42	REAR SHOCK ABSORBER X	1	0.00	0.00
43	TAIL LAMP RH X	1	0.00	0.00
	TOTAL			0.00
	PARTS ITEM LESS 25%	0	0.00	0.00
	SUBTOTAL			0.00

ESTIMATE

LIBERTY INSURANCE PTE LTD
 ONE RAFFLES QUAY
 #25-01 NORTH TOWER
 SINGAPORE 048583
 Attn: MOTOR CLAIM DEPARTMENT

No. : ES.24100001
 Date : 02-10-2024
 Ref. : YN9162L
 Staff : SUSAN
 Terms : Progress Claim
 Job :

**VEH NO : YN9162L MODEL : MITSUBISHI FEB21ER3SDEB (CBU) CHASSIS NO :
 FEB21EA10306 DOA : 30/09/2024**

SNo	Description	Quantity	Unit Price	Amount
	SPECIAL NETT PART ITEM :-			
1	COMPANY LOGO STICKER (Door sticker) / rrc	1	0.00	0.00
2	FRONT NUMBER PLATE X	1	0.00	0.00
3	TYRE RH X	2	0.00	0.00
4	WHEEL RIM RH X	2	0.00	0.00
5	SIDE GUARD RH X	1	0.00	0.00
6	REAR FRIDGE BOX FLOOR PLATE COVER * (Silver) / BT	1	0.00	0.00
7	REAR FRIDGE BOX FRAME RH x BT x	1	0.00	0.00
	SUBTOTAL			0.00
	LABOUR :-			
1	TO STRAIGHTEN AND PANEL BEAT ON ACCIDENT AREA, FRONT PORTION	1	2,800.00	1000 2,800.00
2	TO PUTTY, RE-SPRAY PAINTING AND POLISH ON ACCIDENT AREA, FRONT PORTION	1	1,800.00	800 1,800.00
3	TO SPRAY RUST PROOFING ON AFFECTED AREA. FRONT PORTION	1	150.00	30 150.00
4	TO CHECK AND RECTIFY WIRING CONNECT AND DISCONNET	1	150.00	30 150.00
5	TO REMOVE AND TRANSFER DOOR COMPONENT	1	280.00	5 100 280.00
6	TO BALANCING, RELAIN WHEEL ALIGNMENT	1	280.00	80 280.00
7	TO REMOVE AND INSTALL FRONT UNDER CARRIAGE	1	450.00	X 450.00
8	TO REMOVE AND INSTALL REAR UNDER CARRIAGE	1	450.00	X 450.00
9	TO REMOVE AND INSTALL INNER SEAT AND UPHOLSTORY TO ASSIST WORK LOAD	1	280.00	50 280.00

ESTIMATE

LIBERTY INSURANCE PTE LTD
 ONE RAFFLES QUAY
 #25-01 NORTH TOWER
 SINGAPORE 048583
 Attn: MOTOR CLAIM DEPARTMENT

No. : ES.24100001
 Date : 02-10-2024
 Ref. : YN9162L
 Staff : SUSAN
 Terms : Progress Claim
 Job :

VEH NO : YN9162L MODEL : MITSUBISHI FEB21ER3SDEB (CBU) CHASSIS NO :
FEB21EA10306 DOA : 30/09/2024

SNo	Description	Quantity	Unit Price	Amount
10	TO STRAIGHTEN AND PANEL BEAT ON ACCIDENT AREA. REAR PORTION	1	900.00	X 900.00
11	TO SPRAY RUST PROOFING ON AFFECTED AREA. FRONT PORTION	1	150.00	30 150.00
<div> <div> <div>Steve (LKK)</div> <div>3/10/24, 3.30pm</div> <div>m n</div> <div>L/S</div> <div>by AL by</div> <div>8 days</div> </div> </div>				
Sum of Singapore Dollars Eight Thousand Three Hundred Eighty Two And Cents Ten Only			Amt S\$ 7,690.00 9% GST 692.10 Total S\$ 8,382.10	

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: _____

Authorised Signature

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

061H

Vehicle Details

Vehicle No.:

YN9162L

Vehicle to be Exported:

No

Intended Deregistration Date:

03 Oct 2024

Vehicle Make:

MITSUBISHI

Vehicle Model:

CANTER FEB21ER3SDEB (CBU)

Primary Colour:

White

Manufacturing Year:

2015

Engine No.:

4P10B73748

Chassis No.:

FEB21EA10306

Maximum Power Output:

-

Open Market Value:

\$28,685.00

Original Registration Date:

02 Sep 2015

First Registration Date:

02 Sep 2015

Transfer Count:

0

Actual ARF Paid:

\$1,435.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

01 Sep 2025

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

PQP Paid:

\$24,600.00

COE Rebate Amount:

\$2,241.00

Total Rebate Amount:

\$2,241.00

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 03 Oct 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	01/10/2024 15:27 (SGT)
Reported by	Actual Driver
Date of Accident	30/09/2024 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along Jalan Toa payoh Before Upper Serangoon Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN9162L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	BIG-FOOT LOGISTIC PTE LTD
Company Reg No	1XXXXX061H
Email Address	sanjay.ram@bigfoot.com.sg
Mobile Phone No	(Phone) +65-97307902
Alternative Phone No	(Office) +65-63505050

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	CANTER FEB21ER3SDEB (CBU)
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	3907
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2031779618

DRIVER

Name of Driver	SUNDARAM SELVAMKUMAR
Work Permit No	GXXXX159K
Date Of Birth	03/06/1978
Occupation	Outdoor
Driving Pass Date	14/07/2008
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	16 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97307902
Alt. Phone Number	-
Email Address	sanjay.ram@bigfoot.com.sg
Address	NA
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Change/cross lane
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

TRAVELLING ON THE EXTREME RIGHT LANE GOING STRAIGHT. A VEHICLE FROM MY LEFT ABRUPTLY CAME INTO MY LANE. DOING SO, THIS SAID VEHICLE HIT DIRECTLY INTO MY VEHICLE FRONT LEFT SIDE PORTION. DUE TO THE HARD IMPACT, MY VEHICLE INCHED TO RIGHT, MOUNTED THE KERB AND HIT INTO THE BUSHES.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKH2322K
Vehicle Manufacturer	Mercedes
Vehicle Model	GLC200 (R18 LED)
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM SOON HOCK
-	SXXX080E
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	PASSENGER 1
Gender	Female

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 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 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. 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/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' law yers/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' 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 Personal 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.

Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer
Aizam Bin Atan

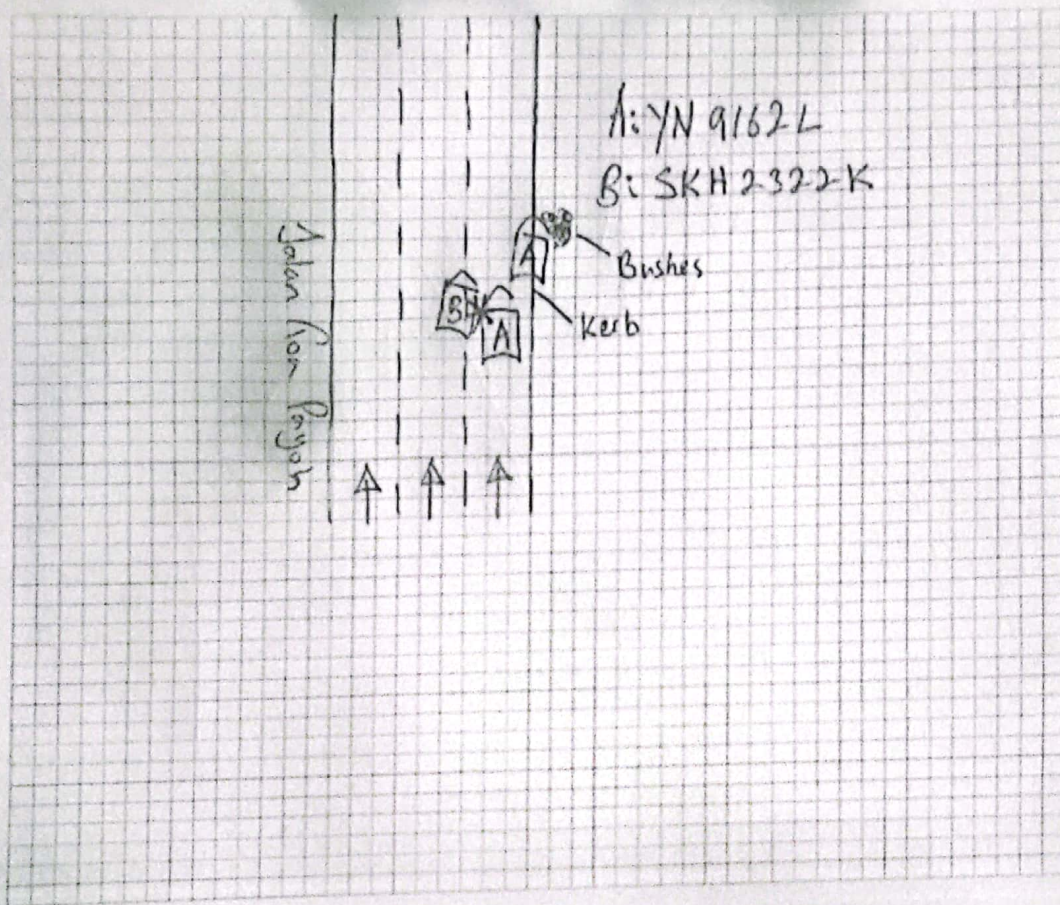
Witnessed by Reporting Centre
Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

ACCIDENT DIAGRAM

Ver. 30042021



VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
AIZAM BIN ATAN

Policyholder's Signature
Date & Time:

S. P. S. S.
Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Describe Circumstances of the Accident

TRAVELLING ON THE EXTREME RIGHT LANE GOING STRAIGHT. A VEHICLE FROM MY LEFT ABRUPTLY CAME INTO MY LANE. DOING SO, THIS SAID VEHICLE HIT DIRECTLY INTO MY VEHICLE FRONT LEFT SIDE PORTION. DUE TO THE HARD IMPACT, MY VEHICLE INCHED TO RIGHT, MOUNTED THE KERB AND HIT INTO THE BUSHES.

Declaration

We declare the foregoing particulars are true in every respect

Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer
Aizam Bin Atan

Witnessed by Reporting Centre Personnel