(08/11/13)	wef
ASS. REC	C. BY: Marcus

CS/FC/24/00294/UVP3
ASSIGNMENT REF:

		7.000				
	From: Date:	Veh No: SJX 72985 Yr Regn: 07/07/16				
	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: SJX72985	Make: Mit Loncer 15 c.c 1499				
	at Workshop m/s Focus Auto	Colour Blue A/C: Insured / Std / NI / NA				
	of a	Sp.Reading 270557 T/Radio: Insured / Std / NI / NA				
	Insured: SHA 6610 A	Eng/No:				
	Policy No.	C/No: JMYSRCYZAAU*DDD754				
	Claims No. D24009100MFCT	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:				
	(Policy Condition)	R: 205/602/6				
	Remark: The veh had commenced its N/S O/S					
	repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or ZA (14.0)				
	Bal. or Market Value:	7 7) 5000				
	AND THE RESIDENCE OF THE PARTY	Front Rear				
		R/Bai. mm R/Bai. mm				
	GIA / PR Seen: Consistent?: Yes or No	L/Bal. 6 mm L/Bal. 6 mm				
	Est. Repairs: days Res.: Yes or No	D.O.A. 13/10/24 D.O.I. 17/10/24				
	Lum Sum: 20 % 3 Val.: Yes or No	Survey held at				
	CA / REV / REP. / 24 HRS 179A	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or				
	Vehicle: IN / OUT Date: Person Contacted:	Rear NIS.				
×	Charles and the Control of the Contr	The U/C / Chassis frame / Body Structure affected due to collision.				
	Date / Time Action / Instruction Dop / VK.	0000				
2	110/24 d/s # 2000 informs MR W	(red 2228.60, 52%)				
	The same with which will we					
	,	,				
	Date/Time, File Pass to? : Preli. Report	ays Of Repair: 3				
		esurvey No. of Trip: Survey Fee:				
	Date/Time, File Return to?	Transportation:				
	2) Add Fee:	: Site Insp (\$)S+RS,SI				
		: Interview (\$) Photos				
	Report Format :	: Tech. Invs (\$) Others				
	Lump Sum / I.B.I: (\$:Weekend (\$				
	,	TOTAL				
		IVIAL				

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	179A
Vehicle No.:	SJX7298S
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Oct 2024
Vehicle Make:	MITSUBISHI
Vehicle Model:	LANCER 1.5 MIVEC SPORTS AT ABS D/AB
Primary Colour:	Blue
Manufacturing Year:	2009
Engine No.:	4A910128491
Chassis No.:	JMYSRCY2AAU000754
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$18,588.00
Original Registration Date:	07 Jul 2010
First Registration Date:	07 Jul 2010
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$18,588.00
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	06 Jul 2030
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
PQP Paid:	\$32,875.00
COE Rebate Amount:	\$18,800.00
Total Rebate Amount: Message	\$18,800.00
ou will not be eligible for any COE rebate from th	ne current COE (including unused COE from any lay-up period/s), if

The information contained herein is correct as at 17 Oct 2024

you renew your COE.

sgcarmart

(A) Login | Sign Up

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=

Any status X

2010 X

Sort by Any Status, Date Posted (Newest)

22 Vehicles

Car Make

Car Model

Price Range

Depreciation

Reg Year

Mile

Mitsubishi Lancer EX 1.5A Elegance \$12,800 \subsetential \text{\$16,570 /yr} \text{ 27-Jul-2010 (9mths COE left)} \text{\$N.A} (COE till 07/2025)

\$1,017 /mth 1,499 cc 3 Owners

Genuine mileage, well maintained and regularly serviced. No expenses were spared by the meticulous owner. Accident free. Unit in superb condition, view to believe! Workshop check/STA evaluation can be arranged. Bank/in house loan available. Contact us today! Viewing by appointment.

Posted 12-Oct-2024

Compare

PREMIUM AD

SOLD

Mitsubishi Lancer EX 1.5A Elegance (COE till 08/2030)

Posted 11-Oct-2024

\$63,900 \s10,880 /yr

29-Sep-2010

(5yrs 10mths COE left) N.A

/mth \$\insp\1,499 cc\\$\text{More than 6}

Compare

Mitsubishi Lancer EX 1.5A GLX (COE till 08/2025)

N.A 29-Sep-2010 (10mths COE left) N.A 1,499 cc

Similar 85 Owners

Owner's third car, sheltered parking. Inspection done with new road tax. Regularly serviced and maintained at reputable workshop last serviced in 09/24, car is in good running condition price is fair, price is firm. End of COE still can get back at minimum few hundred dollars. Serious buyer only, no dealers, no consignment.

Posted 29-Sep-2024

Compare

DIRECT OWNER

SS2X24AE0007 / SME MOTOR PTE LTD ENTRY DATE & TIME: 14/10/2024 12:53 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (14/10/2024 12:53 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process
 This Form must be <u>completed</u> 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

3. Information provided must be as truthful and accurate as possible. Any wild insiste presentation of Mationaling of Mational

ACCIDENT STATEMENT

Date of First Submission Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

14/10/2024 12:53 (SGT) Both Policyholder and Actual Driver 13/10/2024 15:20 (SGT) PIE, Singapore PAYA LEBAR FLYOVER TWDS CHANGI Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJX7298S

INSURED/POLICYHOLDER

Is company?

Manufacturer

Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

No PRIMO AQUINO CANUELA S7083179A ERWINNOEL.CANUELA@GMAIL.COM (Phone) +65-93627111

VEHICLE PARTICULARS

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 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

Mitsubishi Lancer

Private use

No - Claiming third party Private car Auto 1500

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

FWD Singapore Pte. Ltd. PNPV2018-00008415-06

DRIVER

Name of Driver **ERWIN NOEL LOW CANUELA** NRIC No T0006323H Date Of Birth 26/02/2000 Occupation Indoor **Driving Pass Date** 13/08/2019 **Driving License Pass Class** 3 **Driving License Validity** Valid Driving experience 5 YEARS AND 2 MONTHS Gender Male Mobile Number (Phone) +65-82885169 Alt. Phone Number **Email Address** ERWINNOEL.CANUELA@GMAIL.COM Address BLK 312 BUKIT BATOK STREET 32 #04-81 Address complement Postcode 650312 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child 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) 2 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 NOWO ALBUS KASTURI Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 13/10/2024 AT ABOUT 1520HRS, I AM TRAVELLING ALONG PIE PAYA LEBAR FLYOVER TWDS CHANGI. AS THERE WAS A MASSIVE JAM, THE TRAFFIC WAS NOT MOVING. I AM STATIONARY AT LANE 1 WHEN OUT OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. VEHICLE B HAS BANGED ONTO MY REAR PORTION.

Yes

No

Accident report SS2X24AE0007

Are accident photos available for attachment?

Was there any video captured by Car Camera?

ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer	SHA6610A
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Taxi
Name of Driver	NEO YIT SAY
Contact Number	(Phone) +65-97236639
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process
- 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 hate by 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 sopies of this report will for a fee be made available upon application by interested parties
- By the loagement 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 anderstand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GLA") 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 enquines 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 lawyersitaw firms), which may be sited outside of Singapore, for one or more of the above Purposes

14 oct

Sketch Plan

ature (if driver is not the policyholder) / Date

14 001 2034

Witnessed by Reporting Centre Porson

Describe Circumstance of the Accident
En 13/10/2024 at about 1521 ins, I can troubling dong AT
Dept Librar Physics towards Chary;
As there was a massive jum, the traffix was not moving.
I am stationary at home I when out of a sudden, I felt on
impact from butined.
Vehide Bhad banged onto my rear partico.

Declaration

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

Policyholder's Signatum / Date & Time

Orward Sagnature of devel is not the bolicyholder (*Date 8 Tyme 14 OCT 2024

Witnessed by Ringeding Centre Personal (Name as in NRICED card)

2

FOCUS AUTO PTE LTD

NO. 1 KAKI BUKIT AVENUE 6 #02-48/50

AUTOBAY @ KAKI BUKIT SINGAPORE 417883

	TEL: 688	86 9097 FAX: 684	4 4625 Em	ail: claims	s@focusauto	.com.sg
	FIRST CAPITAL INST 36 Robinson Road #16-01 City House Singapore 068877	URANCE LIMITED		Moral My	Estimate No. Date Veh Reg No. Make / Model	: E24100299 e: 16/10/2024 e: SJX 7298 S : MITSUBISHI LANCER 1.5 MIVEC SPORTS AT ABS D/AB
	Your Ref No: : SHA 6	Claim Department 610 A DPARTY 2024	15 \$ 3	Lugs.	Chassis No. Engine No. Reg. Date	: JMYSRCY2AAU000754 : 4A910128491 : 07/07/2010
	Estimate Repair Cost fo	or Vehicle No. : SJX	7298 S			
	Description		Quantity	Unit	Price	Amount
1 2 3 4 5 6 7	Rear End Panel Rear Bumper Rear Bumper Side Retain Rear Bumper Reinforcen Rear Bumper Reflector - Rear Bumper Eewer Clip Rear Number Plate Lamp	nent LH	1 1 1 1 1 1 4 / Set 2	PCS PCS PCS PCS PCS PCS PCS	\$\frac{\sist}{426.00} \tau \\ 747.00 \tau \\ 35.00 \\ 298.00 \tau \\ \frac{22.00}{5.50} \tau \\ \tau \end{array}	258 426.00 × 747.00 / 35.00 × 298.00 / 22.00 / 22.00 / 104.00 × 1654.00 1488.60
	CDECLAL NETT		Quantity	Unit	Price	Amount
1	SPECIAL NETT Rear Bumper Lower Spoi	ilor		D.C.C.	<u>S\$</u>	<u>S\$</u>
2	Rear Bumper Sensor	ner	1	PCS SET	wared	520 400 S/A
3	Deliber		1		800016	ton 300 200 5/1
	Rear Number Plate		1		make	
5	Rear Number Plate	ı	1 TO	PCS	suf	50 40 5/
1 2 3	LABOUR CHARGES To Panel Beating To Check Wiring To Rust Proofing	umper Sensor	1 TO	PCS		50 40 5/ 870.00 S\$ 950.00300 60.00 20
1 2 3 4	LABOUR CHARGES To Panel Beating To Check Wiring	umper Sensor	1 TO	PCS	TAL NETT:	50 40 5/1 870.00 S\$ 950.00300 60.00 20 10 60.00 × 80.0030
1 2 3 4	LABOUR CHARGES To Panel Beating To Check Wiring To Rust Proofing To Remove & Replace Bu	umper Sensor	1 TO	PCS TAL SPEC	TAL NETT:	50 40 5/1 870.00 S\$ 950.00300 60.00 20 10 60.00 x 80.0030 720.00500
1 2 3 4	LABOUR CHARGES To Panel Beating To Check Wiring To Rust Proofing To Remove & Replace Bu	umper Sensor LKK Auto Consultants the Repairer of the follo	eenco notify	PCS TAL SPEC	SS SS	50 40 5/1 870.00 S\$ 950.00300 60.00 20 10 60.00 × 80.0030

Acknowledged by Repairer Page 1 of 1

Signature:

Date:

900

2520.1

2216