

ASSIGNMENT

Front: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

or _____

insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Est. or Market Value: _____

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLK 49984 Yr Regn: 19/11/17Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mitsubishi Outlander o.c. 1998Colour: Blue A/C: Insured / Std / Nil / NASp. Reading: 60000 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: JM YXTG P3WHJ 000438

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / SRM / STD A/R/m orTyre Size: F: 215/65R16R: 2BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /
YOYO / YOKO or _____

Front

R/Bal. 4 mmU/Bal. 4 mmD.O.A. 31/10/22

Survey held at

Des. of Damages: Front / Rear / O/S / N/S / UIC / Roof/Top or

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

Rear

R/Bal. 4 mmU/Bal. 4 mmD.O.I. 9/11/22

Wah Hong

Rear R/H

Date/Time Action/Instruction

MV-75K

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / L.B.H. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Insp (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Poles

Others

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	574G
Vehicle Details	
Vehicle No.:	SLK4998U
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Nov 2022
Vehicle Make:	MITSUBISHI
Vehicle Model:	OUTLANDER 2.4 CVT 4WD SR
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	4B12SA2188
Chassis No.:	JMYXTGF3WHJ000438
Maximum Power Output:	123.0 kW (164 bhp)
Open Market Value:	\$23,192.00
Original Registration Date:	19 Jan 2017
First Registration Date:	19 Jan 2017
Transfer Count:	1
Actual ARF Paid:	\$24,469.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Jan 2027
PARF Rebate Amount:	\$17,128.00
Intended COE Rebate Details	
COE Expiry Date:	18 Jan 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$56,410.00
COE Rebate Amount:	\$23,746.00
Total Rebate Amount:	\$40,874.00

The information contained herein is correct as at 01 Nov 2022

OK



Wah Hong Motors & Credit Pte Ltd

Enterprise Hub 38 Toh Guan Road East #01-57 S(608581)

Email: motor@wahhong.sg

(199806235M)

Vehicle No. SLK4998U MITSUBISHI OUTLANDER 2.4

Page No. 1

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(S\$)		SURVEYOR'S ADJUSTMENT	
PARTS (LIST ITEMS)						
1	Rear fender RH / <i>DD</i>	Part Items Total:	1165.00			
1	Tail lamp panel RH / <i>DD</i>		249.00			
1	Tail lamp RH / <i>BR</i>		563.00			
1	Boot lid lamp RH / <i>BR</i>		397.00			
1	Rear bumper / <i>DD</i>		873.00			
2	Rear bumper side retainer RH/LH@2*\$18 / <i>BR</i>		36.00			
1	Rear bumper lower garnish X		209.00			
1	Rear bumper reflector RH / <i>BR</i>		90.00			
1	Rear bumper scruff plate (<i>chrome</i>) / <i>BT</i>		280.00			
2	Rear reinforcement side beam RH/LH@2*\$71 X		142.00			
1	End panel X / <i>DD</i>		269.00			
1	Boot lid / <i>DD</i>		884.00			
1	Boot lid logo badge X / <i>ACC</i> X		39.00			
1	Boot lid emblem "Outlander" / <i>ACC</i>		86.00			
1	Boot lid center chrome X		466.00			
1	Boot lid side garnish sensor RH X / <i>In (rubbery) with wire</i>		384.00			
1	Rear windscreen / <i>BR</i>		877.00			
1	Rear windscreen moulding / <i>ACC</i>		180.00			
			7189.00			
			-10% -718.90			
			6470.10			
SPECIAL NETT ITEMS						
1	Rear fender RH sealant / <i>ACC</i>	SN Items Total:	30 60.00			
1	Rear fender shield clip RH X		25.00			
1	Rear bumper clip / <i>ACC</i>		30 35.00			
1	End panel sealant / <i>ACC</i>		30 60.00			
1	Rear windscreen sealant / <i>ACC</i>		40 60.00			
1	Tail lamp panel RH sealant / <i>ACC</i>		10 60.00			
1	Rear reverse sensor X		200.00			
1	Boot lid emblem "CC" / <i>ACC</i>		100.00			
			600.00			
			7070.10			



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Vehicle No. SLK4998U MITSUBISHI OUTLANDER 2.4

Page No. 2

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (\$\$)	SURVEYOR'S ADJUSTMENT
	LABOUR		
1	To remove the affected parts & fittings to commence repairs; panel beat & reshape the affected areas and replace the damaged parts and components	1200.00	1000
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	1200.00	800
3	To perform anti-rust treatment on affected areas	120.00	30
4	To remove and refit rear windscreen	100.00 ✓	
5	To remove and refit rear compartment fitting, trimmings, garnish and etc	100.00	80
6	To remove and refix wiring system at accident damaged area and check for all electrical proper function	90.00	30
7	To remove and refit rear seat in order to replace rear fender RH	100.00	80
8	To remove and refit roots lining & upholster garnish	100.00	50
9	To remove and refix rear quarter glass RH	120.00	100
Labour Total :		3130.00	
TOTAL (PARTS & LABOUR):		10200.10	

Steve (LKK)

9/11/22, 10:30AM

W IL

L/S

by ALG
9 dyd

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:

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	01/11/2022 12:01 (SGT)
Reported by	Both
Date of Accident	31/10/2022 19:00 (SGT)
Exact Location of Accident	Near Tanglin Sec Sch, Singapore
Additional Location Information	WEST COAST ROAD TOWARDS WEST COAST DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK4998U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GUPTA JAGDISH
NRIC No	SXXXX574G
Email Address	GUPTA.JAGDISH@GMAIL.COM
Mobile Phone No	(Phone) +65-84680624
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
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	Auto
CC	2360

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/00945420/01

DRIVER

Name of Driver	GUPTA JAGDISH
NRIC No	SXXXX574G
Date Of Birth	30/06/1980
Occupation	Indoor

Date Of Driving Pass	20/05/2014
Driving experience	8 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84680624
Alt. Phone Number	-
Email Address	GUPTA.JAGDISH@GMAIL.COM
Address	BLK91 WEST COAST VALE
Address complement	#08-02
Postcode	126755
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	Collision - Head to Rear
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 TO SUMMARY AND SKETCH PLAN

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	PC9917R
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) -

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

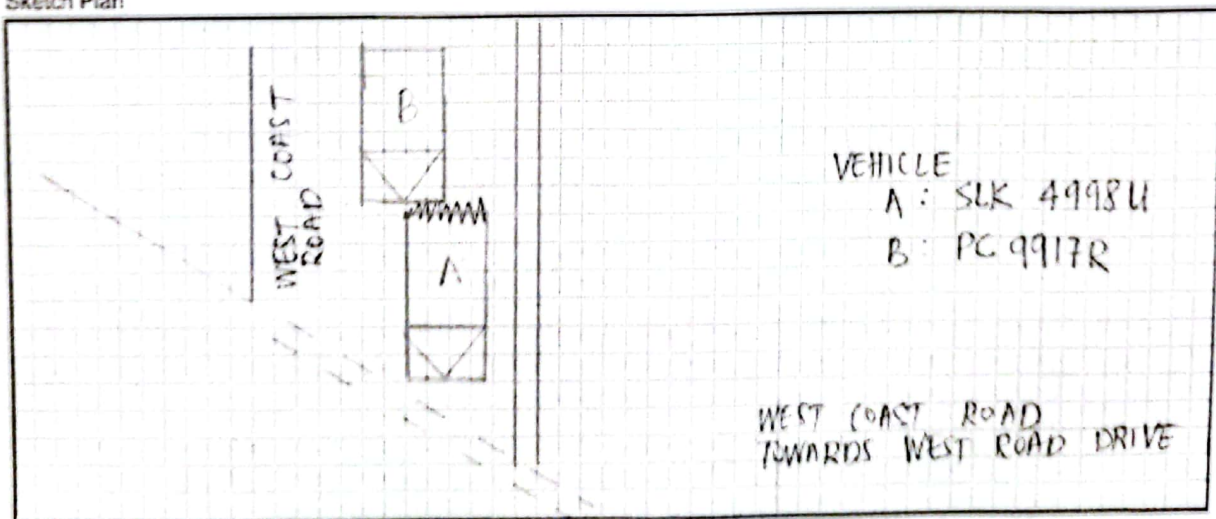
- (a) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 purposes(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.

Suzana BTE EDROS
 Policyholder's Signature / Date & Time

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

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

Sketch Plan



1

Describe Circumstance of the Accident

On 31 October 2022 at about 7:00 pm, I was driving my vehicle No. along 342 West Coast Rd, Singapore, I stopped at double (broken) line with stop sign to let go the vehicle on the main road, I was hit by a Van vehicle no. PC 4917R from behind. My car was badly damaged from behind as shown in given pictures. I got a sudden jerk and shock, but since I was wearing the Seat belt I didn't get hurt much but I still feel pain in left side of my body. I got down my car and took all the pictures of the accident scene, exchanged particulars with the drivers, and went back home in my car.

Declaration

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

[Signature] 01/11/22
10:50am

Policyholder's Signature / Date & Time

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



SUZANA BTE EDROS

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