

ASS. REC. BY: PAM

REF:

CS/AH20012470/R19f3

3562

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SMN 6276Dat Workshop m/s CYUG & CARRIAGEof 209, PANDAN GARDENInsured: AH

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: TBA

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: 105K

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: SMN 6276D Yr Regn: 2019 / AHType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: MITSUBISHI OUTLANDER 2.0 CVT c.c 1998Colour: BLACK A/C: Insured / Std / NI / NASp. Reading: 012211 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GP7W0602104Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: NII / S/Rim / STD A/Rim orTyre Size: F: 225/55R18

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

YOYO / YOKO or _____

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 12/11/2020

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

FRT N/S

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 13/11/2020Survey held at CYUG CPA

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

FRT N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format: _____

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



CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED

PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056



ESTIMATE

Reg No : 197701469G

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info														
AIG Asia Pacific Insurance Pte. Ltd. MOTOR CLAIM DEPT 78 SHENTON WAY #08-16 AIG BUILDING SINGAPORE 079120 Contact No 6419 1892	<tr> <td>Cust No/Name</td><td>KCV11912/CHAI KOH FONG</td></tr> <tr> <td>Reg No/Reg Date</td><td>SMN6276D / 22/08/201</td></tr> <tr> <td>Date In/Mileage</td><td>/ 12211</td></tr> <tr> <td>Chassis No</td><td>GF7W0602104</td></tr> <tr> <td>Engine No</td><td>4J11BK5751</td></tr> <tr> <td>Make/Model</td><td>MIT/19MY OUTLANDER 2.0 STYLE(994)</td></tr> <tr> <td>Colour/Trim</td><td>X04 BLACK / BK BLACK</td></tr>	Cust No/Name	KCV11912/CHAI KOH FONG	Reg No/Reg Date	SMN6276D / 22/08/201	Date In/Mileage	/ 12211	Chassis No	GF7W0602104	Engine No	4J11BK5751	Make/Model	MIT/19MY OUTLANDER 2.0 STYLE(994)	Colour/Trim	X04 BLACK / BK BLACK
Cust No/Name	KCV11912/CHAI KOH FONG														
Reg No/Reg Date	SMN6276D / 22/08/201														
Date In/Mileage	/ 12211														
Chassis No	GF7W0602104														
Engine No	4J11BK5751														
Make/Model	MIT/19MY OUTLANDER 2.0 STYLE(994)														
Colour/Trim	X04 BLACK / BK BLACK														

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No		
KAX00008	Credit	12/11/2020/ 17:31	BLE	261 / Edwin Caina	59536		
Description of Goods / Services				Qty	Unit Price	Disc%	Amount
E PNT88000 RENEW FRT BUMPER , FRT BUMPER BODY KIT , LHF FENDER & BONNET REPAIR FRT SUPPORT , LHF DOOR & RHF FENDER				@450x4			1800 2700.00
E PNT98000 RESPRAY FRT BUMPER , FRT BUMPER BODY KIT , FRT SUPPORT , BONNET , LHF FENDER , LHF DOOR & RHF FENDER				@350x4			1400 2450.00
A 25000001 REMOVE & REFIT AC COND & RADIATOR TO FACILITATE REPAIR							? 100.00
A 25000001 TOP UP AIRCON GAS							? 80.00
A 54900099 CHECK WIRING ELECTRICAL SYSTEM & ADJUST HEADLAMP AIM							30 60.00
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST							200.00
M SUNDRY APPLY ANTI CORROSION ON AFFECTED AREAS							60 80.00
M SUNDRY SUPPLY FRT NUMBER PLATE WITH CASING							X 50.00
M SUNDRY Sundries							30.00
M	FACE,FR BUMPER	de		1.00	1048.00	23.00	806.96
M	EXTENSION,FR BUMPER	?		1.00	515.00	23.00	396.55
M	BRACKET,FR BUMPER SIDE,LH	rec		1.00	18.00	23.00	13.86
M	BRACKET,FR BUMPER SIDE,RH	X		1.00	18.00	23.00	13.86
M	COVER,FR BUMPER	?		1.00	359.00	23.00	276.43
M	GARNISH,FR BUMPER,LH	cr		1.00	48.00	23.00	36.96
M	GARNISH,FR BUMPER SIDE	?		1.00	48.00	23.00	36.96
M	GARNISH,FR BUMPER SIDE	cr		1.00	220.00	23.00	169.40
M	GARNISH,FR BUMPER SIDE	cr		1.00	112.00	23.00	86.24
M	REINFORCEMENT,FR BUMPER	?		1.00	490.00	23.00	377.30
M	BAR,FR BUMPER GUARD	?		1.00	130.00	23.00	100.10
M	REINFORCEMENT,FR BUMPER	?		1.00	134.00	23.00	103.18

Confirm & accepted by

Authorized signatory and company stamp

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required. Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.



CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056

MITSUBISHI
MOTORS

ESTIMATE

Reg No : 1977014696

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info														
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Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
KAX00008	Credit	12/11/2020/ 17:31	BLE	261 / Edwin Caina	59536
Description of Goods / Services		Qty	Unit Price	Disc%	Amount
M REINF,FR BUMPER SIDE,LH ?		1.00	60.00	23.00	46.20
M COVER,HEADLAMP SUPT PANEL ?		1.00	50.00	23.00	38.50
M COVER,FR BUMPER ?		1.00	25.00	23.00	19.25
M GRILLE ASSY,RADIATOR ?		1.00	548.00	23.00	421.96
M HOOD ?		1.00	697.00	23.00	536.69
M HINGE,HOOD,LH ?		1.00	68.00	23.00	52.36
M HINGE,HOOD,RH ?		1.00	68.00	23.00	52.36
M CLIP,HOOD INSULATOR ?		8.00	3.00	23.00	18.48
M PLUG,HOOD ?		4.00	4.00	23.00	12.32
M LATCH,HOOD X		1.00	76.00	23.00	58.52
M FENDER,FR LH ?		1.00	688.00	23.00	529.76
M INSULATOR,FR FENDER,LH ?		1.00	60.00	23.00	46.20
M PNL,HEADLAMP SUPT,UPR LH ?		1.00	58.00	23.00	44.66
M PANEL,HEADLAMP SUPPORT,UPR ?		1.00	182.00	23.00	140.14
M PANEL,HEADLAMP SUPPORT,LWR ?		1.00	107.00	23.00	82.39
M HEADLAMP ASSY,LH ?		1.00	1938.00	23.00	1492.26
M LAMP ASSY,FOG,FR LH ?		1.00	348.00	23.00	267.96
M MOULDING,FR BUMPER,LH ?		1.00	116.00	23.00	89.32
M MOULDING,FR WHEEL ARCH,LH ?		1.00	160.00	23.00	123.20
M SHIELD,FR WHEELHOUSE,LH ?		1.00	164.00	23.00	126.28
M BODY KIT, OUTLANDER ?		1.00	1554.00	20.00	1243.20
M ENGINE HOOD EMBLEM ?		1.00	80.00	23.00	61.60
M LLC 4L ?		1.00	26.00	23.00	20.02

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

SURVEYOR NAME: Ronal - Hp 50010068SURVEYOR SIGNATURE: PMConfirm & accepted by DATE: 13/11/2020 @ 16:25REMARKS: EXCESS: TBA / REPAIR7 daysResurvey before paint

Authorized signatory and company stamp

Nett	13,691.43
7% GST on	958.40
Total Payable	14,649.83

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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	12/11/2020 17:03
Date Of Accident	12/11/2020 12:10
Exact Location Of Accident	JUNCTION OF HOUGANG AVE 8 & UPPER SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN6276D
Insured/Policyholder	
Name Of Registered Owner	CHAI KOH FONG
NRIC No	SXXXX356I
Email Address	KOHFONGF1@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91059752
Alternative Phone No	OTHERS-86276802

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	FETCHING KID FROM SCHOOL
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	

Vehicle Category	PRIVATE CAR
------------------	-------------

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900149638
Cover Note Number	

Driver

Name of Driver	LIM HUI YING
NRIC No	SXXXX860G
Date Of Birth	24/07/1984
Occupation	INDOOR
Date Of Driving Pass	25/07/2016
Driving Experience	4 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-86276802
Fax Number	
Contact Number	
Email Address	NOEMAIL

BLK 223D COMPASSVALE WALK #09-679
544223

Address
Postcode
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured SPOUSE
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -
-

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 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? NO
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: : ETHAN CHAI YI EN
GENDER: : MALE

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

REFER TO ATTACHMENT

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 SLT5022G
Vehicle Make/Model/Colour AUDI A4
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver SUNIL SINGH
NRIC/Passport Number SXXXX078H
Contact Number 82232624
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

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.
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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, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 12/11/20 1545

Driver's Signature

(If driver is not the policyholder)

Date & Time:

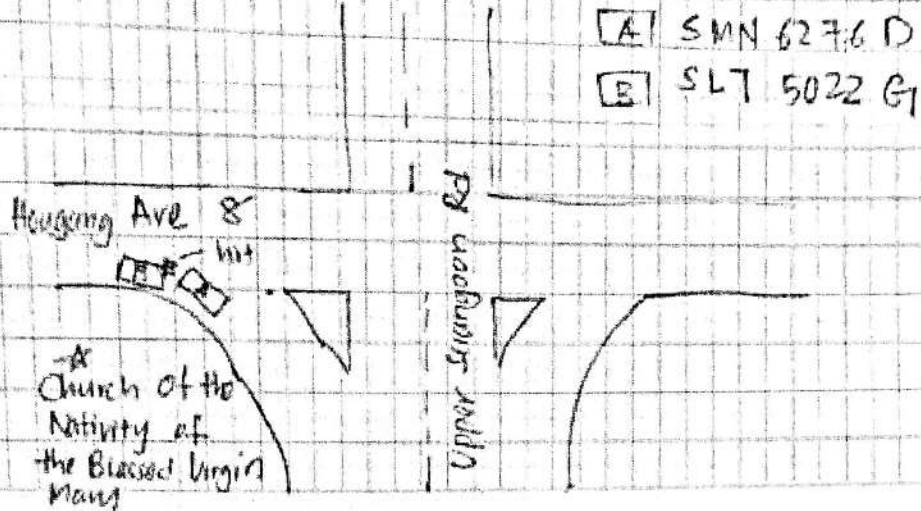
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The accident take place at the Junction of Henggang Ave & and Upper Serangoon Rd (Refer to Sketch plan). It happened at 12:10pm, 12/11/2020.

The front car suddenly come to stop, I applied brake but unable to stop in time. There was a small impact on the front vehicle.

Checked with front car driver and no injury to both parties.

DECLARATION

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

Policyholder's Signature

Date & Time: 12/11/20 1650

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	3561
Vehicle No.:	SMN6276D
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Nov 2020
Vehicle Make:	MITSUBISHI
Vehicle Model:	OUTLANDER 2.0 CVT
Primary Colour:	Black
Manufacturing Year:	2019
Engine No.:	4J11BK5751
Chassis No.:	GF7W0602104
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$24,194.00
Original Registration Date:	22 Aug 2019
First Registration Date:	22 Aug 2019
Transfer Count:	0
Actual ARF Paid:	\$25,872.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Aug 2029
PARF Rebate Amount:	\$19,404.00
Intended COE Rebate Details	
COE Expiry Date:	21 Aug 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$40,001.00
COE Rebate Amount:	\$35,054.00
Total Rebate Amount:	\$54,458.00

The information contained herein is correct as at 16 Nov 2020

OK



Merimen e-Claims



Used 2019 Mitsubishi Outlander



PARF/COE

armart.com/used_cars/info.php?ID=941543&DL=1015

Mitsubishi Outlander 2.0A

Overview

Financial

Accessories

Similar

Research

Photos

Map



established since 1981

YONG LEE SENG MOTOR PTE LTD



Price	\$105,800		
Depreciation	\$10,480 /yr View models with similar depre	Reg Date	25-Sep-2019 (8yrs 10mths 8days COE left)
Mileage	16,392 km (14.3k /yr)	Manufactured	2019
Road Tax	\$1,210 /yr	Transmission	Auto
Dereg Value	\$51,354 as of today (change)	OMV	\$24,244
COE	\$36,001	ARF	\$25,942
Engine Cap	1,998 cc	Power	110.0 kW (147 bhp)
Curb Weight	1,480 kg	No. of Owners	1
Type of Vehicle	SUV		

Features

Airbags, ABS, Side Mirror Indicator, Multi Function Steering. View specs of the Mitsubishi Outlander (2015)



ORY

