

ASSIGNMENT

2023 Aug
2009 March

From: _____ Date: _____
Estimated Cost: _____
OD / TP / NS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: _____
at Workshop/s: _____
of: _____
Insured: _____
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: SJP 3104 L Yr Regn: 2009 March
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Mitsubishi Lancer C.C. 1584
Colour: Grey A/C: Insured / Std / NI / NA
Sp. Reading: 151298 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JmgsNWCS3A9U603809
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: 195/50R15
R: N N

N/S	O/S

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

Bal. or Market Value: 410K
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
CA / REV / REP. / 24 HRS WP
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____
Front Rear
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. _____ D.O.L. 4/20/22
Survey held at Bipost
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Front M/S, 4/c.
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>6/10</u>	<u>inform w/s repair limit 410K</u>

Date/Time, File Pass to? ☐ : Prel. Report
1) ☐ : Final Report
Date/Time, File Return to?
2) _____
Days Of Repair: _____
Resurvey No. of Trip: _____
Survey Fee: _____
Transportation: _____
S + RS _____
Photos _____
Others _____
TOTAL _____
Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Report Format: _____
Lump Sum / I.B.L. / % _____

BIFROST AUTO PTE LTD

8 KAKI BUKIT AVE 4, PREMIER @ KAKI BUKIT

#01-49 SINGAPORE 415875

Tel: +65 64524457

Fax: +65 64524584

Company Reg No: 201929175W

Repair Estimate

Vehicle number: SJP3104L

Make & Model: Mitsubishi Lancer

Chassis number: JMYNCS3A9U003809

Date of survey:

Name of surveyor:

Contacts:

No.	Description of spare parts	Qty	Amount S\$
1	Front bumper	1	713.00
2	Front bumper LH side bracket	1	45.00
3	Front bumper RH side bracket	1	45.00
4	Front bumper LH fog lamp cover	1	67.00
5	Front grille LH	1	93.00
6	Front grille holder	1	178.00
7	Front grille emblem	1	42.00
8	LH headlamp	1	505.00
9	Headlamp LH lock clips	1	12.00
10	Front LH fender	1	487.00
11	Front LH fender splash shield	1	101.00
12	Front LH lower arm	1	345.00
13	Front LH knuckle arm	1	532.00
14	Front LH wheel bearing	1	185.00
15	Front LH tie rod end	1	78.00
16	Front LH drive shaft	1	912.00
17	Steering and rack pinion	1	1,172.00
18	Front LH door	1	832.00
19	Front LH door frame black sticker	1	67.00
20	Front LH side mirror assy	1	372.00

\$ 6,783.00

Parts less 10% \$ 678.30

Total \$ 6,104.70

No.	Special Nett Items	Qty	Amount S\$
1	Front bumper clips	1set	80.00
2	Front bumper lower spoiler	1	1,080.00
3	Front bumper LH bracket rivets	1set	30.00
4	Front bumper RH bracket rivets	1set	30.00
5	Front LH fender splash shield clips	1set	60.00
6	Bonnet (carbon fibre) <i>check price</i>	1	1,840.00
7	Brake fluid	1	80.00
8	Front LH sport rim	1	1,250.00
9	Front LH tyre	1	550.00
10	Front LH adjustable shock absorber	1	1,280.00
11	LH side rocker panel spoiler	1	1,050.00
12	LH side rocker panel spoiler clips	1set	80.00

Total: \$ 7,410.00

No.	Labour and painting	Amount S\$
1	Labour charges to remove, check, replace and reinstall damages bodyparts. To panel beating, cut/weld and realign all affected panels and areas	1,400.00
2	Spray painting on affected areas and panels	1,400.00
3	Check wiring and lighting system on affected areas	80.00
4	Apply rust coating chemical on affected areas and panels	80.00
5	Test drive and adjust wheel alignment system (before and after repair)	180.00

6	Remove and replace front undercarriage parts to assist repair	\$ 550.00
7	Bleed brake system and check for leakage and functional	\$ 100.00
8	Refocus and adjust headlamps assy	\$ 60.00
9	Remove and reinstall front LH door inner mechansim to new door	\$ 150.00
	Total:	\$ 4,000.00

Agreed Amount: _____ (Part by Part / Lump sum)
Working days: _____

Total:	\$	4,000.00
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Spare Parts:	\$	6,104.70
Special Nett:	\$	7,410.00
Labour:	\$	4,000.00

Total Amount: \$ 17,514.70

150? plus
30?
30
X

Tanpin 97495749
 up, 4/10/2011 45
 L/S Resny after ap. ✓
 Tanpin @ 1hants.com
 5-6 days
 - To check consistency of accident
 - to check part prices

LUK 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:	Business
Owner ID:	923L

Vehicle Details

Vehicle No.:	SJP3104L
Vehicle to be Exported:	Yes
Intended Deregistration Date:	01 Oct 2022
Vehicle Make:	MITSUBISHI
Vehicle Model:	LANCER 1.6 GLX 5MT AIRBAG 2WD 4DR
Primary Colour:	Grey
Manufacturing Year:	2009
Engine No.:	4G18KC0418
Chassis No.:	JMYSNCS3A9U003809
Maximum Power Output:	79.0 kW (105 bhp)
Open Market Value:	\$13,411.00
Original Registration Date:	19 Mar 2009
First Registration Date:	19 Mar 2009
Transfer Count:	5
Actual ARF Paid:	\$2,018.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date:	31 Aug 2023
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$17,099.00
COE Rebate Amount:	\$3,125.00
Total Rebate Amount:	\$3,125.00

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 30 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	30/09/2022 14:38 (SGT)
Reported by	Driver
Date of Accident	29/09/2022 16:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	VIVOCITY CARPARK B1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJP3104L

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ADEN AUTOMOBILE
Company Reg No	53203923L
Email Address	derrick21tan@hotmail.com
Mobile Phone No	(Phone) +65-98334443
Alternative Phone No	-

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	Manual
CC	1600

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00130032200

DRIVER

Name of Driver	MOHAMAD SHAHRIZAN BIN SHAHRULMIZAR
NRIC No	S9548793I
Date Of Birth	08/07/1995
Occupation	Outdoor

Date Of Driving Pass	23/05/2021
Driving experience	1 YEAR AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89498093
Alt. Phone Number	-
Email Address	derrick21tan@hotmail.com
Address	BLK 210 JURONG EAST ST 21
Address complement	#02-385
Postcode	600210
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	PART-TIME WORKER
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	Side Swipe
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)	2
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	PASSENGER
Gender	Female

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLK4949L
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)	-

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 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 making 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.

ADEN
AUTOMOBILE
ROC 53203923L

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

VIVOCITY CARPARK B1



