

ASS. REC. BY:

REF: LPC /Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s SRH

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: 500

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

☒	☐
N/S	O/S

Bal. or Market Value: 865K

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or NoCA / REV / REP. / 24 HRS

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

Veh No: SMN 7385R Yr Regn: 08, 19Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mit At 90 C.G. 1193Colour: M. Silver A/C: Insured / Std / NI / NASp. Reading: 107342 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MMBST A13AK14002669Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD A/Rlm orTyre Size: F: 185/55R15

R: _____

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

Front

R/Bal. 9 mmL/Bal. 9 mmD.O.A. 26/10/22

Survey held at

Rear

R/Bal. 9 mmL/Bal. 9 mmD.O.I. 3/11/2022Des. of Damages: FR / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech Invs (\$)☐ Weekend (\$)

Survey Fee:

Transportation:

S + RS. SI

F. m. s.

Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$)

Not Notified
Acting Repairer



The Motor Claims Department
M/s Lonpac Insurance Bhd
300 Beach Road, #17-04/07
The Concourse
Singapore 199555

HA-1
Ex @ 5000

File No : SH/2022/282/10/037/OD
Date : 03-November-2022

5 days
11 hrs @

Estimated cost of repair for vehicle no : SMN7385R Mitsubishi Attrage
Policy no: Z22VP05031844 Accident Date: 26.10.2022

Description	Quantity	Cost Price
Bonnet	1	\$ <i>R</i> 350.00 ✓
LH Bonnet hinge	1	\$ <i>n</i> 60.00 X
LH head lamp	1	\$ <i>Bu</i> 280.00 ✓
LH front fender	1	\$ <i>R</i> 240.00 ✓
LH front fender wheel cowling	1	\$ <i>D</i> 70.00 ✓
Front fender wheel cowling clips (1 set)	1	\$ <i>m</i> 15.00 ✓
LH front fender badge "ECO"	1	<i>m</i> ✓
LH front fender chrome trim	1	\$ 55.00 ?
Front bumper	1	\$ <i>Bu</i> 350.00 ✓
Front bumper clips (1 set)	1	\$ <i>m</i> 15.00 ✓
Front bumper centre grille	1	\$ <i>m</i> 280.00 X
Front bumper reinforcement	1	\$ 450.00 ?
LH Front bumper fog lamp	1	\$ 190.00 ?
LH Front bumper fog lamp cover	1	\$ 75.00 ?
LH Front bumper retainer	1	\$ <i>CM</i> 20.00 ✓
LH Front bumper bracket	1	\$ 20.00 ?
LH front ABS sensor	1	\$ 190.00 ?
		\$ 2,660.00
		Add 15% \$ 399.00
		\$ 3,059.00

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:

To remove front damaged parts, to jack out front support panel, front body, and cut out damaged parts, to straighten out front chassis, to reweld, reshape and repair bonnet, front fender and inner panel, head lamp inner panel, front support panel, front chassis member, to replace damaged parts and adjust body panel alignment

\$ 650.00 *500*

To spray paint affected front and inner damaged portion inclusive of preparatory works and material

\$ 850.00 *600*

To disconnect wire harness to facilitate repairs and check for damage and reconnect wiring system and check for full functionality

\$ 50.00 *200*

To perform computer diagnostic on ABS systems, parking system, headlamp systems, and clear fault codes

\$ 150.00 ?

To perform computerised wheel alignment

\$ *nn* 60.00 X

\$ 4,819.00

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	27/10/2022 14:42 (SGT)
Reported by	Driver
Date of Accident	26/10/2022 19:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE to Tampines Street 21
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN7385R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	AW Transport & Warehousing Pte Ltd
Company Reg No	1XXXXX036M
Email Address	marylyn@awgroup.com.sg
Mobile Phone No	(Phone) +65-83392140
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1200

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VP05031844

DRIVER

Name of Driver	Chew Kim Hwee
NRIC No	SXXXX247A
Date Of Birth	04/11/1954
Occupation	Indoor

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

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

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

Sketch Plan

Back to OneMotoring

Require PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

Company

036M

SMN7385R

Yes

27 Oct 2022

MITSUBISHI

ATTRAGE 1.2 CVT

Silver

2019

3A92UHX9089

MMBSTA13AKH002669

59.0 kW (79 bhp)

\$14,487.00

27 Aug 2019

27 Aug 2019

0

\$5,000.00

Yes

26 Aug 2029

\$3,750.00

26 Aug 2029

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

10

\$32,725.00

\$22,353.00

\$26,103.00

The information contained herein is correct as at 27 Oct 2022

OK