

ASS. REC. BY: PamREF: CS / SMO 20012789 / Rtd 3

8079

LOB XPI 24 / 2030 / RBS

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: 8JW 1211Lat Workshop m/s ACCORD AUTOof 1009, BUKIT MEKAH LN 3 # 01-80Insured: SMO

Policy No. _____

Claims No. _____

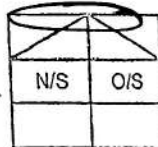
Sum Insured: _____ Excess: TBA

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: 44K

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: 8JW 1211L Yr Regn: 2010 / MARType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: MITSUBISHI LANCER 1.6 54A c.c. 1584Colour: GREY A/C: Insured / Std / NI / NASp. Reading: 144393 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JMY3RCS3AAU00026

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/60R15

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 18/11/2020D.O.I. 20/11/2020Survey held at ACCORD AUTODes. of Damages: Fit / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	Repair limit 13K

Date/Time, File Pass to?

☐

: Prel. Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

1)

☐

: Final Report

Transportation:

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)

S + RS. \$ _____

☐ : Interview (\$ _____)

Photos

☐ : Tech. Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

TOTAL

Rep. Format: _____

Lump Sum / L.S. (\$ _____)

ACCORD AUTO SERVICES PTE LTD

BLOCK 1009 BUKIT MERAH LANE 3
#01-80 SINGAPORE 159723
TEL: 62715133/62717433 FAX: 62745715

ESTIMATE REPAIR

Pg1

Sompo Insurance Singapore Pte Ltd

Vehicle No : SJW1211L

Vehicle Make : Mitsubishi

Vehicle Model : Lancer 1.6 GLX Auto ABS Airbag 2WD 4DR

Registration Date : 3 Mar 2010 (Yom:2009) 28 Feb 2030

Claim Type: Own Damage Claim

Chassis No: JMYSRCS3AAU000266

DOA: 18.11.2020

No	Description	Unit	Cost (\$)
1	FRONT BONNET <i>bu</i> ✓	1	\$ 480.00
2	FRONT BONNET HINGE <i>X</i>	2	\$ 32.00
3	FRONT BONNET STAND <i>X</i>	1	\$ 15.00
4	FRONT BONNET STAND CLIP <i>X</i>	1	\$ 6.00
5	FRONT BONNET LOCK <i>bt</i> ✓	1	\$ 55.00
6	FRONT BONNET INNER LOCK <i>X</i>	1	\$ 35.00
7	FRONT BONNET SEAL <i>ne</i> ✓	2	\$ 18.00
8	FRONT BONNET RUBBER <i>ne</i> ✓	2	\$ 35.00
9	FRONT HEADLAMP LH ?	1	\$ 320.00
10	FRONT HEADLAMP RH <i>ca</i> ✓	1	\$ 320.00
11	FRONT HEADLAMP BRACKET LH ?	1	\$ 35.00
12	FRONT HEADLAMP BRACKET RH ?	1	\$ 35.00
13	FRONT FENDER LH <i>repar</i> ✓	1	\$ 140.00
14	FRONT FENDER RH <i>bu</i> ✓	1	\$ 140.00
15	FRONT FENDER SHIELD LH & RH <i>LH-X / RH-?</i>	<i>1pc</i> ✓	\$ 80.00
16	FRONT BUMPER <i>de</i> ✓	1	\$ 380.00
17	FRONT BUMPER SIDE RETAINER LH & RH <i>LH-X / RH-ne</i> ✓	<i>1pc</i> ✓	\$ 60.00
18	FRONT GRILLE BASE <i>scr</i> ✓	1	\$ 180.00
19	FRONT LOGO <i>ne</i> ✓	1	\$ 50.00
20	FRONT GRILLE GARNISH <i>cm</i> ✓ <i>RH / LH-?</i>	2	\$ 120.00
21	FRONT GRILLE LOWER GARNISH <i>cm</i> ✓	2	\$ 70.00
22	FRONT FOGLAMP GARNISH <i>RH-? / LH-X</i>	2	\$ 90.00
23	FRONT SUPPORT PANEL <i>H</i> ✓	1	\$ 380.00
24	FRONT SUPPORT PANEL TOP COVER <i>X</i>	1	\$ 220.00
25	FRONT AIRDUCT *Support <i>cm</i> ✓	1	\$ 38.00
26	FRONT REINFORCEMENT BAR <i>bt</i> ✓	1	\$ 280.00
27	NUMBER PLATE GARNISH <i>bt</i> ✓	1	\$ 40.00
28	RADIATOR <i>ca</i> ✓	1	\$ 480.00
29	AIRCON CONDENDER <i>bt</i> ✓	1	\$ 350.00

Total (A) : \$ 4,484.00

Cost + 10% : \$ 448.40

Grand Total: \$ 4,932.40

BLOCK 1009 BUKIT MERAH LANE 3
#01-80 SINGAPORE 159723
TEL:62715133/62717433 FAX:62745715

Pg 2

Chassis No: 18.11.2020

[illegible]

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ESTIMATE REPAIR

Sompo Insurance Singapore Pte Ltd

Pg 3

Vehicle No : SJW1211L

Vehicle Make : Mitsubishi

Vehicle Model : Lancer 1.6 GLX Auto ABS Airbag 2WD 4DR

Registration Date : 3 Mar 2010 (Yom:2009) 28 Feb 2030

Claim Type: Own Damage Claim

Chassis No: JMYSRCS3AAU000266

DOA: 18.11.2020

No	Description	Unit	Cost (\$)
Special Nett			
1	CAR PLATE NUMBER WITH HOLDER <i>bl /</i>	1	\$ <i>35</i> 45.00
2	FRONT FENDER SHIELD CLIPS <i>new /</i>	SET	\$ 20.00
3	FRONT BUMPER CLIPS <i>new /</i>	SET	\$ 20.00
4	FRONT GRILLE CLIPS <i>new /</i>	SET	\$ 20.00
Labour			
1	Spray Painting to All Affected Areas	1	\$ <i>1000</i> 1200.00
2	Labour Remove / Refix Accident Damages parts to knock , jack, cut weld and realign accident affected area	1	\$ <i>800</i> 1000.00
3	Check Wiring System & Light	1	\$ <i>30</i> 120.00
4	Anti Rust Treatment	1	\$ <i>60</i> 120.00
5	To Realign & Straight Main Chassis Frame	1	\$ <i>150</i> 380.00
6	To Remove/Refix/Replace Air-con Condensor,Radiator,Radiator Fan Cowling Assy (*remove the necessary attachment in connection & refix , Top up Gas, Radiator Coolant & Etc...)	1	\$ <i>120</i> 250.00
<i>RASUL</i>			
<i>Up 9000000</i>			
<i>8 days</i>			
<i>L/S</i>			
<i>EXCESS: TBA</i>			
<i>REVIEW</i>			
<i>20/11/2020 @ 1630</i>			
<i>Repair after repair</i>			
Total (C):			\$ 3,175.00
Grand Total:			\$ 8,756.40

- 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:

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 19/11/2020 16:50
Date Of Accident 18/11/2020 16:15
Exact Location Of Accident BUKIT BATOK EAST AVE 3
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJW1211L
Insured/Policyholder
Name Of Registered Owner HUA GUAN HONG
NRIC No SXXXX807G
Email Address HUAGUANHONG@HOTMAIL.COM
Mobile Phone No (LOCAL) +65-98211147
Alternative Phone No OFFICE-NOPHONE

Vehicle Particulars

Manufacturer MITSUBISHI
Model LANCER 1.6 GLX AUTO ABS AIRBAG 2WD 4DR

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? YES

If No, Please state action to be taken

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number D20MTPV01002601
Cover Note Number

Driver

Name of Driver HUA GUAN HONG
NRIC No SXXXX807G
Date Of Birth 06/05/1976
Occupation INDOOR
Date Of Driving Pass 17/12/2007
Driving Experience 12 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-98211147
Fax Number
Contact Number OFFICE-NOPHONE
Email Address HUAGUANHONG@HOTMAIL.COM

Address BLK 229 BUKIT BATOK EAST AVE 3 #09-108
 Postcode 650229
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 Vehicle Registration Number of Driver's Own 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: : HUA YI ZOE
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name CLEMENTI N.P.C
 Police Station Address ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO THE POLICE REPORT NO.T/20201119/2047

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 SKP216E
 Vehicle Make/Model/Colour TOYOTA CAMRY
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver LOW YEW SIM
 NRIC/Passport Number SXXXX431D
 Contact Number 90234554
 Address

SKETCH PLAN

Veh A: SJW 1211L
Veh B: SKP 216E

IMPORTANT NOTICE

1. Please report specifically the details of the accident to speed up the claims process.
2. This form must be completed by the motorists and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind policy liability.
4. The name and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. No take receipt may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Roadside 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/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 insurers who have insured vehicle(s) involved in this accident (all insurers) 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 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 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 situated 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 of present and all future claims;
- (e) the information so collected under (a) above may be shared / disclosed
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing funds, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulatory, laws or court orders.

I AM ADVISED THAT MY INSURER MAY HAVE A 14 DAYS TIME FRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY OWN POLICY / BEI CLAIMS BY POLICY FOR MORE DETAIL



Policyholder's Signature
Date & Time

19 Nov 2020
16:30 hrs.

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



Insurer's Signature
Name: Lisa Lim
Title: Area Manager

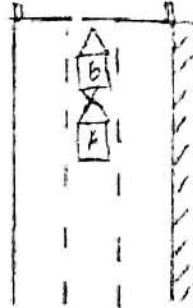
Sketch Plan #2

SKETCH PLAN
Veh A: SJW1211L
Veh B: SKP216E

To Bukit Batok
(Central)
↑

Bukit Batok
SI 21

Bukit Batok East Ave 4



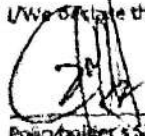
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Bukit Batok East Ave 3

Please Refer To Police Report No. T/20201119/2047

DECLARATION

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


Policyholder's Signature
Date & Time:

19-Nov-2020
16:30 hrs.

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



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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type: Singapore NRIC
Owner ID: 807G

Vehicle No.: SJW1211L
Vehicle to be Exported: No
Intended Deregistration Date: 22 Nov 2020
Vehicle Make: MITSUBISHI
Vehicle Model: LANCER 1.6 GLX AUTO ABS AIRBAG 2WD 4DR
Primary Colour: Grey
Manufacturing Year: 2009
Engine No.: 4G18KD3530
Chassis No.: JMYSRCS3AAU000266
Maximum Power Output: 79.0 kW (105 bhp)
Open Market Value: \$13,446.00
Original Registration Date: 03 Mar 2010
First Registration Date: 03 Mar 2010
Transfer Count: 0
Actual ARF Paid: \$13,446.00

PARF Eligibility: Forfeited
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

COE Expiry Date: 28 Feb 2030
COE Category: A - Car (1600cc & below)
COE Period(Years): 10
PQP Paid: \$33,038.00
COE Rebate Amount: \$30,619.00
Total Rebate Amount: \$30,619.00

The information contained herein is correct as at 22 Nov 2020

OK

Grey



Merimen e-Claims



Used 2008 Mitsubishi Lancer 1.6



PARF/COE

t.com/used_cars/info.php?ID=943279&DL=3194

▶ Mitsubishi Lancer 1.6A GLX (COE till 12/2028)

Overview

Financial

Accessories

Similar

Research

Photos

Map

Price	\$38,800		
Depreciation ?	\$4,820 /yr	Reg Date	12-Dec-2008 (8yrs 19days COE left)
Mileage	116,500 km (9.7k /yr)	Manufactured ?	2008
Road Tax ?	\$881 /yr	Transmission	Auto
Dereg Value ?	\$22,215 as of today (change)	OMV ?	\$14,038
COE ?	\$27,571	ARF ?	\$14,038
Engine Cap	1,584 cc	Power	79.0 kW (105 bhp)
Curb Weight ?	1,162 kg	No. of Owners ?	3
Type of Vehicle	Mid-Sized Sedan		

Features

Responsive And Reliable 1.6L 4-Cylinder Inline 16 Valve, CVT Auto Transmission. View specs of the Mitsubishi Lancer (2006-2008)

Accessories

9" Android Touch Screen Audio System, Navigation, Bluetooth, Reverse Camera / Sensors. Tinted Film, Leather Seats, Tinted Film.

Do

