ASS. REC. BY: Kenneth | REF: ASM / 2201287O/Kw

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Cvan

of 1190

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

Bal. or Market Value: $ 62k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 03/23 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SCW 3033D Yr Regn: 05, 09

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A)

Make: Mit Lancer c.c 1499

Colour M. Black A/C: Insured / Std / NI / NA

Sp.Reading 239651 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JMYSRCY2A9H00 4221

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 205/60R16

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	30/11/22	D.O.I.	28/12/2022

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
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: ($ _____)

Survey Fee:	
Transportation:	$ - RS. SI
Photos	
Others	
TOTAL	

R026060
27.12.22 14:42
SCW3033D
176-0203

SCW3033D

Mitsubishi : Lancer : 2007-18 : Rest of World : except Rough Road Suspension
4-Wheel Total Alignment

Front : Left

Actual	Before	Specified Range
-0°47'	-0°47'	-0°35' 0°25'
5°25'	5°25'	2°10' 3°10'
-0°11'	-0°11'	-0°02' 0°06'
11°41'	11°41'	12°00' 15°00'
10°54'	10°54'	11°25' 15°25'

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Front : Right

Actual	Before	Specified Range
-2°54'	-2°54'	-0°35' 0°25'
5°43'	5°43'	2°10' 3°10'
-0°26'	-0°26'	-0°02' 0°06'
14°27'	14°27'	12°00' 15°00'
11°33'	11°33'	11°25' 15°25'

Front

Cross Camber
Cross Caster
Cross SAI
Total Toe
Cross Turn Diff.

Actual	Before	Specified Range
2°07'	2°07'	-0°30' 0°30'
-0°18'	-0°18'	-0°30' 0°30'
-2°46'	-2°46'	
-0°37'	-0°37'	-0°04' 0°12'

Rear : Left

Actual	Before	Specified Range
-1°06'	-1°06'	-1°25' -0°25'
0°03'	0°03'	0°02' 0°13'

Camber
Toe

Rear : Right

Actual	Before	Specified Range
-1°08'	-1°08'	-1°25' -0°25'
0°05'	0°05'	0°02' 0°13'

Rear

Cross Camber
Total Toe
Thrust Angle

Actual	Before	Specified Range
0°01'	0°01'	-0°30' 0°30'
0°07'	0°07'	0°04' 0°26'
-0°01'	-0°01'	

Not Authorised
L/Rep &
Resurvey After Paint
4days

源摩哆廠
GUAN MOTOR WORKS

Business Regn. No: 081026001

176 Sin Ming Drive #02-03 Sin Ming Autocare Singapore 575721 Tel: 6453 6111 Fax: 6453 8292 H/P: 9742 6003

REPAIR ESTIMATE SCW3033D

No.	Qty				
		List Items			
1	1	Front bumper	$	985.00	✓
2	1	Front bumper RH fog lamp cover	$	36.00	X
3	1	Front bumper RH side bracket	$	30.00	✓
4	1 set	Front bumper clips	$	40.00	✓
5	1	RH headlamp	$	734.00	✓
6	1	Front RH fender	$	588.00	X
7	1	Front RH fender under splash shield	$	102.00	X
8	1 set	Front fender under splash shield clips	$	30.00	X
9	1	Front RH shock absorber	$	389.00	X
10	1	Front RH lower arm	$	283.00	X
11	1	Front RH knuckle arm	$	304.00	?
12	1	Front RH wheel hub	$	192.00	X
13	1	Front Rh wheel bearing	$	134.00	?
			$	3,847.00	
		Less 10%	$	384.70	
		Total :	$	3,462.30	

		Special Nett Items			
14	1 set	Front bumper lower side spoiler	$	380.00	X

		Labour			
1		Labour Charges for remove/refit, panel beating, cutting welding and replacement of damages.	$	600.00	400
2		To putty and spray Spray Paintings charges.	$	800.00	600
3		To check wirings and lightings.	$	40.00	20
4		To remove, refix front RH under carriage damages.	$	250.00	?
5		To conduct computerise wheel alignment test.	$	100.00	60
6		To supply and apply anti rust treatment	$	60.00	X
		Total :	$	1,850.00	

Total Parts and Labour : $ 5,692.30

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:

Your NCD will be affected due to late reporting

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 witholding 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	03/12/2022 11:27 (SGT)
Reported by	Both
Date of Accident	30/11/2022 09:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NORTH BUONA VISTA FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCW3033D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIEW PAI CHEW
NRIC No	S1154119D
Email Address	aygpsychiatry@gmail.com
Mobile Phone No	(Phone) +65-96193033
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	LANCER MIVEC GLS
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	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5108375412-03

DRIVER

Name of Driver	LIEW PAI CHEW
NRIC No	S1154119D
Date Of Birth	01/02/1956
Occupation	Indoor

IMPORTANT NOTICE

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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.

03/12/2022
1100HRS

Policyholder's Signature / Date & Time

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

SUMAN SUKUMAR
S990968

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

SKETCH PLAN

Sketch Plan