

ASS. REC BY: T. Guffin

REF:

CS/EG/23000422/trg3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

☒ 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: 100

(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: 995K

IDAC Accident Report: _____ Consistent? : Yes or No

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

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

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No:

SMG 2290A

Yr Regn: 2018 / Dec

Type: ☒ M. Car / ☐ M. Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make:

Mitsubishi Eclipse

C.C. 1499

Colour

87/111

A/C: ☐ Insured / ☐ Std / ☐ NI / ☐ NA

Sp. Reading

110128

T/Radio: ☐ Insured / ☐ Std / ☐ NI / ☐ NA

Eng/No:

C/No:

JMAXTGK / W JZ004565

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt

Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Modl: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim or

Tyre Size:

F: 225 / 55 R18

R: 225 / 55 R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / DHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

6

mm

Rear

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.L.

13/1/23P

Survey held at

Vin's Hk

Des. of Damages: ☐ Fnt / ☐ Rear / ☐ O/S / ☐ N/S / ☐ U/C / ☐ Roof/bp or

Rt o/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

Report Format: _____

Lump Sum / L.B.K. / F

Vin's

Vin's Motor Pte Ltd
160 Sin Ming Drive
#03-03 Sin Ming Autocity
Singapore 575722
Tel : 6453 2121 Fax : 6459 9795
GST Registration No. 199906067G

Estimated Cost of Repair

Attention To : Ergo Insurance Pte Ltd
5 TEMASEK BOULEVARD
#04-01 SUNTEC TOWER 5
SINGAPORE 038985

Claim Details

Case Ref. No. : OD/012023/5909
Date : 11-01-2023
Accident Date : 10-01-2023

Vehicle Details

Make & Model : Mitsubishi ECLIPSE CROSS 1.5 CVT
Chassis No : JMAXTGK1WJZ004565
Registration No : SMG2290A

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

S/N	Description	Qty	Amount (\$\$)
1	RH HEADLAMP	1.00	\$1,400.00
2	FRONT BUMPER	1.00	\$620.00
3	FRONT BUMPER RH NOZZIE GUN	1.00	\$100.00
4	FRONT BUMPER RH NOZZIE GUN COVER	1.00	\$60.00
5	FRONT BUMPER RH FOG LAMP	1.00	\$410.00
6	FRONT BUMPER RH FOG LAMP COVER bracket	1.00	\$20.00
7	FRONT BUMPER RH TOP CHROME MOULDING	1.00	\$150.00
8	FRONT BUMPER RH LOWER CHROME MOULDING	1.00	\$60.00
9	FRONT BUMPER LOWER PAD - SILVER	1.00	\$440.00
10	FRONT BUMPER RH SIDE RETAINER	1.00	\$20.00
11	FRONT BUMPER PARKING SENSOR	1.00	\$440.00
12	FRONT BUMPER CLIPS	10.00	\$20.00
13	WIPER TANK	1.00	\$50.00
14	FRONT RH FENDER	1.00	\$380.00
15	FRONT RH FENDER INNER SHIELD	1.00	\$70.00
16	FRONT RH FENDER INNER SHIELD CLIPS	10.00	\$20.00
17	FRONT RH FENDER BRACKET	1.00	\$40.00
18	FRONT RH WHEEL ARCH GARNISH	1.00	\$110.00

\$4,410.00

Margin: 10%

\$441.00

19	TO RESET HEADLAMP SYSTEM	1.00	\$180.00
20	TO REPAIR DAMAGES	1.00	\$780.00
21	TO SPRAY PAINTING	1.00	\$880.00

Subtotal w/o GST:

\$6,691.00

Issued by Eric Sin

This is a computer-generated document. No signature is required.

Tanpin 97495749 Not Authorised 13/1/23 @ 1050am.
Ex: tba, P/P Resurvey before paint.
Tanpin @ lkhantowin
04 days

1 of 1

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 11/01/2023 14:28 (SGT)
Reported by Both
Date of Accident 10/01/2023 19:30 (SGT)
Exact Location of Accident 50 Jurong Gateway Rd, Singapore 608549
Additional Location Information JEM B1 CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG2290A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MIZAN BIN MASLAN
NRIC No S8325150F
Email Address semotbiru83@gmail.com
Mobile Phone No (Phone) +65-81254422
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Eclipse cross
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1499

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number DMPG22012754

DRIVER

Name of Driver MIZAN BIN MASLAN
NRIC No S8325150F
Date Of Birth 30/08/1983
Occupation Indoor

Date Of Driving Pass	30/06/2014
Driving experience	8 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81254422
Alt. Phone Number	-
Email Address	semotbiru83@gmail.com
Address	BLK 469C SENGKANG WEST WAY #16-626
Address complement	-
Postcode	793469
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 - Major/Minor Rd
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	UNKNOWN
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

ON 10/01/23 AT ABOUT 1930HRS I WAS DRIVING VEHICLE A SMG2290A ALONG JEMS BASEMENT 1 CARPARK WITH ONE PASSENGER. AS I WAS TURNING LEFT MY VEHICLE FRONT RIGHT COLLIDED ONTO VEHICLE B SMM3952K WHICH TRAVELLING FROM RIGHT. EXCHANGED CONTACT NUMBER ONLY AND NO INJURIES AT POINT OF TIME.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM3952K
Vehicle Manufacturer	Kia

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ASHARI
Contact Number	(Phone) +65-98356987
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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.

FLASH ACCIDENT
REPORTING OFFICER

FRQ BALAJI

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

2230HRS 10/01/23

A. SMG2290A

B. SMM3952K

JEM BASEMENT
1 CARPARK



Describe Circumstances of the Accident

ON 10/01/23 AT ABOUT 1930HRS I WAS DRIVING VEHICLE A SMG2290A ALONG JEMS BASEMENT 1 CARPARK WITH ONE PASSENGER. AS I WAS TURNING LEFT MY VEHICLE FRONT RIGHT COLLIDED ONTO VEHICLE B SMM3952K WHICH TRAVELLING FROM RIGHT. EXCHANGED CONTACT NUMBER ONLY AND NO INJURIES AT POINT OF TIME.

Declaration


We declare the foregoing particulars are true in every respect.

FLASH ACCIDENT
REPORTING OFFICER

FRO BALAJI



Policyholder's Signature / Date &
Time



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

Witnessed by Reporting Centre
Personnel

2230HRS 10/01/23

Inquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 150F

Vehicle Details

Vehicle No.: SMG2290A

Vehicle to be Exported: No

Intended Deregistration Date: 14 Jan 2023

Vehicle Make: MITSUBISHI

Vehicle Model: ECLIPSE CROSS 1.5 CVT

Primary Colour: Grey

Manufacturing Year: 2018

Engine No.: 4B40DY9074

Chassis No.: JMAXTGK1WJZ004565

Maximum Power Output: 120.0 kW (160 bhp)

Open Market Value: \$24,815.00

Original Registration Date: 11 Dec 2018

First Registration Date: 11 Dec 2018

Transfer Count: 1

Actual ARF Paid: \$26,741.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 10 Dec 2028

PARF Rebate Amount: \$20,055.00

Intended COE Rebate Details

COE Expiry Date: 10 Dec 2028

COE Category: B - Car above 1600cc or 97kW (130bhp)

COE Period(Years): 10

QP Paid: \$31,301.00

COE Rebate Amount: \$18,482.00

Total Rebate Amount: \$38,537.00

The information contained herein is correct as at 11 Jan 2023

OK