

ASS. REC. BY:

Taufikh

REF:

CS MS621005737/T1953

ASSIGNMENT

2023 Aug

2008, Aug

From: _____

Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. **80480657MCX**Claims No. **635858**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Bal. or Market Value: **817K**

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: **7** days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: **Elly John**

Vehicle IN / OUT

Veh No: **55H7947L**Yr Regn: **2008, Aug**

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: **Mitsubishi Lancer 1.5cc 1499**Colour **Peel / white** A/C: Insured / Std / Nil / NASp. Reading **342422** T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: **3MYSRC92484008472**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: **225/40R18**R: **4 1**

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

TOYO / YOKO or _____

Front

R/Bal. **6** mmL/Bal. **6** mm

D.O.A. _____

Survey held at **AP Auto**

Des. of Damages: Frt / 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 \$9K

19/05/21@3.15pm revised to Jowyn Tay via Merimen.

14/02/22@2.34pm Email Jowyn Tay to seek mandate at LS \$6300, 7 days.

21/04/22 JOWYN INFORMED PROCEED MANDATE BY EMAIL.

21/04/22 INFORMED TAUFIKH ACCORDINGLY FOR OFFER.

Taufikh finalised LS \$6300, 7 days. (Red \$25510.10, 80%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 22/04 Typist

☐ : Final Report

Date/Time, File Return to?

2) _____

Rep. Form: **MER-TP**Lump Sum / **6300**Days Of Repair: **7**Resurvey No. of Trip: **1**

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Photo: _____

Others: _____

TOTAL: _____

Estimation

Date
Vehicle
Make/Model
Chassis No.

SJH 7947 L
MITSUBISHI LANCER EX
JMYSRCY2A8U008472

No.	Description	Unit	Unit Price	Amount
	Parts Replacment			
1	BOOTLID LAMP L+R	2	\$ 223.00	\$ X 446.00
2	BOOTLID CENTER LAMP	1	\$ 160.00	\$ X 160.00
3	BOOTLID LOCK	1	\$ 194.00	\$ bt 194.00
4	BOOTLID LOCK CATCH	1	\$ 90.00	\$ X 90.00
6	BOOTLID WEATHERSTRIP	1	\$ 215.00	\$ cut 215.00
7	TAIL LAMP L+R	2	\$ 385.00	\$ cut 770.00
8	TAIL LAMP PANEL L+R	2	\$ 170.00	\$ X 340.00
9	REAR BUMPER RETAINER L+R	2	\$ 129.00	\$ cut 258.00
10	REAR BUMPER REINFORCEMENT BAR	1	\$ 482.00	\$ X 482.00
11	REAR BUMPER SPONGE	1	\$ 131.00	\$ X 131.00
12	REAR WINDSCREEN MOULDING	1	\$ 149.00	\$ X 149.00
13	REAR FENDER L+R	2	\$ 1,094.00	\$ X 2,188.00
14	REAR FENDER INNER TRIM L+R	2	\$ 415.00	\$ X fit 830.00
15	REAR FENDER COWLING L+R	2	\$ 67.00	\$ fit 134.00
16	END PANEL	1	\$ 699.00	\$ bt 699.00
17	END PANEL TOP GARNISH	1	\$ 182.00	\$ de 182.00
18	SPAREWHEEL PANEL	1	\$ 983.00	\$ X bt 983.00
19	SPAREWHEEL PANEL TOP BOARD	1	\$ 238.00	\$ cut 238.00
			Total	\$ 8,489.00
			Less 10%	\$ 848.90
			Total	\$ 7,640.10

	S/Nett Items			
1	BOOTLID CARBON FIBRE → check price	1	4000	\$ cut 2000 4,000.00
2	BOOTLID INNER TRIM	1	100	\$ fit 100.00
3	BOOTLID INNER TRIM CLIPS	1	100	\$ 100.00
4	TAIL LAMP CLIPS	1	50	\$ 20 new 50.00
5	TAIL LAMP PANEL SEALANT	1	120	\$ X 120.00
6	REAR BUMPER → check price	1	3500	\$ cut 1200 3,500.00
7	REAR BUMPER CLIPS	1	100	\$ 50 new 100.00
8	REAR BUMPER REFLECTOR SET	1	400	\$ X 400.00
9	REAR BUMPER REVERSE SENSOR SET	1	300	\$ 200 new 300.00
10	REAR NUMBER PLATE	1	250	\$ cut 45 250.00
11	REVERSE CAMERA	1	800	\$ 250 800.00
12	REAR FENDER INNER TRIM CLIPS	2	100	\$ 200.00

13	REAR FENDER COWLING CLIPS	2	100	\$ 30 ea ✓	200.00
14	END PANEL SEALANT	1	250	\$ 40 ea ✓	250.00
15	END PANEL TOP GARNISH CLIPS	1	100	\$ 10 ea ✓	100.00
16	SPAREWHEEL PANEL SEALANT	1	300	\$ X	300.00
17	EXHAUST PIPE	1	5000	\$ 66 ✓	5,000.00
18	EXHAUST GASKET	1	100	\$ X	100.00
19	EXHAUST MOUNTING	1	200	\$ X	200.00
20	EXHAUST HEAT SHIELD	1	400	\$ 67 ✓	400.00
	Total			\$	16,470.00

1200

LABOUR					
1	PANEL BEATING ON AFFECTED AREAS	1	2200	\$ 800	2,200.00
2	SPRAY PAINT ON AFFECTED AREAS	1	2400	\$ 800	2,400.00
3	TO RNR REAR EXHAUST	1	250	\$ 80 ✓	250.00
4	TO CHECK WIRING AND TAIL LAMP FUNCTION	1	150	\$ 730	150.00
5	TO CHECK WIRING AND BOOTLID LAMP FUNCTION	1	150	\$ 730	150.00
6	TO RNR REAR INNER TRIM AND UPHOISTERY	1	400	\$ 60 ✓	400.00
7	TO CHECK WHEEL ALIGNMENT AND ADJUST	1	250	\$ X	250.00
8	TO RNR UNDERCARRIAGE	1	250	\$ X	250.00
9	TO CHECK WATER LEAK	1	150	\$ X	150.00
10	TO PERFORM DIAGNOSTIC AND CLEAR FAULTS	1	600	\$ X	600.00
11	TO RNR REAR BOOT MECHANISM	1	350	\$ 60 ✓	350.00
12	TO RNR REAR REVERSE SENSOR AND CHECK FUNCTION	1	150	\$ 30 ✓	150.00
13	TO PERFORM RUST PROOFING	1	400	\$ 40 ✓	400.00
Total Labour				\$	7,700.00
Parts Replacement Amount				\$	24,110.10
Total Amount				\$	31,810.10

Tanpuri 97497744

'car' 12/5/21 @ 1150

L/S Resurvey after repair

Tanpuri C. Khantorn

7 days

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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

731D

Vehicle Details

Vehicle No.:

SJH7947L

Vehicle to be Exported:

No

Intended Deregistration Date:

31 May 2021

Vehicle Make:

MITSUBISHI

Vehicle Model:

LANCER 1.5 MIVEC GLS 4A/T

Primary Colour:

Grey

Manufacturing Year:

2008

Engine No.:

4A910105863

Chassis No.:

JMYSRCY2A8U008472

Maximum Power Output:

80.0 kW (107 bhp)

Open Market Value:

\$15,830.00

Original Registration Date:

26 Aug 2008

First Registration Date:

26 Aug 2008

Transfer Count:

2

Actual ARF Paid:

\$15,830.00

Intended PARF Rebate Details

PARF Eligibility:

Forfeited

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

25 Aug 2023

COE Category:

A - Car (1600cc & below)

COE Period(Years):

5

PQP Paid:

\$17,099.00

COE Rebate Amount:

\$7,639.00

Total Rebate Amount:

\$7,639.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 10 May 2021

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 Submission	10/05/2021 13:32 (SGT)
Date of Accident	08/05/2021 20:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ROCHOR RD TWDS BUKIT TIMAH ROAD (OUTSIDE FU LU SHOU COMPLEX)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH7947L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIEW YAOJIE
NRIC No	SXXXX731D
Email Address	aaronliewyj@gmail.com
Mobile Phone No	(Phone) +65-94795079
Alternative Phone No	+65-94795079

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1499

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	LIEW YAOJIE
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NRIC No	SXXXX731D
Date Of Birth	18/10/1991
Occupation	Indoor
Date Of Driving Pass	18/03/2014
Driving experience	7 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94795079
Alt. Phone Number	+65-94795079
Email Address	aaronliewyj@gmail.com
Address	23 POH HUAT TERRACE SPORE 545148
Address complement	-
Postcode	-
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MAYURET PRAWPHITCHA
Gender	Female

PASSENGER 2

Name	PHUMPHU-ON ARISARA
Gender	Female

PASSENGER 3

Name	NICHOLAS LIEW YUZHE
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN/POLICE REPORT

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	SLX2385H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MAYURET PRAWPHITCHA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJH7947L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LIEW YAOJIE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJH7947L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	PHUMPHU-ON ARISARA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJH7947L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	NICHOLAS LIEW YUZHE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

-

SJH7947L

-

No

SKETCH PLAN

IMPORTANT NOTICE

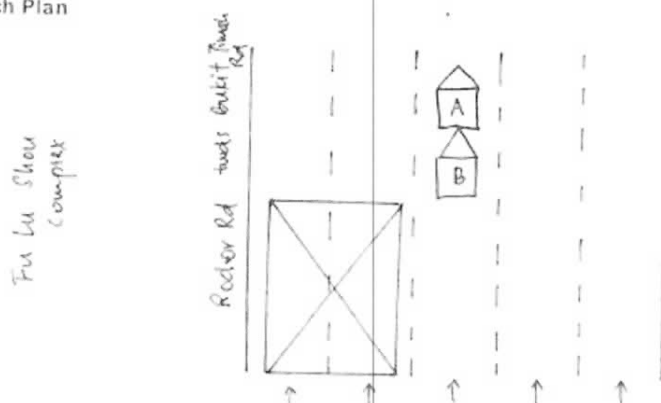
- 1 Please report correctly the details of the accident to speed up the claims process.
- 2 This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3 Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 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 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.
- 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A : SJH 7947L

Vehicle B : SLX 2385H

Describe Circumstances of the Accident

On the stated date and time, I Vehicle A was stationary at the stated location. Suddenly, I felt an impact and realized vehicle B collided onto my rear portion on my vehicle.

Declaration

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	
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Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



A/20210509/7000

1 of 3

POLICE REPORT (NP299)

Report No. A/20210509/7000

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 09/05/2021 02:55	Vide Report No.	Station Diary No.
Name Of Informant LIEW YAOJIE	Address 23 POH HUAT TERRACE SINGAPORE 545148	
ID Type / ID No. NRIC NO / S9137731D	Contact No. Home/Office: Mobile: 94795079	
Nationality SINGAPORE CITIZEN	Email Address aaronliewyj@gmail.com	
Occupation Marine Engineer	Sex Male	Age 29
Institution/School Name	Date of Birth 18/10/1991	Race Chinese
	Language English	
Date/Time Of Incident 08/05/2021 20:30 - 08/05/2021 20:35	Location Of Incident ROCHOR ROAD	

Brief details.

On the stated date and time, i was traveling at the stated location in my vehicle SJH7947L. When the traffic light turned red, i came to a stop. I was stationary and waiting for the traffic light to turn green. Suddenly, i felt a huge impact from the rear. I then realized another vehicle bearing the number plate of SLX2385H collided onto my rear portion of my vehicle. My wife and my two children were in my vehicle when the accident happened. The impact was so huge and caused all of us sustaining injuries. We then went to Sengkang General Hospital emergency to consult the doctor. I suffered from neck injury with hairline fracture. My wife suffered from neck injury too. My two children are both under observations. I was given 10days MC with follow up appointments and my wife was given 5days MC with follow up

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/05/2021 02:55
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



SINGAPORE POLICE FORCE



A/20210509/7000

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20210509/7000

appointments too.

Subjects Involved			
Suspect			
Person Name	Unknown		
Gender	Male	Race	Chinese
Language	English		
Victim			
Person Name	LIEW YAOJIE		
ID Type	NRIC NO	ID No	S9137731D
Gender	Male	Age	29
Race	Chinese	Language	English
Occupation	Marine Engineer	Address	23 POH HUAT TERRACE SINGAPORE 545148
Mobile No	94795079	Is Informant A Victim?	Yes
Person Name			
Person Name	Mayuret Prawphitcha		
ID Type	PASSPORT	ID No	AA9528674
Gender	Female	Age	29
Race	Thai	Language	English
Occupation	house wife	Address	23 poh huat terrace SINGAPORE 545148
Mobile No	88297588	Relation To Informant	wife

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:

09/05/2021 02:55

Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



A/20210509/7000

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20210509/7000

Person Name	Phumphu On- Arisara		
ID Type	PASSPORT	ID No	AA8616455
Gender	Female	Age	5
Race	Thai	Language	English
Address	23 POH HUAT TERRACE SINGAPORE 545148	Mobile No	94795079
Relation To Informant	DAUGHTER		
Person Name	Nicholas Liew Yuzhe		
ID Type	NRIC NO	ID No	T1939123F
Gender	Male	Age	1
Race	Chinese	Language	Others
Address	23 poh huat terrace SINGAPORE 545148	Mobile No	94795079
Relation To Informant	SON		
Person Name	LIEW YAOJIE (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:

09/05/2021 02:55

Classification Of Case: