

ASS. REC. BY:

Tan Jih

REF:

CS/CT/21008209/719c

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. _____

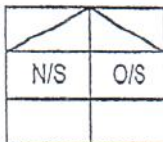
Claims No. **SNM21D204306/C02**

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: **\$53K.**

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No:

SMH 37262

Yr Regn:

20.9, Jan.

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

Truck / Trailer or

Make:

Mitsubishi

c.c

1193

Colour

Black

A/C: Insured / Std / NI / NA

Sp. Reading

35536

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

MM B5T A13 AK 4000618

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: _____

R: _____

185/55R15

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

TOYO / YOKO or

Finenga

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

5/8/21

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

10/08/21@3.06pm revised to Jacqueline Tan via Merimen.

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. SI

Photos

Others

TOTAL

Report Format: _____

Lump Sum / L.B. / C

Estimation

Date _____
Vehicle SMH 3726 Z
Make/Model MITSUBISHI ATTRAGE
Chassis No. MMBSTA13AKH000618

No.	Description	Unit	Unit Price	Amount
	Parts Replacment			
1	BOOTLID	1	\$ 952.00	\$ <i>bt</i> 952.00
2	BOOTLID LOGO - MITSUBISHI	1	\$ 44.00	\$ <i>ng</i> 44.00
3	BOOTLID EMBLEM - ATTRAGE	1	\$ 39.00	\$ <i>ng</i> 39.00
4	BOOTLID EMBLEM - MIVEC	1	\$ 47.00	\$ <i>ng</i> 47.00
5	BOOTLID EMBLEM - C&C	1	\$ 33.00	\$ <i>ng</i> 33.00
6	BOOTLID CHROME GARNISH	1	\$ 332.00	\$ <i>cut</i> 332.00
7	BOOTLID NUMBER PLATE LAMP L+R	2	\$ 48.00	\$ <i>X</i> 96.00
8	BOOTLID LOCK CYLINDER	1	\$ 76.00	\$ <i>X</i> 76.00
9	BOOTLID LOCK	1	\$ 298.00	\$ <i>bt</i> 298.00
10	BOOTLID LOCK CATCH	1	\$ 32.00	\$ <i>X</i> 32.00
11	BOOTLID INNER TRIM	1		\$ <i>X</i> -
12	BOOTLID HINGE SET	2	\$ 56.00	\$ <i>X</i> 112.00
13	BOOTLID WEATHERSTRIP	1	\$ 183.00	\$ <i>cut</i> 183.00
14	TAIL LAMP L+R	2	\$ 376.00	\$ <i>cut</i> 752.00
15	TAIL LAMP PANEL L+R	2	\$ 75.00	\$ <i>X</i> 150.00
16	REAR BUMPER	1	\$ 822.00	\$ <i>de</i> 822.00
17	REAR BUMPER REFLECTOR L+R	2	\$ 25.00	\$ <i>cut</i> 50.00
18	REAR BUMPER RETAINER L+R	2	\$ 29.00	\$ <i>cut</i> 58.00
19	REAR BUMPER REINFORCEMENT BAR	1		\$ <i>X</i> -
20	REAR BUMPER BRACKET L+R	2	\$ 28.00	\$ <i>X</i> 56.00
21	REAR WINDSCREEN MOULDING	2	\$ 68.00	\$ <i>X</i> 136.00
22	REAR FENDER L+R	2	\$ 855.00	\$ <i>X</i> 1,710.00
23	REAR FENDER INNER TRIM L+R	2	\$ 163.00	\$ <i>SM X LHM</i> 326.00
24	REAR FENDER COWLING L+R	2	\$ 176.00	\$ <i>in</i> 352.00
25	END PANEL	1	\$ 452.00	\$ <i>bt</i> 452.00
26	END PANEL TOP GARNISH	1	\$ 71.00	\$ <i>de</i> 71.00
27	SPAREWHEEL PANEL	1	\$ 921.00	\$ <i>X RY</i> 921.00
28	SPAREWHEEL PANEL TOP BOARD	1	\$ 198.00	\$ <i>cut</i> 198.00
29	EXHAUST PIPE	1	\$ 581.00	\$ <i>X</i> 581.00
30	EXHAUST MOUNTING SET	2	\$ 63.00	\$ <i>X</i> 126.00
31	EXHAUST HEAT SHIELD	1	\$ 74.00	\$ <i>X</i> 74.00
			Total	\$ 9,079.00
			Less 10%	\$ 907.90
			Total	\$ 8,171.10

	S/Nett Items			
--	--------------	--	--	--

1	BOOTLID INNER TRIM CLIPS	1	100	\$ X	100.00
2	BOOTLID CHROME GARNISH CLIPS	1	50	\$ 20	50.00
3	REAR NUMBER PLATE	1	100	\$ X	100.00
4	TAIL LAMP CLIPS	1	50	\$ 20	50.00
5	TAIL LAMP PANEL	2	80	\$ X	160.00
6	REAR BUMPER CLIPS	1	100	\$ 300	100.00
7	REAR BUMPER REVERSE SENSOR SET	1	300	\$ 200	300.00
8	REAR WINDSCREEN SEALANT	1	150	\$ X	150.00
9	REAR FENDER SEALANT	2	250	\$ X	500.00
10	REAR FENDER INNER TRIM CLIPS	2	100	\$ X	200.00
11	REAR FENDER COWLING CLIPS	2	100	\$ 30	200.00
12	END PANEL SEALANT	1	250	\$ 40	250.00
13	END PANEL TOP GARNISH CLIPS	1	100	\$ 20	100.00
14	SPAREWHEEL PANEL SEALANT	1	300	\$ X	300.00
			Total	\$	2,560.00

	LABOUR				
1	PANEL BEATING ON AFFECTED AREAS	1	2400	\$ 700	2,400.00
2	SPRAY PAINT ON AFFECTED AREAS	1	1400	\$ 700	1,400.00
3	TO RNR REAR WINDSCREEN	1	300	\$ +	300.00
4	TO RNR REAR EXHAUST	1	250	\$ X	250.00
5	TO CHECK WIRING AND TAIL LAMP FUNCTION	1	150	\$ 30	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 RNR FUEL TANK	1	250	\$ X	250.00
9	TO PERFORM DIAGNOSTIC AND CLEAR FAULTS	1	600	\$ X	600.00
10	TO RNR REAR BOOT MECHANISM	1	350	\$ 60	350.00
11	TO RNR REAR REVERSE SENSOR AND CHECK FUNCTION	1	150	\$ 30	150.00
12	TO PERFORM RUST PROOFING	1	400	\$ 40	400.00
13	TO RNR REAR DOOR MECHANISM	1	400	\$ X	400.00
			Total Labour	\$	7,200.00
			Parts Replacement Amount	\$	10,731.10
			Total Amount	\$	17,931.10

Tanjeen 97495749
 'WP' 5/8/21 @ 1630
 c/s Resurvey after repair
 Tanjeen@lkhant.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: Company

Owner ID: 699Z

Vehicle Details

Vehicle No.: SMH3726Z

Vehicle to be Exported: No

Intended Deregistration Date: 31 Aug 2021

Vehicle Make: MITSUBISHI

Vehicle Model: ATTRAGE 1.2 CVT

Primary Colour: Black

Manufacturing Year: 2018

Engine No.: 3A92UHL9177

Chassis No.: MMBSTA13AKH000618

Maximum Power Output: 59.0 kW (79 bhp)

Open Market Value: \$13,640.00

Original Registration Date: 21 Jan 2019

First Registration Date: 21 Jan 2019

Transfer Count: 0

Actual ARF Paid: \$5,000.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 20 Jan 2029

PARF Rebate Amount: \$3,750.00

Intended COE Rebate Details

COE Expiry Date: 20 Jan 2029

COE Category: A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years): 10

QP Paid: \$25,501.00

COE Rebate Amount: \$18,837.00

Total Rebate Amount: \$22,587.00

The information contained herein is correct as at 03 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	03/08/2021 16:09 (SGT)
Date of Accident	02/08/2021 18:00 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	TOWARDS BKE (WOODLANDS AVENUE 12 EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH3726Z
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TAI YONG CONSTRUCTION PTE LTD
Company Reg No	1XXXXX699Z
Email Address	thomasngan@taiyongconstruction.com.sg
Mobile Phone No	(Phone) +65-92986065
Alternative Phone No	(Office) +65-67531302

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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	Commercial vehicle
Transmission	Auto
CC	1193

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00198452000
Cover Note Number	-

DRIVER

Name of Driver	NGAN SOOI MENG
NRIC No	SXXXX535I

Date Of Birth	28/08/1981
Occupation	Indoor
Date Of Driving Pass	30/04/2009
Driving experience	12 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92986065
Alt. Phone Number	-
Email Address	thomasngan@taiyongconstruction.com.sg
Address	BLK 458 YISHUN AVENUE 11 #04-748
Address complement	-
Postcode	760458
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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

PLEASE 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	YP8222T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial 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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKU7411K
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	NGAN SOOI MENG
Gender	Male
Phone No	(Phone) +65-92986065
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK, BACK AND SHOULDER PAIN
Injured person in which vehicle?	SMH3726Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	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' law firms/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' 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 GYA 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.





































Policyholder's Signature / Date &
Title

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

Witnessed by Reporting Control
Personnel

Sketch Plan

SLF → BKL WOODLANDS A12 Exit

(5) →                                  

A = 8mH 3726Z

B = YP 82227

C = SKU 7411 K

Describe Circumstances of the Accident

As my vehicle is stationary along the mention road due to traffic jam. moments later, I felt an impact from my vehicle rear. I step out of my vehicle and check, I realised we I was involved in a chain collision of 3 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

Witnessed by Reporting Centre Personnel 03/08/2021