

ASS. REC. BY: Sun Pin.

REF:

CTI

CS/CTI 20065226/Ey13.

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To inspect Vehicle No: \_\_\_\_\_

at Workshop n/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

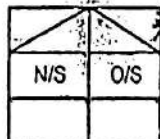
Claims No. \_\_\_\_\_

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: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ 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: GBB 6327J Yr Regn: 16/09/2009Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mitsubishi L200 c.c. 2477Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 365601 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: MM CJNKB409D611753Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim orTyre Size: F: 205 R16CR: 205 R16CBS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or S

Front Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 06/04/2020 D.O.I. 16/04/2020Survey held at Carz Auto.Des. of Damages: Frt / Rear / O/S / NIS / UIC / Rooftop or

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

Date / Time	Action / Instruction
	MV: 27,000
	PV: 11,348
	NV: 15,602

Date/Time, File Pass to? ☐ : Prel. Report1) ☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Report Form: \_\_\_\_\_

Lump Sum / L.B. / % \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_) ☐ : S + RS \_\_\_\_\_ \$☐ : Interview (\$ \_\_\_\_\_) ☐ : Photos☐ : Tech. Insp (\$ \_\_\_\_\_) ☐ : Others☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

TOTAL

[> Back to OneMotoring](#)

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Business
Owner ID:	800W
<b>Vehicle Details</b>	
Vehicle No.:	GBB6327J
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Apr 2020
Vehicle Make:	MITSUBISHI
Vehicle Model:	L200 DOUBLE CAB 2.5L TURBO 5M/T DIESEL
Primary Colour:	Silver
Manufacturing Year:	2009
Engine No.:	4D56UCBS0170
Chassis No.:	MMCJNKB409D011753
Maximum Power Output:	-
Open Market Value:	\$23,540.00
Original Registration Date:	16 Sep 2009
First Registration Date:	16 Sep 2009
Transfer Count:	1
Actual ARF Paid:	\$23,540.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	15 Sep 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$12,916.00
COE Rebate Amount:	\$11,398.00
<b>Total Rebate Amount:</b>	<b>\$11,398.00</b>
<b>Message</b>	
Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.	

The information contained herein is correct as at 17 Apr 2020

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 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. 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 Report	07/04/2020 15:52
Date Of Accident	06/04/2020 17:25
Exact Location Of Accident	YUAN CHING RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB6327J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WELLCOME MOTOR AGENCIES
Co Reg No	3XXXX800W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96357963
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	L200 DOUBLE CAB 2.5L TURBO 5M/T DIESEL
Exact Purpose for which vehicle was being used at time of accident	AFTER WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113942309
Cover Note Number	
<b>Driver</b>	
Name of Driver	FERNANDEZ RICHARD GERARD
NRIC No	SXXXX895G
Date Of Birth	29/01/1957
Occupation	OUTDOOR
Date Of Driving Pass	11/09/1995
Driving Experience	24 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91115840
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 549 CHOA CHU KANG ST 52 #03-07  
 Postcode 680549  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OTHER - HIRER  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### 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 this accident? NO  
 Number of vehicles (including own vehicle) involved in the accident 2  
 Was any body injured in the Accident? NO  
 Was any injured conveyed to hospital by ambulance?  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 2  
 Passenger 1 NAME: : FARAZIAN ANTASHA BINTE ABDUL RASHID  
 GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? NO  
 If Yes, Please state which Police Station  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

I WAS TRAVELLING ALONG YUAN CHING ROAD ON THE LEFT LANE, WHILE APPROACHING LAKE VISTA, SUDDENLY VEH B FROM MY RIGHT LANE CUT INTO MY LANE AND HIT ONTO MY VEH RIGHT FRONT PORTION AS HE WANTED TO TURN INTO LAKE VISTA ENTRANCE ROAD.

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? NO  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKP9986G  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver TAN GHEE TUCK  
 NRIC/Passport Number SXXXX391J  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **accurately** the details of the accident to speed up the claims process.
2. This form must be **completed by the Policyholder and/or the Authorized Person**.
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 entire 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. **Accident report may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers to the G.I.A 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 lodging 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 purposes 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 making 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 the 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 based outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and at future claims;
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time



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

Reporting Centre Personnel's Signature  
Name:  
NOC/T.N No.:

# Accident Sketch Plan

## SKETCH PLAN

Lake Vista



A = GBB 6327J  
B = SKP 9986G.

Yuan ching Rel

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

## DECLARATION

I/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

Reporting Centre Personnel's Signature  
Name:  
NIC/PIN No.





# CARZ AUTO SERVICES PTE LTD

UEN/ GST 201409457D

61 WOODLANDS IND PARK E9 (E9 PREMIUM) #04-04 Singapore 757047

Email: alex@carzauto.com.sg Tel: 65 6493 1924 Fax: 65 6493 1928

Insurance Company:	China Taiping Insurance (Singapore) Pte Ltd		
Address:	3 Anson Rd #16-00 Springleaf Tower Singapore 079909		
Telephone:		Fax:	

Make/ Model :	MITSUBISHI L200	Date:	15/4/2020
Chassis No :	MMCJNKB409D011753	Vehicle No:	GBB 6327 J
Date/Time of Accident :	6/4/2020 17:25		

## Materials Cost/ Spare Parts Cost

### TO BE COMPLETED BY SERVICE ADVISOR

ITEMS	DESCRIPTION (LIST PARTS)	QTY	LIST PRICE \$	PARTS DISCOUNT	FINAL PRICE \$
1	FRONT BUMPER / NO	1	\$ 811.25	25%	\$ 608.44
2	FRONT BUMPER TOP BRACKET RH 7	1	\$ 35.15	25%	\$ 26.36
3	FRONT BUMPER SIDE BRACKET RH ?	1	\$ 30.80	25%	\$ 23.10
4	FRONT HEAD LAMP RH / SCR	1	\$ 850.10	25%	\$ 637.58
5	FRONT FENDER RH X R	1	\$ 561.20	25%	\$ 420.90
6	FRONT FENDER SPLASHIELD RH / CRU	1	\$ 115.10	25%	\$ 86.33
7	FRONT WHEEL RIM (SPORT) RH / SCR	1	\$ 753.20	25%	\$ 564.90
8	FRONT WHEEL TYRE RH X SVC	1	\$ 250.00	25%	\$ 187.50
9	FRONT WHEEL KNUCKLE HUP WITH BEARING ?	1	\$ 488.10	25%	\$ 366.08
10	FRONT WHEEL LOWER ARM RH X SVC	1	\$ 542.15	25%	\$ 406.61
11	FRONT WHEEL SHOCKABSOBER RH X SVC	1	\$ 210.60	25%	\$ 157.95
TOTAL LIST COST PRICE & AFTER DISCOUNT					\$ 3,485.74

### SPECIAL NETT ITEM

SPECIAL ITEMS	DESCRIPTION (SPECIAL NETT PARTS)	QTY	PRICE \$	FINAL PRICE \$
1	FRONT BUMPER CLIP / N/C	8	\$ 32.00	\$ 32.00
2	FRONT FENDER SPLASHIELD CLIP RH / N/C	8	\$ 32.00	\$ 32.00
TOTAL SPECIAL NETT ITEM				\$ 64.00

### Labour Works / Panel Beating Related Works

Job Scope	Quotation
TO REMOVE AND RENEW <u>FRONT</u> DAMAGED PARTS: REPLACE REALIGNED ALL AFFECTED PARTS	400 \$ 700.00

### Spray Painting

Job Scope	Quotation
TO RESPRAY AFFECTED AREAS	400 \$ 600.00

### Labour Works

Job Scope	Quotation
TO REMOVE/ REFIX WIRING CHECKS	30 \$ 60.00
TO TUFFCOAT AFFECTED AREA	50 \$ 150.00
TO REMOVE/ REPLACE FRONT UNDERCARRIAGE	100 \$ 250.00
TO COMPUTERISED FOUR WHEEL ALIGNMENT	60 \$ 80.00
OTHER LABOUR COST	\$ 540.00

GRAND TOTAL \$ 5,389.74

*Jeslyn*

CARZ AUTO SERVICES PTE LTD

Person Incharge: Ms Jeslyn Chua  
Job Title: Motor Claim  
Mobile: 65 8322 7418  
Email: jeslyn@carzauto.com.sg

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:

Repair day - 4 days

L/S Repair

After paint photo

Sun Pn (Lkr)

16/04/2020



# MODERN AUTOMOTIVE SERVICES PTE LTD

**E9 PREMIUM WOODLANDS**  
**61 WOODLANDS INDUSTRIAL PARK E9 #01-23**  
**SINGAPORE 757047**

**Tel : (65) 6368 1342**

**Fax : (65) 6368 3102**

**Hotline : (65) 8360 1313**

**Website : www.moderntyres.com.sg**

**Operation Hours : Mon - Sat (9am - 8pm)**

**Servicing - Repair - Tyre - Rim - Battery - Balancing & Alignment**

**Work Order: R000108**  
**Date 15.4.20 15:07**

**Mitsubishi : L200/Triton : 2006- (CR/KB)**

## Front : Left

Actual	BEFORE	Specified Range
-0°04'		-0°30' 0°30'
		2°48' 4°48'
1°32'		0°00' 0°12'

**Camber**  
**Caster**  
**Toe**  
**SAI**  
**Included Angle**  
**Turning Angle Diff.**

## Front : Right

Actual	BEFORE	Specified Range
-0°29'		-0°30' 0°30'
		2°48' 4°48'
-1°39'		0°00' 0°12'

## Front

**Cross Camber**  
**Cross Caster**  
**Cross SAI**  
**Total Toe**  
**Cross Turn Diff.**

Actual	BEFORE	Specified Range
0°25'		-0°30' 0°30'
		-0°30' 0°30'
-0°07'		0°00' 0°24'

## Rear : Left

Actual	BEFORE	Specified Range
0°39'		
0°12'		

**Camber**  
**Toe**

## Rear : Right

Actual	BEFORE	Specified Range
-0°57'		
-0°12'		

## Rear

**Cross Camber**  
**Total Toe**  
**Thrust Angle**

Actual	BEFORE	Specified Range
1°35'		
0°00'		
0°12'		