ASS, REC. BY: Sun Pin.

CC4/A1420011849/b93.

<u>ASSIGNMENT</u>

From: Date:	Veh No: CB6468 Z Yr Regn: 03/12/2009
Estimated Cost;	Type M.Carl 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:	Make: Mitsubishi BE63DGRMDAc.c 4899
	Colour White. A/C: Insured / Std / NI / NA
-1	Sp.Reading 349666 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
	C/No: BE 63 PG = CO 16 *
	Gen. Cond: Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorden/ Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 205/15 RI1
(Policy Condition)	R: 205 / 75 R 17
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM! /
repair at the time of inspection.	* TOYO / YOKO or .
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal6 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. 23/10/2020. D.O.I. 05/11/2020
Lum Sum: % 3 Val.: Yes or No	Survey held at AT Auto.
	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OU	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
16.000	
Mr-65,000	
PV: 0'.00	
NV: 65,000	
Detailine File Pene (s)	David Of Banain
Dale/Time, File Pass to? : Preli. Report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to? Add	Fee: Site Insp (\$) S+RS. SI
2) Add	Interview (\$
	: Interview (\$) Photos
Repeteronal:	: Tech. Invs (\$) Others
Lump Sum / LB.J: (%)	: Weel:end (\$)
	TOTAL

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 27/10/2020 18:12

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 witholding of material facts may allow insurance companies to
- 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.
- ent 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

By the lodgement of this report to the insurers, you hereby consoloresaid.	sent to the archiving of this report at the centre and to oppose
	ACCIDENT STATEMENT
Date Of Report	27/10/2020 18:07
Date Of Accident	23/10/2020 10:40
Exact Location Of Accident	ALONG BOON LAY WAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	CB6468Z
Insured/Policyholder	
Name Of Registered Owner	GOH BOCK SIN
NRIC No	SXXXX131D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98303671
Alternative Phone No	OFFICE-98303671
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	BE63DGRMDA ROSA 4.9L MT 2WD
Exact Purpose for which vehicle was being used at time of accident	WORK USE
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	BUS
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD

Type Of Coverage

THIRD PARTY FIRE AND/OR THEFT

Fleet Policy

NO

04/04/1979

Policy Number

SD20V10473/VBS/R01

Cover Note Number

Driver

AU TIO MENG Name of Driver

SXXXX783C NRIC No 26/11/1958

Date Of Birth **OUTDOOR** Occupation

Date Of Driving Pass 41 YEARS AND 6 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-98303671 Mobile Number

Fax Number

Contact Number

EMail Address NOEMAIL Address BLK 773 WOODLANDS DRIVE 60 #05-202 Postcode 730773 Was driver an employee of the Insured's Company YES If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle General Information of the Accident Type Of Accident SIDE SWIPE Weather Conditions **CLEAR** Road Surface DRY Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 10 **Details of Police Action** Was the accident reported to the police? YES If Yes.Please state which Police Station Police Station Name WOODLANDS EAST N.P.C ROAD: 3 WOODLANDS DRIVE 63, POSTCODE: 737890, COUNTRY: Police Station Address **SINGAPORE** Police Station Contact TEL NO: - FAX NO: Was notice of intended Prosecution given? NO If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKK7236C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Odinadi ivan

Address Postcode

Insurance Company Name

Nature Of Damage

Sketch Plan Pg. 1

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 lodgment 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.
- (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 all 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,

(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 & Turie

Reporting Centre Personnel's Signature

Name.

NRIC/FIN No .:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Tin	ne 38/14/20 10-58Am
Accident Location	Blang Book Lay Way
	0 2
Mana ches	to the attacked poince report.
PAIntended business or the second of the sec	
O	Reporting Only Own Damage Third Pasty Claim at other workshop (OD/TP).
ECLARATION	SMPORTANI NOTE
We thin be in this bringing	Martin da - a a trap or water y congret Handing a straine
The state of the s	
A	BL.
shotyrhipseberk's Suprocetovice rese & Parise	Onnue - September Projecting Complete was seriously appropriate. 18 denotes in root the posicional New March
	Late & Tonic Solve Trans

A T AUTO CONSULTANT

Blk 113 Teck Whye Lane #05-650 Singapore 680113 HP: 8386 8989 EMAIL:atautoconsultant@gmail.com

Co. Reg. No.: 53368526E

Date of Estimate: 31.10.2020 Vehicle No: CB64687 Owner:

COH BOK SENG Date of Accident: 30.10.2020

Make & Model: MISUBISHI ROSA 4.9L MT

Chassis No : BE63DGF00116

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:

ESTIMATE FOR ACCIDENT VEHICLE NOS CB6468B

PARTS					
1	1 Rear side wheel arch panel				\$3,685.10
2	 Rear side wheel arch panel signal lar 	np RH ル 🖊 SC 🏌			\$115.20
3	1 Rear wheel arch mud flap 💢	7 301			\$113.40
4	1 Rear bumper 💢 🤾				\$2,785.60
		SUB TOTAL		_	\$6,699.30
		LESS 10 %			\$669.93
		DISCOUNTED SUB TOTAL			\$6,029.37
S. NETT ITE	<u>M</u>				
1	1 Windscreen sealant x 2 glass panels	×	@	280	\$560.00
		SUB TOTAL			\$0.00
		LESS 0 %			\$0.00
		DISCOUNTED SUB TOTAL			\$560.00
LABOUR					
1	Panel beating for replace and repair affect	ed parts			\$1,600.00 4
2	Spray painting on affected area	•			\$1,200.00 40
3	Wiring charges & testing commissioning				\$200.00 3
4	Apply putty and anti-corrosion to affected	parts			\$200.00 5
5	R/R rear row passerger chair X 2 to facilita	te hot work			\$500.00
6	R/R rear side inner trim to facilitate hot w	ork			\$500.00×
7	R/R rear side panel top windscreen				\$600.00×
	n J s J	SUB TOTAL (LABOUR)			\$4,800.00
	Repair day - 3 days				
		S.NET ITEM			\$560.00
	P/P	CUD TOTAL /DADTC			.
	1 6	SUB TOTAL (PARTS)			\$6,029.37
	hetere paid phylo	SUB TOTAL (LABOUR)			\$4,800.00
	Sun Pin (UK)	ESTIMATED GRAND TOTAL			4.4
	0.11.100	LOTHINATED GRAND TOTAL			\$10,829.37
	9/11/2010				
	Sun Pin (lit) Off11/2020 The within project				
DIFACENCE	, ,				

PLEASE NOTE THAT THE ABOVE IS ONLY AN ESTIMATE. THEREFORE, SHOULD THERE OF REPAIRS, WE WOULD INFORM YOU ACCORDINGLY FOR NECESSARY ACTION. PRICES OF PARTS QUOTED ARE SUBJECT TO CHANGE WITHOUT NOTICE.

APPROVING OFFICER SIGNATURE & COMPANY'S CHOP

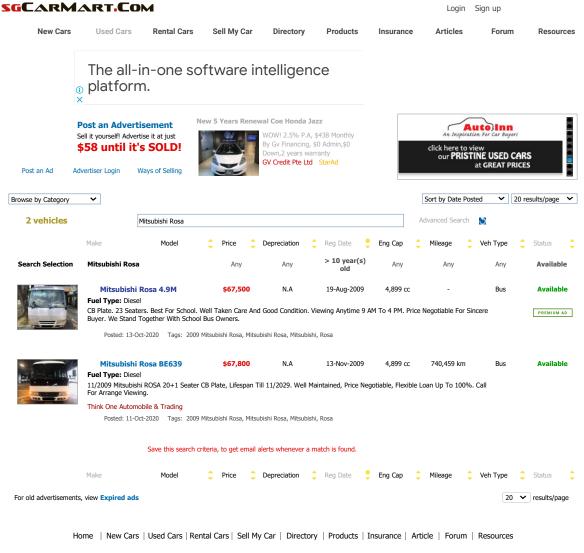
> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	131D
Vehicle Details	
Vehicle No.:	CB6468Z
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Nov 2020
Vehicle Make:	MITSUBISHI
Vehicle Model:	BE63DGRMDA ROSA 4.9L MT 2WD
Primary Colour:	White
Manufacturing Year:	2008
Engine No.:	4M50D20656
Chassis No.:	BE63DGF00116
Maximum Power Output:	-
Open Market Value:	\$65,982.00
Original Registration Date:	03 Dec 2009
First Registration Date:	03 Dec 2009
Transfer Count:	2
Actual ARF Paid:	\$3,300.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Rebate Amount:	\$0.00
Total Rebate Amount:	\$0.00

The information contained herein is correct as at 05 Nov 2020 $\,$

ОК



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