ASS. REG. BY:	CS/ICS21006124/Kqf3
Kenneth	ASSIGNMENT
From: Date:	
Estimated Cost:	Veh No: SKV 5426B Yr Regn: 09, 15
DO 1/19/WS/TP RES/OD RES/EVA/INV/MV	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
To Inspect Vehicle No:	Make: Mil Orlander c.c 2360
at Workshop m/s	10-1
of	Colour M. Res A/C: Insured / Std / NI / NA Sp.Reading 206 337 T/Radio: Insured / Std / NI / NA
Insured:	Sp.Reading 206337 T/Radio: Insured / Std / N1 / NA Eng/No:
Policy No. MPC20P00152200	
Ctalms No. DMPC2100179H	Gen. Cond: pood/Fair/Poor/Burnt
Sum Insured: Excess: 0/-	Steering: Inorder/ Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STP A/Rim or
_	Tyre Size: F: 225/55RIS
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/	-4/
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value: & 60K	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 3 mm R/Bal. 3 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 3 mm L/Bal. 3 mm
Est. Repairs: 05 days Res.: Yes or No	D.O.A. 23/5/21 D.O.I. 25/5/2021
Lum Sum: 20 % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted: Vehicle: IN / OU	1 013
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
25/05/21@2.14pm revert to Mr Liu via Merin	
25/05/21 © 2.47pm Mr Liu informed C/A via N	
25/05/21@4.13pm Informed KennY C/A & ex	
Kenneth confirmed Lump Sum \$50	650 (Red \$1729.80, 23%)
Dato/Time, File Pass to?	
. Freil. Report	Days Of Repair: 5
1) 07/06 Typist : Final Report Data/Time, File Return to?	Resurvey No. of Trip: 1 Survey Fee:
	Transporta@yr.
Add Fee:]_\$-RS\$I
anort Format · MER-OD	: Interview (\$) Fartos
epoter orman.	:Tech Invs (\$): Others
ump Sum / 1.B.I: (\$ 5650	:Weekend (\$
	10TAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	NDIC
Owner ID Type:	Singapore NRIC
Owner ID:	093B
Vehicle Details	
Vehicle No.:	SKV5426B
Vehicle to be Exported:	Yes
Intended Deregistration Date:	24 May 2021
Vehicle Make:	MITSUBISHI
Vehicle Model:	OUTLANDER 2.4 CVT AWD S/R FACELIFT
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	4B12PY6723
Chassis No.:	JMYXTGF3WGZ001164
Maximum Power Output:	123.0 kW (164 bhp)
Open Market Value:	\$18,795.00
Original Registration Date:	23 Sep 2015
rst Registration Date:	23 Sep 2015
Transfer Count:	
Actual ARF Paid:	\$18,795.00
Intended PARF Rebate Details	
	Yes
PARF Eligibility:	22 Sep 2025
PARF Eligibility Expiry Date: PARF Rebate Amount:	\$13,156.00
Intended COE Rebate Details	
	22 Sep 2025
COE Expiry Date:	B - Car above 1600cc or 97kW (130bhp)
COE Category:	10
COE Period(Years):	\$60,789.00
QP Paid:	\$26,321.00
COE Rebate Amount: Total Rebate Amount:	\$39,477.00

The information contained herein is correct as at 24 May 2021



Alan's United Auto Pte Ltd (Co.Reg.No:201113667N)

Blk 7 Sin Ming Industrial Estate, #01-76 Singapore 575642

Tel: 6453 8686 Fax: 6459 6550 Email: kennychan@alanutd.com;Janicechou@alanutd.com

INSURER:

ECICS Limited (HQ)

PARTICULARS OF CL	AIM	Ref. No:	021078
Claim Type: Policy No: Vehicle Reg. No.: Driver Age/Info:	OD (OWN DAMAGE) MPC20P00152200 SKV5426B / MALE	Date of Loss: Driveable? Party At Fault:	23/05/2021 UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant: Driver:	MOHAMMAD FAIZAL BIN YAHYA MOHAMMAD FAIZAL BIN YAHYA	Contact No:	+6598535321
Make/Model:	MITSUBISHI OUTLANDER, 2.4 2.4 CVT AWD S/R FACE (A)	Vehicle Reg. Date:	23/09/2015
Vehicle Colour:	RED	Chassis No:	JMYXTGF3WGZ00116
Engine No:	4B12PY6723		
Odometer:	0 KM	1001	Nothon's
Paint Type: Total Loss?	NO And	Reary.	Nothonial After Paint Ex?
Est. Duration of Repair (day)	85	87	Ex ?
Remarks:	VEHICLE IN READY FOR SURVEY		
Present Location:	ALAN'S UNITED AUTO PTE LTD (I	HQ)	The second A

		Amount
COST OF CLAIMS	1 amon Wall to plantill *	5,781.90
Parts	and the second s	0.00
Miscellaneous Items		1,500.00
Labour		0.00
Paintwork Labour		0.00
Towing	The State of the S	
The second section of the second section is a second section of the second section section is a second section of the second section s	Gross Total (S\$)	7,281.90
	Nett Amount (S\$)	7,791.63

This claim is handled by: CHAN YEW SIAH

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS Reference Part Source: MRM-SG Version: 1.0 (Last Synchronised: 25 May 2021) Parts: M1-SUV MITSUBISHI OUTLANDER 2.4 2.4 CVT AWD S/R FACE (A) (Catalogue:Merimen Singapore 1.0) Labour: Repairer's (Price-denominated Standard List) Print Code: Alan's United Auto Pte Ltd/SKV5426B/25/05/2021 10:36 Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

_			5				
		ites on Part No.	Particulars		%Disc	%Depr	Amount
1	1		*BONNET	R	0.00	0.00	*580.00 F
2	1		*FRONT RH FENDER	By	0.00	0.00	*410.00F \
3	1		*FRONT RH FENDER ARCH GARNISH	12	0.00	0.00	*140.00F -
4	1		*FRONT BUMPER FASCIA	AUDINE BUILDING	0.00	0.00	*550.00F ~
5	1	***************************************	*FRONT RH BUMPER ARCH GARNISH	n	0.00	0.00	*90.00F ~
6	1		*FRONT RH BUMPER SIDE RETAINER	D1	0.00	0.00	*18.00F L
7	1		*FRONT RH FOGLAMP	-£272Y9972	0.00	0.00	*165.00 F 7
8	1		*FRONT RH FOGLAMP COVER	De	0.00	0.00	*60.00F <u></u>
9	1	*	*FRONT RH BUMPER FOGLAMP CHROM	E (LOWER) CM	0.00	0.00	*89.00F
10	1	Mary 1	*FRONT RH BUMPER CHROME (OUTER)	H = 400 T	0.00	0.00	*48.00 F 7
11	1		*FRONT RH BUMPER CHROME (INNER)		0.00	0.00	*155.00F L
12	1		*FRONT RH BUMPER NOZZLE COVER	mr	0.00	0.00	*34.00 F
13	1 %	Parkers of	*FRONT RH BUMPER NOZZLE	7.	0.00	0.00	*160.00F 7
14	1		*FRONT CENTRE LOWER GARNISH	su su	0.00	0.00	*280.00 F X
15	1	***************************************	*FRONT BUMPER CENTRE COVER		0.00	0.00	*220.00F 7
16	1		*FRONT BUMPER REINFORCEMENT	SHOP WELL AND THE AND	0.00	0.00	*440.00F 7
17	1		*RH HEADLAMP ASSY	mzem	0.00	0.00	*1,350.00F —
18	1		*RADIATOR GRILLE ASSY	TROPOS CETAL PL	0.00	0.00	*400.00F 7
19	8	***************************************	*FRONT TOP COVER CLIP		ec o	0.00	*24.00 FS 노
20	1		*FRONT BUMPER CLIP & RIVET (SET)		n o	0.00	*50.00 FS
		part. S=SpcNe	ett.	Cub Tatal (Of)		11461A 25	F 000 00
THE P	enA.		+ Mar	Sub Total (S\$) gin on L,N Items 10.00% (S\$)			5,263.00 518.90
				-		F 10 10 10 10 10 10 10 10 10 10 10 10 10	

Alan's United Auto Pte Ltd/SKV5426B/25/05/2021 10:36. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

Total Parts (S\$)

5,781.90

Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

ESI No	imates on Labour Particulars	Lab.Type		Amount
Labo	our Items		error separate services	70
1	TO PUTTY AND SPRAY REPLACED PARTS	New		800.00
2	TO REMOVE ,CUT OUT DAMAGED PARTS,PANEL BEATING ,WELDING,ALIGN,REFIX AND TO RENEWW ABOVE PARTS	New	5001	600.00
3	TO REWIRE DAMAGED PARTS AND REFOCUS HEADLAMP BEAM, DIAGNOS & RESET	New	801	100.00
	Gross Labour	Cost (S\$)		1,500.00

< END OF ESTIMATES >

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 <u>and</u> is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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	24/05/2021 14:47 (SGT)
Date of Accident	23/05/2021 18:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Canberra Link
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

SKV5426B

+65-98535321

INSURED/POLICYHOLDER	
Is company?	No (a) respire a metric from the literature and a second s
Name Of Registered Owner	MOHAMMAD FAIZAL BIN YAHYA
NRIC No	SXXXX093B
Email Address	TROY_M_FAIZAL@YAHOO.COM
Mobile Phone No	(Phone) +65-98535321

VEHICLE PARTICULARS

Vehicle Registration Number

Manufacturer	Mitsubishi
Model	Outlander
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	Yes
your vehicle?	
Vehicle Category	
Transmission	Auto
CC	2360

Alternative Phone No

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MPC20P00152200
Cover Note Number	-

Name of Driver	MOHAMMAD FAIZAL BIN YAHYA
NRIC No	SXXXX093B



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SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- 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 (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

heruholder's Signature

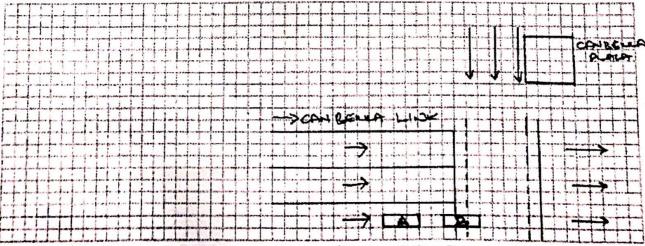
Policyholder's Signature / Date & Time 24.00, 21 @ 2.3hpw.

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

& Time

Witnessed by Reporting Centre Personnel

Sketch Plan



A: SKY SADOB

B: SMH 4449 S

Accident report SA0W215O0001

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