

ASS. REC. BY:

REF:

CT2 / 210082081KVC

C

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: SMQ 7625H

Policy No. DMHCSNA00005692000

Claims No. SNM21D204278/C02/TANKW

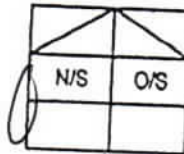
Sum Insured:

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:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

05

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

09/22

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SFC 3209J

Yr Regn:

101 07

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

Truck / Trailer or

Make:

Mit Lancer

c.c.

1998

Colour

M. Black

A/C:

Insured / Std / NI / NA

Sp. Reading

291919

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

TMYSTCY4ABU 000878

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:

225/40ZR18

R:

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

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

31/7/21

D.O.I.

4/8/2021

Survey held at

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

N/S Rec body

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

Date / Time

Action / Instruction

2018 21 Sep @ 3450h Caravan (Red 3533.47, 50%)

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 30/8/21-Typist

Days Of Repair: 5

Resurvey No. of Trlp: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Fees

Others

TOTAL

Report Format: Merimen

Lump Sum / H.B.T. (\$ 3450)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	105Z

Vehicle Details

Vehicle No.:	SFC3209J
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Aug 2021
Vehicle Make:	MITSUBISHI
Vehicle Model:	LANCER 2.0L MIVEC GLS 6-CVT
Primary Colour:	Black
Manufacturing Year:	2007
Engine No.:	4B11AN0540
Chassis No.:	JMYSTCY4A8U000878
Maximum Power Output:	114.0 kW (152 bhp)
Open Market Value:	\$17,019.00
Original Registration Date:	03 Oct 2007
First Registration Date:	03 Oct 2007
Transfer Count:	2
Actual ARF Paid:	\$18,721.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date:	30 Sep 2022
COE Category:	B - Car (1601cc & above)
COE Period(Years):	5
PQP Paid:	\$25,178.00
COE Rebate Amount:	\$5,846.00
Total Rebate Amount:	\$5,846.00

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

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5070360141-05

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SFC3209J**
Chassis Number : JMYSTCY4A8U000878
2. Name of Policyholder : ANDREW S/O JOSEPH
3. Effective Date of Insurance : 03 Oct 2020
4. Expiry Date of Insurance : 02 Oct 2021
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: YES
PRIMARY DRIVER	: ANDREW JOSEPH
NAMED DRIVER (1)	: MERLINDA LAURA THESEIRA
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: FIVESPEED MOTOR TRADING
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ONE STOP INSURANCE AGENCY (00000571115)

Date of Issue : 10 Sep 2020 14:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7319105Z



Name: ANDREW S/O JOSEPH

Race: INDIAN
Date of Birth: 05-05-1973
Country of Birth: SINGAPORE

Sex: M





REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7319105Z

Name: ANDREW S/O JOSEPH

Birth Date: 05 May 1973
Issue Date: 30 Jan 2003



1013230

 NRIC No. S7319105Z



Blood Group O+ Date of Issue 08-06-1993


APT BLK 319A ANCHORVALE DRIVE #09-84
SINGAPORE 541319

NRIC No: S7319105Z Date: 03-06-2002 No: 4247691

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE 26 Nov 1997

 Licence No: S7319105Z

NP 4596



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 10:39 (SGT)
Date of Accident	31/07/2021 13:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 118 ALKAFF CRESCENT CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFC3209J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANDREW S/O JOSEPH
NRIC No	SXXXX105Z
Email Address	ANDREWJOSEPH8858@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-97961858
Alternative Phone No	+65-97961858

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	1998

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5070360141-05
Cover Note Number	-

DRIVER

Name of Driver	ANDREW S/O JOSEPH
NRIC No	SXXXX105Z



Date Of Birth	05/05/1973
Occupation	Outdoor
Date Of Driving Pass	26/11/1997
Driving experience	23 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97961858
Alt. Phone Number	+65-97961858
Email Address	ANDREWJOSEPH8858@YAHOO.COM.SG
Address	APT BK 319A ANCHORVALE DRIVE
Address complement	09-84
Postcode	541319
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 - Major/Minor Rd
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?	No
Was any injured conveyed to hospital by ambulance?	-
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

ON DATE 31 JULY 2021, I WAS EXITING OUT OF TOWARDS THE MAIN RD WHEN A VEHICLE SMQ7625H HIT MY REAR LEFT OF MY VEHICLE. THERE WAS A STOP LANE WHICH THE OTHER VEHICLE DIDN'T STOP

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	SMQ7625H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GOH KIM SIAH
Contact Number	(Phone) +65-82006787
Address	-



Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.
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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



→
Surrounding Evidence

A: STC3204J
B: JMQ7625H

Describe Circumstances of the Accident

On date ~~2/12/21~~ - July - 2021, I was exiting out of however the main road when a vehicle SM@ 762 RH hit my rear left of my vehicle. There was a stop line which the other vehicle didn't stop.

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:

Witnessed by Reporting Centre
Personnel

趙源摩哆 Chew Goon Motor

Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5
#01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047
Tel: 6484 1626 (24Hrs) Fax: 6484 0465
Business Reg. No: 221880/00C GST Reg. No: MX-0486007-A0

*Not Authorised
Call @ 3450/r
Meeting After Party
5 days*

To: China Taiping Insurance (S) Pte Ltd

Policy No: _____

Third Party

Date: 03.08.2021

Accident Date : 31.07.2021

Specialised in Car Painting, Welding,
Panel-Beating and Insurance Claim.

ESTIMATE

承接汽车烧焊喷漆及
代理各种车辆赔偿

数量 Quantity	货名 DESCRIPTION	单价 Unit Price	银 Amount 额 \$ cts.
	Estimate Cost of Repair to "Mitsubishi Lancer EX" Reg. No. SFC3209J Claiming Against Your Insured Veh. No. SMQ7625H		
1pc	Rear Door LH		935.00
1pc	Rear Door Weatherstrip		140.60
10pcs	Rear Door Trim Board Clips	4.50	45.00
1pc	Rocker Panel LH		652.00
1pc	Rear Wheel Rim		934.00
1pc	Rear Wheel Bearing		453.00
1pc	Rear Bumper		876.00
14pcs	Rear Bumper Clips	3.00	42.00
1pc	Rear Bumper Corner Retainer LH		20.70
	Less 10%		4,098.30
			409.83
			3,688.47
	Rear Door Visor		180.00
	Rear Door Visor Chrome Moulding		120.00
	Rear Door Inner Insulation		150.00
	Rocker Panel Top Step Scuff Plate		180.00
	Rear Tyre		295.00
	To Dismantle / Transfer Rear Door Fittings / Ancillary Accessories		150.00
	To Supply Rear Fender Body Sealant		60.00
	To Replace Rear Wheel Bearing		100.00
	To Conduct Computerize Wheel Alignment Test		80.00
	To Conduct High Speed Balancing		80.00
	To Apply Rust Proofing / Reseal Tuff Coating Treatment to Respray / Replaced / Repair Panel		100.00
	Labour Charge - Panel Beating, Repairing Of Rear Fender, Rocker Inner Panel, Floor Panel etc. Cnt, Weld Rocker Panel And Part Replacement.		900.00
	To Respray Affected Areas		900.00
		Total :	6,983.47

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:

BTW 935.00 ✓
CT 140.60 *50/10*
nn 45.00 X
BT 652.00 ✓
nn 934.00 *280/10*
nn 453.00 X
nn 876.00 ✓
nn 42.00 ✓
nn 20.70 X
4,098.30
409.83
3,688.47
nn 180.00 SN
nn 120.00 SN X
nn 150.00 SN X
nn 180.00 SN *60/10*
CT 295.00 SN
nn 150.00 *70/10*
nn 60.00 *30/1*
nn 100.00 X
nn 80.00 *60/1*
nn 80.00 *20/1*
nn 100.00 *60/1*
nn 900.00 *600/1*
900.00 *600/1*
6,983.47