

ASS. REC. BY:

REF:

072/22006502/KV

C

Kenneth

## 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:

YP 4579R

Policy No.

DMCVSNA00119112101

Claims No.

SNM22D204647/C02/LEEPG

Sum Insured:

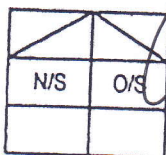
Excess:

(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:

06

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

CBF 2339E

Yr Regn:

08, 16

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

Truck / Trailer or

Make:

Mit Carter

c.c

2988

Colour

White

A/C:

Insured / Std / NI / NA

Sp. Reading

125042

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

FEA01BA

20293

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: M / S/Rim / STD A/Rim or

Tyre Size:

F:

195R15X8

R:

(D)

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

Front

Rear

R/Bal.

9

mm

R/Bal.

11

mm

L/Bal.

9

mm

L/Bal.

11

mm

D.O.A.

3/7/22

D.O.I.

13/7/2022

Survey held at

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

O/S Frt

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

Date / Time

Action / Instruction

17/10

21 Pm 846002 Cahn

(red 1126, 20%)

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2) 17/10/22-typist

Days Of Repair: 6

Resurvey No. of Trlp: 2

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Fees

Others

TOTAL

Report Format: Merimen

Lump Sum H.B.t: (\$ 4600)

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 922R

### Vehicle Details

Vehicle No.: GBF2339E

Vehicle to be Exported: Yes

Intended Deregistration Date: 04 Jul 2022

Vehicle Make: MITSUBISHI

Vehicle Model: CANTER FEA01BR1SDEB (CBU)

Primary Colour: White

Manufacturing Year: 2016

Engine No.: 4P10C24850

Chassis No.: FEA01BA20293

Maximum Power Output: -

Open Market Value: \$29,117.00

Original Registration Date: 22 Aug 2016

First Registration Date: 22 Aug 2016

Transfer Count: 0

Actual ARF Paid: \$1,456.00

### Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

### Intended COE Rebate Details

COE Expiry Date: 21 Aug 2026

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 10

QP Paid: \$48,302.00

COE Rebate Amount: \$19,944.00

**Total Rebate Amount: \$19,944.00**

The information contained herein is correct as at 04 Jul 2022

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	04/07/2022 18:18 (SGT)
Reported by	Driver
Date of Accident	03/07/2022 06:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	THOMSON RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2339E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	YAKULT (SINGAPORE) PTE LTD
Company Reg No	1XXXXX922R
Email Address	admin@yakult.sg
Mobile Phone No	(Phone) +65-67561033
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	CANTER FEA01BR1SDEB (CBU)
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2998

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D21MTPCVE001752

### DRIVER

Name of Driver	MA TUCK MENG
NRIC No	SXXXX873E
Date Of Birth	29/10/1967
Occupation	Outdoor

Date Of Driving Pass	05/05/1989
Driving experience	33 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97302574
Alt. Phone Number	-
Email Address	admin@yakult.sg
Address	BLK 863 WOODLANDS ST 83 #08-198
Address complement	-
Postcode	730863
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	Collision - Change/cross lane
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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 SKETCH ATTACHED

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP4579R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SHANMUGAM JEGADEESHKUMAR
Passport No/FIN	GXXXX370U

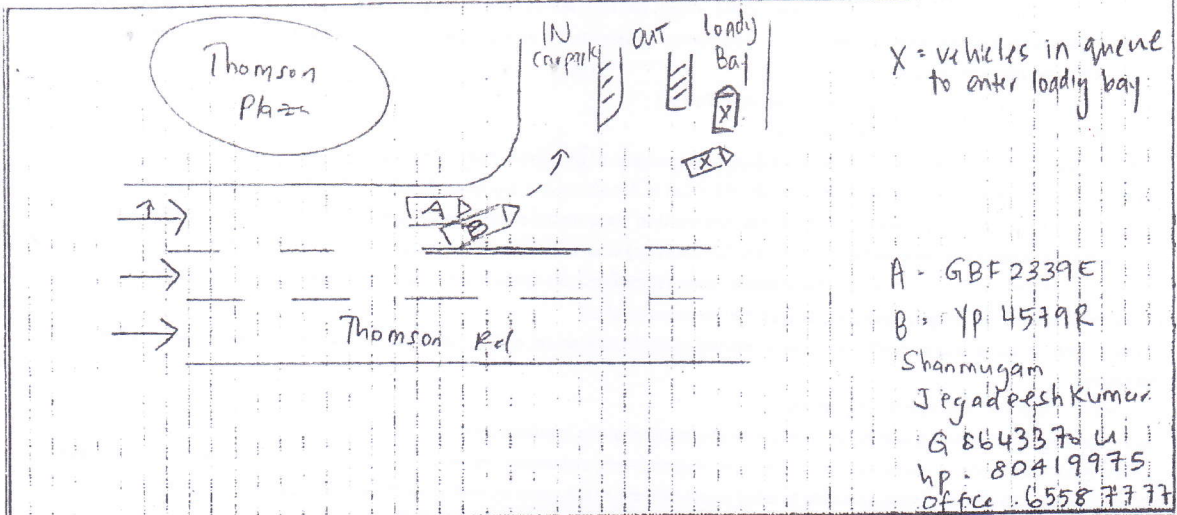


Describe Circumstance of the Accident

NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy ( ) Claim Third party ( ) Reporting Only  
( ) Claim OD/ TP at other workshop ( )

Sketch Plan



Doc. 3/7/22

Time: 0655 hrs

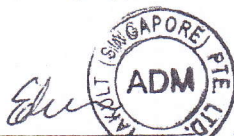
MS: Sompoo

Delivery lorries all in queue waiting for Thomson Plaza loading bay to open @ 7am. While my vehicle was stationary, I notice m/lorry (B) approaching to enter the carpark. While he was making the left turn into the carpark, his lorry body (left side) collided onto my stationary vehicle.

The driver apologized and gave me his particulars. Later, his office called me and proposed to settle my repairs privately.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

MEH

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

4/7/22

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) efudg

# 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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

*Edin*

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

*MEH*

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

*[Signature]*

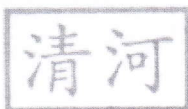
4/7/22

*Edin (YS)*

## Sketch Plan

<p>PLEASE TURN OVER</p>		<p>1</p>	



**CHENG HOE MOTOR PTE LTD**

Blk 1019, Yishun Industrial Park A, #01-374/382, Singapore 768761

Tel : 67556142 Fax : 67557719

Email: chmotor@singnet.com.sg

**TP INSURER:** China Taiping Insurance (Singapore) Pte. Ltd. (HQ)

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Singapore

**PARTICULARS OF CLAIM**

Claim Type:	THIRD PARTY	Ref. No:	TP/CHINA(YP4579R)
Policy No:		Date of Loss:	03/07/2022
Vehicle Reg. No.:	GBF2339E	Driveable?	
Party At Fault:	UNKNOWN		
Driver (TP):	MA TUCK MENG	Driver (Insured):	SHANMUGAM JEGADEESHKUMAR

Make/Model:	MITSUBISHI CANTER, 3.0 D FEA01BR1SDEB (M)	Vehicle Reg. Date:	22/08/2016
Vehicle Colour:	WHITE		
Engine No:	4P10C24850	Chassis No:	FEA01BA20293
Odometer:	0 KM		

Paint Type:	
Total Loss?	<b>NO</b>
Est. Duration of Repair (day)	0

*Not Authorized  
1/1/2022  
Repair After Rain  
6 days*

Present Location:	CHENG HOE MOTOR PTE LTD (YISHUN)
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**COST OF CLAIMS**

	Amount
Parts	3,576.00
Miscellaneous Items	20.00
Labour	1,990.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>5,586.00</b>
<b>+ GST 7.00% (S\$)</b>	<b>391.02</b>
<b>Nett Amount (S\$)</b>	<b>5,977.02</b>

**This claim is handled by: SHARON CHIONG BENG CHOON**

Generated using Merimen e-Claims Internet Estimation &amp; Adjusting System

## REPAIR DETAILS

GBF2339E

## Reference

TP/CHINA

Part Source: (Last Synchronised: 12 Jul 2022)

Parts: N/A MITSUBISHI CANTER 3.0 D FEA01BR1SDEB (M) (Model not available in database)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for GBF2339E)

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 \*.

## Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*1 PC FRT BUMPER RH SIDE PAD	Buc/CA 0.00	0.00	*190.00 F ✓
2	1		*1 PC RH SIGNAL LAMP	Bro 0.00	0.00	*160.00 F ✓
3	1		*1 PC RH HEADLAMP	mg CMA 0.00	0.00	*280.00 F ✓
4	1		*1 PC RH HEADLAMP SIDE REFLECTOR	Br 0.00	0.00	*110.00 F ✓
5	1		*1 PC FRT RH CORNAL PANEL	CM 0.00	0.00	*240.00 F ✓
6	1		*1 PC FRT RH DOOR	R 0.00	0.00	*950.00 F ✓
7	1		*1 PC FRT RH DOOR TOP HINGE	Rit 0.00	0.00	*75.00 F ✓
8	1		*1 PC FRT RH DOOR BOTTOM HINGE	R 0.00	0.00	*75.00 F ✓
9	1		*1 PC FRT RH DOOR CHECKER	R 0.00	0.00	*38.00 F ✓
10	1		*1 PC FRT RH DOOR INNER RUBBER	CA 0.00	0.00	*160.00 F ✓
11	1		*1 PC FRT RH DOOR INNER LOWER RUBBER	CA 0.00	0.00	*18.00 F ✓
12	1		*1 PC FRT RH DOOR LOWER PROTECTOR	R 0.00	0.00	*45.00 F ✓
13	1		*1 PC FRT RH DOOR GLASS REGULATOR	Rit/R 0.00	0.00	*420.00 F ✓
14	1		*1 PC FRT RH DOOR STICKER (DUONIC)	NA 0.00	0.00	*40.00 F ✓
15	1		*1 PC FRT RH STEP TRAY	CM 0.00	0.00	*235.00 F ✓
16	1		*1 PC FRT RH WHEEL ARP PANEL	R 0.00	0.00	*260.00 F ✓
17	1		*1 PC FRT RH WHEEL ARP TOP GARNISH	DU 0.00	0.00	*80.00 F ✓
18	1		*1 PC FRT RH STEP PANEL	R 0.00	0.00	*200.00 F ✓
F=Franchise part.						
Rt All door lock nd 105.00 ✓						
n n n inner air grille CM 35.00 ✓						
Total Parts (\$\$)						3,576.00

Report was unsubmitted during this print-out.  
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## Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
1	1	1 PC FRT RH DOOR COY STICKER	NA 20.00 ✓
Sub Total (\$\$)			20.00

## Miscellaneous Items

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

## Estimates on Labour

No	Particulars	Lab.Type	Amount
1	REMOVE & REFIX FRT RH DOOR, TRANSFER DOOR ATTACHMENT, TO STRAIGHTEN, KNOCK & REPAIR FRT RH W/SCREEN PILLAR, TO CUT, WELD & RENEW FRT RH STEP PANEL, WHEEL ARP PANEL, KNOCK & REPAIR FRT RH FLOOR BOARD AND REALIGN THE SAME	New	1,100.00
2	PUTTY & RESPRAY ON FRT RH W/SCREEN PILLAR, FRT RH STEP PANEL, FRT RH WHEEL ARP PANEL, FRT BUMPER, FRT RH DOOR	New	700.00
3	REMOVE & REFIX FRT RH DOOR GLASS, CHECK CENTRE LOCKING AND POWER MIRROR	New	60.00
4	TO REWRITE ADVERTISEMENT	New	100.00
5	RUSTPROOFING	New	30.00
Gross Labour Cost (\$\$)			1,990.00

Report was unsubmitted during this print-out.  
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&lt; END OF ESTIMATES &gt;