

ASS. REC BY: T & W J M

REF: C3 / HUA 22009722 / Tny3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / (P) / NS / 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)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: £60K

IDAC Accident Report _____ 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 WP

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLB 312 12 Yr Regn: 246 April

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

Truck / Trailer or _____

Make: Mitsubishi Outlander 2.4cc 2360

Colour: Silver A/C: Insured / Std / NI / NA

Sp. Reading: W3084 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: July XTGF3W4 200 2359

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/55 R18

R: ~ ~

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

TOYO / YOKO or _____

Front R/Bal. 6 mm Rear R/Bal. 8 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 5/10/22

Survey held at Wan Hoey

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / L.B.K. (?) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee:	_____
Transportation:	_____
S + RS. Sl.	_____
Photos	_____
Others	_____

Wah Hong Motors & Credit Pte Ltd (Co.Reg.No:199806235M)

38 Toh Guan Road East, #01-57, Enterprise Hub

Singapore 608581

Tel: +65 6773 7377 Email: motor@wahhong.sg

TP INSURER: **HL Assurance Pte Ltd (HQ)**
GANTRY OF LINK @ 819 BUKIT TIMAH ROAD

Singapore

PARTICULARS OF CLAIM

Claim Type: THIRD PARTY Ref. No: WH1476
Policy No: Date of Loss: 27/09/2022
Vehicle Reg. No.: SLB3121L Driveable?
Party At Fault: UNKNOWN

Make/Model: MITSUBISHI OUTLANDER, 2.4 CVT AWD S/R FACELIFT (A) Vehicle Reg. Date: 01/04/2016
Vehicle Colour: SILVER
Engine No: 4B12QS5384 Chassis No: JMYXTGF3WGZ002559
Odometer: 102725 KM

Paint Type:
Total Loss? NO
Est. Duration of Repair (day) 2

Present Location: WAH HONG MOTORS & CREDIT PTE LTD (HQ)

COST OF CLAIMS

	Amount
Parts	0.00
Miscellaneous Items	0.00
Labour	1,000.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,000.00
+ GST 7.00% (S\$)	70.00
Nett Amount (S\$)	1,070.00

This claim is handled by: THONG ZHONGMING

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 03 Oct 2022)**Parts:** M1-SUV MITSUBISHI OUTLANDER 2.4 CVT AWD S/R FACELIFT (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** Wah Hong Motors & Credit Pte Ltd/SLB3121L/03/10/2022 16:08**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		*Roof panel (Repair refer to labor)	0.00	0.00	Ry *- F
2	1		*Roof lining garnish RH (Repair refer to labor)	0.00	0.00	Ry *- F
			Sub Total (S\$)			0.00
			+ Margin on L,N Items 5.00% (S\$)			0.00
			Total Parts (S\$)			0.00

F=Franchise part.

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Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	To remove the affected parts & fittings to commence repairs; panel beat & reshape the affected areas and replace the damaged parts and components	New	100 500.00
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	New	200 500.00
Gross Labour Cost (S\$)			1,000.00

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Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Tanfah 97415749
WP' 5/16/22 @ 2pm
Resurvey after repair
tanfah@lkhauto.com
o 2 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:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	182I
Vehicle Details	
Vehicle No.:	SLB3121L
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Sep 2022
Vehicle Make:	MITSUBISHI
Vehicle Model:	OUTLANDER 2.4 CVT AWD S/R FACELIFT
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	4B12QS5384
Chassis No.:	JMYXTGF3WGWZ002559
Maximum Power Output:	123.0 kW (164 bhp)
Open Market Value:	\$21,335.00
Original Registration Date:	01 Apr 2016
First Registration Date:	01 Apr 2016
Transfer Count:	0
Actual ARF Paid:	\$21,869.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	31 Mar 2026
PARF Rebate Amount:	\$14,214.00
Intended COE Rebate Details	
COE Expiry Date:	31 Mar 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$46,502.00
COE Rebate Amount:	\$16,300.00
Total Rebate Amount:	\$30,514.00

The information contained herein is correct as at 28 Sep 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 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 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	28/09/2022 13:35 (SGT)
Reported by	Both
Date of Accident	27/09/2022 14:06 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	AT GANTRY OF LINK@819 BUKIT TIMAH RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB3121L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHENG CHUN YEN, PETER
NRIC No	S7835182I
Email Address	petercheng1978@gmail.com
Mobile Phone No	(Phone) +65-98285543
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
Variation	2.4 CVT AWD S/R FACELIFT
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	2360

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/00366050/05

DRIVER

Name of Driver	CHENG CHUN YEN, PETER
NRIC No	S7835182I
Date Of Birth	17/11/1978
Occupation	Indoor

Date Of Driving Pass 18/08/1999
 Driving experience 23 YEARS AND 1 MONTH
 Gender Male
 Mobile Number (Phone) +65-98285543
 Alt. Phone Number -
 Email Address petercheng1978@gmail.com
 Address APT BLK 425 CLEMENTI AVE 1 #11-293
 Address complement -
 Postcode 120425
 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 Collided into Property
 Weather Conditions Clear
 Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
 Number of vehicles involved in the accident 1
 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) 3
 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 -

PASSENGER 1

Name DAUGHTER
 Gender Female

PASSENGER 2

Name SON
 Gender Male

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 27/9/22 AT ABT 1406HRS I WAS AT LINK@819 BUKIT TIMAH RD. AS I WAS ENTERING THE GANRTY THE GANTRY LIFT UP SUDDENLY THE GANTRY BAR DROP & HIT ONTO MY ROOF CAR.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GANTRY
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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)	-


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 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. 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 lodgment 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:

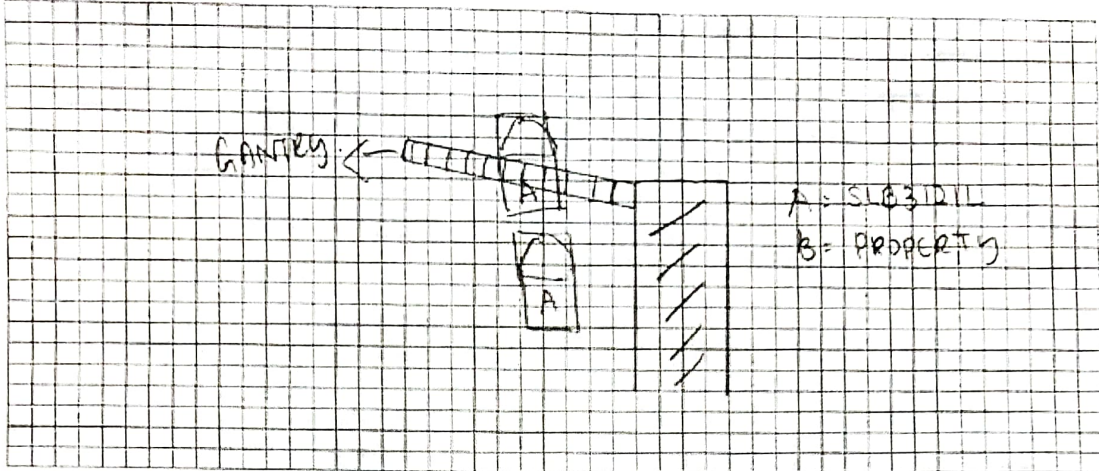
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


 Policyholder's Signature
 Date & Time:

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


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/9/22 at abt 1406HRS I WAS AT LINK@819 BUKIT TIMAH Rd. As I was entering the gantry the gantry lift up suddenly the gantry ^{bar} drop & hit onto my roof car.

DECLARATION

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

x Chy Chentan

Policyholder's Signature
Date & Time:

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

J.

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: