

ASS. REC. BY: Taufik

REF:

CS/MSG 21008136/71153

ASSIGNMENT

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. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: 910K

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

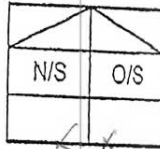
Est. Repairs: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SGY 17046Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mitsubishi Lancer

Colour: _____

Sp. Reading: 226896

Eng/No: _____

C/No: SMY SR CY2A 84001354

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 4/8/21Survey 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 Unit \$5000.

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS \$ _____

Photos _____

Others _____

TOTAL

Rep. Form: _____

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

Estimation

Date
Vehicle
Make/Model
Chassis No.

SGY 1704 G
MITSUBISHI LANCER
JMYSRCY2A8U001354

No.	Description	Unit	Unit Price	Amount
	Parts Replacment			
1	BOOTLID	1	\$ 1,339.00	\$ 1,339.00
2	BOOTLID LAMP L+R	2	\$ 223.00	\$ 446.00
3	BOOTLID CENTER LAMP	1	\$ 160.00	\$ 160.00
4	BOOTLID LOGO	1	\$ 67.00	\$ 67.00
5	BOOTLID EMBLEM - LANCER	1	\$ 97.00	\$ 97.00
6	BOOTLID EMBLEM - EX	1	\$ 52.00	\$ 52.00
7	BOOTLID EMBLEM - C&C	1	\$ 32.00	\$ 32.00
8	BOOTLID LOCK	1	\$ 194.00	\$ 194.00
9	BOOTLID LOCK CATCH	1	\$ 90.00	\$ 90.00
10	BOOTLID WEATHERSTRIP	1	\$ 215.00	\$ 215.00
11	TAIL LAMP L+R	2	\$ 385.00	\$ 770.00
12	TAIL LAMP PANEL L+R	2	\$ 170.00	\$ 340.00
13	REAR BUMPER	1	\$ 1,205.00	\$ 1,205.00
14	REAR BUMPER REFLECTOR L+R	1	\$ 20.00	\$ 20.00
15	REAR BUMPER RETAINER L+R	2	\$ 129.00	\$ 258.00
16	REAR BUMPER REINFORCEMENT BAR	1	\$ 482.00	\$ 482.00
17	REAR BUMPER SPONGE	1	\$ 131.00	\$ 131.00
18	REAR WINDSCREEN MOULDING	1	\$ 149.00	\$ 149.00
19	REAR FENDER L+R	2	\$ 1,094.00	\$ 2,188.00
20	REAR FENDER INNER TRIM L+R	2	\$ 415.00	\$ 830.00
21	REAR FENDER COWLING L+R	2	\$ 67.00	\$ 134.00
22	END PANEL	1	\$ 699.00	\$ 699.00
23	END PANEL TOP GARNISH	1	\$ 182.00	\$ 182.00
24	SPAREWHEEL PANEL	1	\$ 983.00	\$ 983.00
25	SPAREWHEEL PANEL TOP BOARD	1	\$ 238.00	\$ 238.00
26	EXHAUST PIPE	1		\$ -
27	EXHAUST HEAT SHEILD	1		\$ -
			Total	\$ 9,962.00
			Less 10%	\$ 996.20
			Total	\$ 8,965.80

	S/Nett Items			
1	BOOTLID SPOILER	1	4000	\$ 4,000.00
2	BOOTLID INNER TRIM CLIPS	1	100	\$ 100.00
3	TAIL LAMP CLIPS	1	50	\$ 50.00

4	TAIL LAMP PANEL SEALANT	1	120	\$ X	120.00
5	REAR BUMPER	1	3500	\$ X	3,500.00
6	REAR BUMPER CLIPS	1	100	\$ 30	100.00
7	REAR BUMPER REVERSE SENSOR SET	1	300	\$ 200.00	300.00
8	REAR NUMBER PLATE	1	250	\$ 45 hr	250.00
9	REAR FENDER INNER TRIM CLIPS	2	100	\$ X	200.00
10	REAR FENDER COWLING CLIPS	2	100	\$ 30	200.00
11	END PANEL SEALANT	1	250	\$ 40	250.00
12	END PANEL TOP GARNISH CLIPS	1	100	\$ 20	100.00
13	SPAREWHEEL PANEL SEALANT	1	300	\$ X	300.00
Total				\$	9,470.00

LABOUR					
1	PANEL BEATING ON AFFECTED AREAS	1	2200	\$ 700	2,200.00
2	SPRAY PAINT ON AFFECTED AREAS	1	1600	\$ 700	1,600.00
3	TO RNR REAR EXHAUST	1	250	\$ X	250.00
4	TO CHECK WIRING AND TAIL LAMP FUNCTION	1	150	\$ 30	150.00
5	TO CHECK WIRING AND BOOTLID LAMP FUNCTION	1	150	\$ X	150.00
6	TO RNR REAR INNER TRIM AND UPHOISTERY	1	400	\$ 60	400.00
7	TO CHECK WATER LEAK	1	150	\$ X	150.00
8	TO PERFORM DIAGNOSTIC AND CLEAR FAULTS	1	600	\$ X	600.00
9	TO RNR REAR BOOT MECHANISM	1	350	\$ 60	350.00
10	TO RNR REAR REVERSE SENSOR AND CHECK FUNCTION	1	150	\$ 30	150.00
11	TO PERFORM RUST PROOFING	1	400	\$ 30	400.00
Total Labour				\$	6,400.00
Parts Replacement Amount				\$	18,435.80
Total Amount				\$	24,835.80

Taufik 97495749
 'wp' 4/8/21 @ 515pm
 c/s Resurvey after repair
 Taufik @ hh auto.com.
 6 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:

Foreign Identification Number

Owner ID:

892T

Vehicle Details

Vehicle No.:

SGY1704G

Vehicle to be Exported:

No

Intended Deregistration Date:

31 Aug 2021

Vehicle Make:

MITSUBISHI

Vehicle Model:

LANCER 1.5 MIVEC GLS 4A/T

Primary Colour:

Blue

Manufacturing Year:

2007

Engine No.:

4A910054747

Chassis No.:

JMYSRCY2A8U001354

Maximum Power Output:

80.0 kW (107 bhp)

Open Market Value:

\$16,434.00

Original Registration Date:

19 Sep 2007

First Registration Date:

19 Sep 2007

Transfer Count:

4

Actual ARF Paid:

\$18,078.00

Intended PARF Rebate Details

PARF Eligibility:

Forfeited

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

18 Sep 2022

COE Category:

E - Open Category

COE Period(Years):

5

PQP Paid:

\$22,041.00

COE Rebate Amount:

\$4,628.00

Total Rebate Amount:

\$4,628.00

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 02 Aug 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	02/08/2021 13:27 (SGT)
Date of Accident	30/07/2021 09:44 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TOWARDS CITY EXIT UPPER SERANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY1704G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KATHIRESAN LOGA KRISHNASAMY
Passport No/FIN	GXXXX892T
Email Address	logaakrishh@gmail.com
Mobile Phone No	(Phone) +65-82864524
Alternative Phone No	+65-82864524
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	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	-
Cover Note Number	-
DRIVER	
Name of Driver	KATHIRESAN LOGA KRISHNASAMY
Passport No/FIN	GXXXX892T

Date Of Birth	19/03/1983
Occupation	Indoor
Date Of Driving Pass	15/09/2010
Driving experience	10 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82864524
Alt. Phone Number	+65-82864524
Email Address	logaakrishh@gmail.com
Address	726 WOODLANDS CIRCLE #03-136 SPORE 730726
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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	XD1864L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
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
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?

KATHIRESAN LOGA KRISHNASAMY
-
-
-
-
-
SGY1704G
Yes
No

SKETCH PLAN

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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



I, VEHICLE A, WAS TRAVELLING STRAIGHT IN MY
LANE. THE VEHICLE IN FRONT BRAKE, I ALSO BRAKED.
VEHICLE B, BANG ONTO REAR PORTION OF MY VEHICLE

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre
Personnel