

ASS. REC'D BY: Touyuan

REF: CS/CT12300056/TUP3

ASSIGNMENT

2024 Feb.
2009 Feb

From: _____ Date: _____
Estimated cost: _____
OD / TP / VS / 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: _____

Veh No: SJN 7798T Yr Regn: _____
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: M. Fubishi Lancer C.C. 1499
Colour: White A/C: Insured / Std / NI / NA
Sp. Reading: 188477 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: Jmy SRCY 2A-94003320
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: 235/45R17
R: _____

N/S	O/S

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

Bal. or Market Value: 412K
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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
JOYO / 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.I. 6/1/23
Survey held at 4transic motors
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Frt o/s
The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time	Action/Instruction

Date/Time, File Pass to? : Prel. Report
 : Final Report
1) _____
Date/Time, File Return to?
2) _____
Report Format: _____
Lump Sum / L.B.R. / % _____

Days Of Repair: _____
Resurvey No. of Trip: _____
Survey Fee: _____
Transportation: _____
Add Fee: : Site Insp (\$ _____) S + RS _____ \$
 : Interview (\$ _____) Photos _____
 : Tech. Insp (\$ _____) Others _____
 : Weekend (\$ _____)

4RENSIC MOTORS

8 Kaki Bukit Ave 4 #01-50, Premier @ Kaki Bukit Singapore 415875

SJE : _____
 Date of Survey : _____
 Date of ReSurvey: _____
 Contacts : _____

Vehicle Nos : **SJN 7798T**
 Made : Mitsubishi
 Model : Lancer 1.5 Mivec
 Chassis No : _____

* AGREED Cost Of Repair and Repair Day/s with SJE *

Amount: _____

Working Day: _____

Nos.	PARTS	Qty	Unit S\$	TOTAL S\$
1	Front Bumper	1	\$ 985.00	\$ <i>de✓</i> 985.00
2	Front Bumper Tow Cover	1	\$ 36.00	\$ <i>x</i> 36.00
3	Front Bumper Lower Grille	1	\$ 105.00	\$ <i>de✓</i> 105.00
4	Front Bumper Side Retainer RH	1	\$ 35.00	\$ <i>x</i> 35.00
5	Front Bumper Side Retainer LH	1	\$ 35.00	\$ <i>x</i> 35.00
6	Front Bumper Rivets	10	\$ 5.00	\$ <i>new 30</i> 50.00
7	Front Bumper Fog Lamp Garnish RH	1	\$ 45.00	\$ <i>de✓</i> 45.00
8	Front Bumper Fog Lamp Garnish LH	1	\$ 45.00	\$ <i>x</i> 45.00
9	Front Bumper Fog Lamp RH	1	\$ 284.00	\$ <i>cut</i> 284.00
10	Front Bumper Fog Lamp LH	1	\$ 284.00	\$ <i>x</i> 284.00
11	Front Bumper Reinforcement	1	\$ 390.00	\$ <i>x</i> 390.00
12	Front Bumper Top Beam	1	\$ 135.00	\$ <i>x</i> 135.00
13	Front Bumper Top Weatherstrip	1	\$ 62.00	\$ <i>x</i> 62.00
14	Front Bumper Under Cover	1	\$ 184.00	\$ <i>x</i> 184.00
15	Front Bonnet	1	\$ 809.00	\$ <i>bt✓</i> 809.00
16	Front Bonnet Hinge RH	1	\$ 65.00	\$ <i>x</i> 65.00
17	Front Bonnet Hinge LH	1	\$ 65.00	\$ <i>x</i> 65.00
18	Front Bonnet Lock	1	\$ 82.00	\$ <i>x</i> 82.00
19	Front Grille Assembly	1	\$ 307.00	\$ <i>cut✓</i> 307.00
21	Front Support Panel Top Garnish	1	\$ 145.00	\$ <i>x</i> 145.00
22	Front Support Panel	1	\$ 688.00	\$ <i>x</i> 688.00
23	Front Support Brace Panel	1	\$ 185.00	\$ <i>x</i> 185.00
24	Front Headlamp Panel RH	1	\$ 88.00	\$ <i>x</i> 88.00
25	Front Headlamp Panel LH	1	\$ 88.00	\$ <i>x</i> 88.00
26	Front Headlamp Assembly RH	1	\$ 792.00	\$ <i>cut</i> 792.00
27	Front Headlamp Assembly LH	1	\$ 792.00	\$ <i>x</i> 792.00
28	Front Headlamp Lower Bracket RH	1	\$ 55.00	\$ <i>.</i> 55.00
29	Front Headlamp Lower Bracket LH	1	\$ 55.00	\$ <i>x</i> 55.00
30	Aircon Condenser	1	\$ 937.00	\$ <i>x</i> 937.00
31	A/C Pipe, Suction	1	\$ 170.00	\$ <i>x</i> 170.00
32	A/C Pipe, Discharge	1	\$ 192.00	\$ <i>x</i> 192.00
33	Radiator	1	\$ 1,116.00	\$ <i>x</i> 1,116.00

34	Radiator Top Mounting	2	\$ 12.00	\$ X	24.00
35	Radiator Fan Cowling	1	\$ 245.00	\$ X	245.00
36	Radiator Fan Blade	1	\$ 70.00	\$ X	70.00
37	Radiator Fan Motor	1	\$ 425.00	\$ X	425.00
38	Air duct Top	1	\$ 147.00	\$ X	147.00
39	Air duct Hose	1	\$ 85.00	\$ X	85.00
40	Wiper Washer Tank	1	\$ 91.00	\$ X	91.00
41	Front Fender RH	1	\$ 608.00	\$ X	608.00
42	Front Fender Inner Shield RH	1	\$ 107.00	\$ X	107.00
43	Front Fender LH	1	\$ 608.00	\$ X	608.00
44	Front Fender Inner Shield LH	1	\$ 107.00	\$ X	107.00
				Parts Sub Total :	\$ 11,823.00
				10% Discount	\$ 1,182.30
				PARTS TOTAL :	\$ 10,640.70

Nos.	SPECIAL NETT	Qty	Unit S\$	TOTAL S\$	
1	Front Number Plate	1	\$ 50.00	\$ X 50.00	
2	Front Bumper Clips - Set	1	\$ 50.00	\$ 30 per 50.00	
3	Front Headlamp Clips - Set	1	\$ 50.00	\$ X 50.00	
4	Front Grille Assembly Clips - Set	1	\$ 50.00	\$ 2 per 50.00	
5	Front Support Panel Top Garnish Clips - Set	1	\$ 50.00	\$ X 50.00	
6	Front Fender Inner Shield Clips - Set	1	\$ 80.00	\$ X 80.00	
7	Front Bonnet Sealant	1	\$ 150.00	\$ X 150.00	
8	Front Fender RH Sealant	1	\$ 150.00	\$ X 150.00	
9	Front Fender LH Sealant	1	\$ 150.00	\$ X 150.00	
10	Front Support Panel Sealant	1	\$ 150.00	\$ X 150.00	
11	Radiator Coolant	1	\$ 50.00	\$ X 50.00	
12	Front Bumper Lower Lip <i>black</i>	1	\$ 650.00	\$ 4 per 350 650.00	
13	Front Grille Emblem	1	\$ 150.00	\$ 40 per 150.00	
				SPECIAL NETT TOTAL :	\$ 1,780.00

Nos.	LABOUR	TOTAL S\$	
1	To Panel Beat, Remove & Refix Parts	400 \$ 1,600.00	
2	To Spray Paint Affected Areas	500 \$ 1,400.00	
3	Wiring & Bulb Check	30 \$ 100.00	
4	To Remove & Refix Aircon Condenser & Top up Gas	X \$ 150.00	
5	To Remove & Refix Radiator & Pressure Test	X \$ 150.00	
6	To apply anti rust on affected parts	X \$ 100.00	
7	To Conduct Water Leak Test	X \$ 100.00	
8	To Send for Diagnostic and Reset Control Unit. Programming & Calibration	X \$ 480.00	
		LABOUR TOTAL :	\$ 4,080.00

Taufman 97495749 WP 6/1/23 @ 11am
 L/S Resurvey after repair
 Taufman @ LKK auto.com
 3 days
 - To check consistency of accident
 - To check part prices

LKK Auto Consultants hence notify the Repairer that the repairer has been awarded the repair work. The repairer must:

- 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: _____

LABOUR TOTAL : \$ 4,080.00

GRAND TOTAL : \$ 16,500.70

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 314C

Vehicle Details

Vehicle No.: SJN7798T
Vehicle to be Exported: Yes
Intended Deregistration Date: 04 Jan 2028
Vehicle Make: MITSUBISHI
Vehicle Model: LANCER 1.5 MIVEC GLS 4A/T
Primary Colour: Red
Manufacturing Year: 2008
Engine No.: 4A910122858
Chassis No.: JMYSRCY2A9U003320
Maximum Power Output: 80.0 kW (107 bhp)
Open Market Value: \$19,938.00
Original Registration Date: 27 Feb 2009
First Registration Date: 27 Feb 2009
Transfer Count: 4
Actual ARF Paid: \$19,938.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date: 26 Feb 2024
COE Category: A - Car (1600cc & below)
COE Period(Years): 5
PQP Paid: \$12,864.00
COE Rebate Amount: \$2,949.00
Total Rebate Amount: \$2,949.00

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 03 Jan 2023

OK

VEHICLE NO: SGN 77987 MAKE & MODEL: Mitsubishi Lancer EX AUTO/MANUAL

DATE OF ACCIDENT	<u>3 / 1 / 2023</u>	C.C. / 500
TIME OF ACCIDENT	<u>11.15</u>	AM / PM
LOCATION OF ACCIDENT	<u>Glim moh</u>	<u>Blk 7 round about</u>
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	<u>Neo Soon Heng</u>	
EMAIL	<u>GLENNNEONK@gmail.com</u>	OFFICE: <u>—</u> MOBILE: <u>9771 5194</u>
NRIC	<u>S7242314C</u>	
CLAIM TYPE	<u>OD / THIRTY PARTY / REPORTING ONLY</u>	
FLEET POLICY	<u>YES / NO?</u>	
INCURENCE CO.	<u>QAF Insurance</u>	
TYPE OF COVERAGE	<u>Comprehensive / Third Party / Third Party Fire & Theft</u>	
POLICY NO.	<u>8-V0028052-MVA</u>	
NAME OF DRIVER	<u>AS ABOVE / IF NO: Neo Wen Kai, Glenn</u>	
NRIC	<u>S9518297F</u>	
DATE OF BIRTH	<u>01 / 06 / 1995</u>	
ANY PASSENGER	<u>YES / NO?</u>	
NAME OF PASSENGER	<u>Nil</u>	
GENDER OF PASSENGER	<u>MALE / FEMALE</u>	
OCCUPATION	<u>Outdoor / Indoor</u>	
DATE OF DRIVING PASS	<u>21 / 03 / 2020</u>	
GENDER	<u>MALE / FEMALE</u>	
CONTACT NO.	<u>Mobile: 9771 5194 Office: — Home: —</u>	
EMAIL	<u>GLENNNEONK@gmail.com</u>	
ADDRESS	<u>Blk 249 Bishan Street 22 #03-372 (S) 570 249</u>	
DOES DRIVER OWN OTHER VEHICLES?	<u>(NO) / If yes, Reg No: INSURE: —</u>	
RELATIONSHIP	<u>Employee / If No: Father / Son</u>	
WEATHER CONDITION	<u>Clear / Raining / Other:</u>	
ROAD SURFACE	<u>Dry / Wet / Other:</u>	
ANY INJURIES	<u>No / If yes, Who? Neo Wen Kai, Glenn</u>	
CONTACT NO.	<u>9771 5194</u>	
ROLICE REPORT	<u>No / If yes, Where?</u>	
NOTICE OF INTENDED PROSECUTION?	<u>(No) / If yes, Who?</u>	
VEHICLE B NO.	<u>SGN 3931L</u>	Any Passenger: <u>0</u>
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	<u>YES / NO?</u>	
WAS THERE ANY AUDIO RECORDED?	<u>YES / NO?</u>	
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES / NO?</u>	
WHO IS REPORTING	<u>DRIVER / OWNER / BOTH</u>	
Original Language Used	<u>English / Mandarin / Others:</u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	<u>YES / NO?</u>	

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 willful 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 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

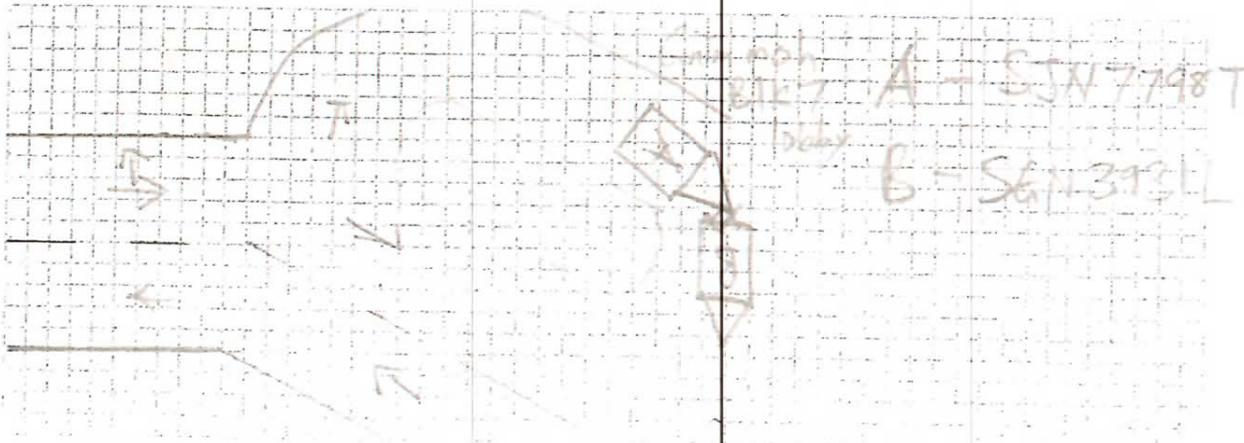
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230103/7012

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Report No. T/20230103/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2023 15:19	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: NEO WEN KAI, GLENN		Address: 249 BISHAN STREET 22 #03-372 SINGAPORE 570249	
ID Type / ID No.: NRIC NO / S9518297F		Contact No.: Home/Office:	Mobile: 97715194
Nationality: SINGAPORE CITIZEN		Email: GLENNNEOWK@GMAIL.COM	
Sex: Male	Age: 27	Date of Birth: 01/06/1995	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: CONSTRUCTION SAFETY COORDINATOR		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/01/2023 11:15	Type of Location: Roundabout
Location: GHIM MOH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGN3931L	Car					0
SJN7798T	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230103/7012

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Report No. T/20230103/7012

CONTINUATION OF REPORT

Driver			
Name	NEO WEN KAI, GLENN	ID No.	S9518297F
Related Vehicle	SJN7798T (Car)	Contact No.	97715194
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	03/01/2023	Date	03/01/2023
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME I WAS TRAVELLING STRAIGHT ALONG THE STATED ROUNDABOUT WHEN SUDDENLY VEHICLE B (SGN 3931 L) REVERSED QUICKLY AND COLLIDED ONTO THE FRONT OF MY VEHICLE. I FELT PAIN AND WENT TO SEE A DOCTOR AT UNIHEALTH 24HR CLINIC AT TOA PAYOH AND WAS GIVEN 3 DAYS MC.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230103/7012

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Report No. T/20230103/7012

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 03/01/2023 15:19
Classification Of Case: