

ASS. REC. BY:

REF:

AIS/

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/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: _____

(Policy Condition)

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

Bal. or Market Value: 816k

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 14 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBC95988

Yr Regn: 03, 14

Type: M.Car / M.Cycle / Bus / Van / Corry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Mit Cante

c.g. 2998

Colour: White

A/C: Insured / Std / NI / NA

Sp. Reading: _____

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FEA01BA 00116

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: _____

R: _____

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

TOYO / YOKO or

Front

R/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 30/3/23

Survey held at

Rear

R/Bal. 2 3 mm

L/Bal. 5 8 mm

D.O.I. 11/4/2023

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

1st d/s & d/s body

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

Date / Time

Action / Instruction

Butter Plot

Inform wksp 11ump & 13k max

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

) \$ - RS. SI

) P. INS

) Others

TOTAL

Report Format :

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

INSURER: **Allianz Insurance Singapore Pte. Ltd. (HQ)**

PARTICULARS OF CLAIM

Claim Type:	OD (OWN DAMAGE)	Ref. No:	CM629
Policy No:	SP2005053111	Date of Loss:	30/03/2023
Vehicle Reg. No.:	GBC9596Z	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	SYNERGY LAEASING PTE LTD		

Make/Model:	MITSUBISHI CANTER, 3.0 D FEA01BR1SDEB (CBU) (M)
Vehicle Colour:	METALLIC WHITE
Engine No:	4P10A99942
Odometer:	0 KM

Vehicle Reg. Date: 21/03/2014

Chassis No: FEA01BA00116

Paint Type:	METALLIC 2K
Total Loss?	NO
Est. Duration of Repair (day)	14 days

*Not Attributed
L/Sy &
Heavy After Pain
Ex @ 20000*

Present Location: CENTURY MOTORS PTE LTD (HQ)

COST OF CLAIMS		Amount
Parts		12,980.00
Miscellaneous Items		5,760.00
Labour		1,400.00
Paintwork Labour		1,600.00
Towing		0.00
Gross Total (\$\$)		21,740.00
+ GST 8.00% (\$\$)		1,739.20
Nett Amount (\$\$)		23,479.20

This claim is handled by: **MARVYN CHUA HONG LENG**

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 10 Apr 2023)
 Parts: N/A MITSUBISHI CANTER 3.0 D FEA01BR1SDEB (CBU) (M) (Model not available in database)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: Century Motors Pte Ltd/GBC9596Z/10/04/2023 09:59
 Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
 Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount	
1	1		*FRONT GRILLE	0.00	0.00	*340.00 F	✓
2	1		*FRONT BUMPER	0.00	0.00	*580.00 F	✓
3	1		*FRONT BUMPER SIDE BRACKET RH	0.00	0.00	*120.00 F	✓
4	1		*FRONT HEADLAMP	0.00	0.00	*340.00 F	✓
5	1		*FRONT INDICATOR RH	0.00	0.00	*200.00 F	✓
6	1		*FRONT CORNER COVER RH	0.00	0.00	*140.00 F	✓
7	1		*FRONT DOOR RH	0.00	0.00	*1,150.00 F	✓
8	1		*FRONT DOOR INNER TRIM RH	0.00	0.00	*440.00 F	✓
9	1		*FRONT A PILLAR RH	0.00	0.00	*780.00 F	✓
10	1		*FRONT DASHBOARD	0.00	0.00	*1,320.00 F	✓
11	1		*FRONT BUMPER CORNER COVER RH	0.00	0.00	*220.00 F	✓
12	1		*FRONT BUMPER CORNER COVER LH	0.00	0.00	*220.00 F	✓
13	1		*FRONT CHASSIS MEMBER RH	0.00	0.00	-	X
14	1		*FRONT CABIN SIDE STEP MOULDING RH	0.00	0.00	*320.00 F	✓
15	1		*FRONT CABIN FLOOR PANEL RH	0.00	0.00	-	X
16	1		*FRONT CABIN FIRE WALL	0.00	0.00	-	X
17	1		*DASHBOARD REINFORCEMENT	0.00	0.00	*580.00 F	?
18	1		*ACCELERATOR PEDAL	0.00	0.00	*390.00 F	✓
19	1		*REAR TAILLAMP RH	0.00	0.00	*150.00 F	✓
20	1		*REAR EXHAUST PIPE	0.00	0.00	*150.00 F	?
21	1		*REAR LEAF SPRING RH	0.00	0.00	*1,440.00 F	2
22	1		*REAR LEAF SPRING HOLDER FRONT RH	0.00	0.00	*420.00 F	?
23	1		*REAR LEAF SPRING HOLDER REAR RH	0.00	0.00	*420.00 F	?
24	1		*REAR LEAF SPRING SHACKLE REAR RH	0.00	0.00	-	
25	1		*FRONT PANEL COMPLETE	0.00	0.00	*1,680.00 F	✓
26	1		*REAR EXHAUST MUFFLER	0.00	0.00	*400.00 F	✓

F=Franchise part.

Sub Total (\$\$) 11,800.00
 + Margin on L,N Items 10.00% (\$\$) 1,180.00
 Total Parts (\$\$) 12,980.00

Century Motors Pte Ltd/GBC9596Z/10/04/2023 09:59. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

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:

Estimates on Miscellaneous Items

No Qty Particulars

Amount

Miscellaneous Items

1	1	REAR BOX FLOOR SIDE PANEL RH
2	1	REAR BOX TAILGATE BRACE RH
3	1	REAR BOX TAILGATE RH

BH 3,800.00 ✓
R1 360.00 ✓
R1 1,600.00 ✓

Sub Total (S\$) 5,760.00

Estimates on Labour

No Particulars

Lab.Type

Amount

Paintwork Labour

1 LABOUR FOR SPRAY PAINTING

New

100d
1,600.00

Labour Items

2 LABOUR FOR PANEL BEATING

New

130d
1,400.00

Gross Labour Cost (S\$) 3,000.00

Century Motors Pte Ltd/GBC9596Z/10/04/2023 09:59. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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	31/03/2023 16:01 (SGT)
Reported by	Actual Driver
Date of Accident	30/03/2023 18:30 (SGT)
Exact Location of Accident	KJE, Singapore
Additional Location Information	TOWARDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC9596Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SYNERGY LAEASING PTE LTD
Company Reg No	2XXXXX430N
Email Address	rental@synergymotor.com.sg
Mobile Phone No	(Phone) +65-69586111
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2998

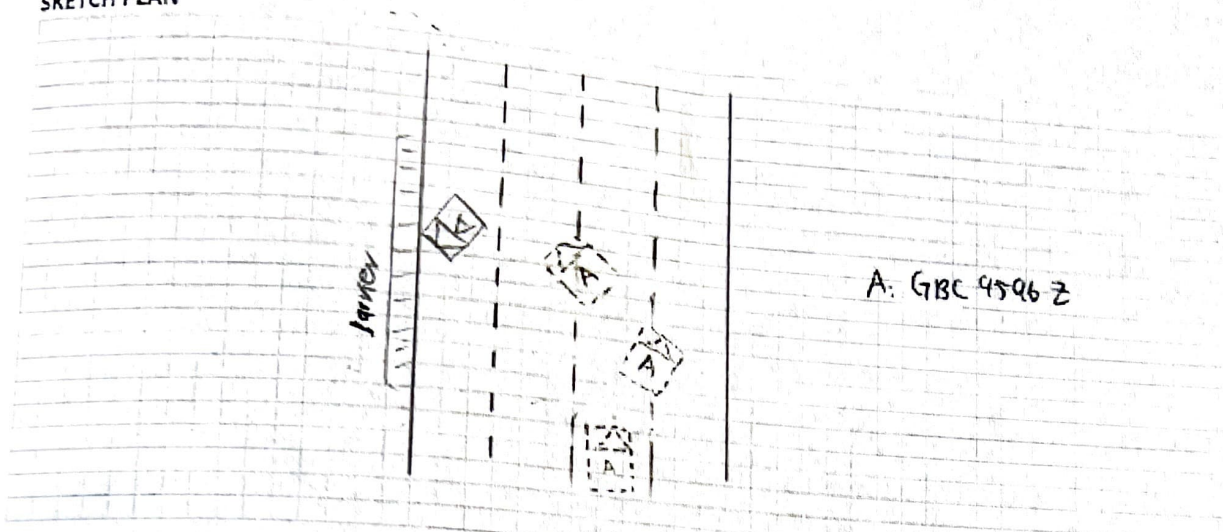
INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2005053111

DRIVER

Name of Driver	RASHID MAMUNUR
Work Permit No	GXXXX278K
Date Of Birth	01/01/1990
Occupation	Outdoor

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/2023 0331/2054

DECLARATION

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



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

Enquire PARF/COE Rebate for Registered Vehicle Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Dereistration 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

430N

GBC9596Z

No

05 Apr 2023

MITSUBISHI

CANTER FEA01BR1SDEB (CBU)

White

2013

4P10A99942

FEA01BA00116

-

\$27,429.00

21 Mar 2014

21 Mar 2014

2

\$1,372.00

No

-

\$0.00

20 Mar 2024

C - Goods Vehicle & Bus

10

\$51,002.00

\$4,880.00

\$4,880.00

The information contained herein is correct as at 05 Apr 2023

OK