SS. REC. BY: TaufM	\$1-1N( 2300	52191	/yps		
	ASSIGNI	/IENT			7117 Avia
rom: Date:	Veh	No:	IR4849	F Yr Regn:	DITI MILE.
slimated Cost:	Туре	: M.Car / M.	Cycle / Bus / Van /	Lorry / Taxi / Prime	Mover/
DD (ÎP / WS / TP RES / OD RES / EVA / INV / MV		·Truck / Tr	ailer or		116.7
o Inspect Vehicle No:	Make	: Mits	ubishi H	1	c.c 1193.
at Workshop m/s	Colo	ur —	White	* - 4 - 2 - A - A - A - A - A - A - A - A - A	ed/Std/NI/NA
of	Sò.F	leading	67090	T/Radio: Insu	red / Std / NI / NA
nsured:	Eng/	No:	·		
Policy No.	C/No	o:	MMBST	4 13 14 M	1004364.
Claims No.		( )	d) Fair / Poor / Bu	rnt .	•
Sum Insured: Excess:	Stee		I Jammed I Leak		
(Client's Record)	Brak	ce: Inorde	) Jammed / Leak	ed / Burnt or	
Make of Veh:	Mod	i : Nil I(S	Rm / STD A/Rim	or / _ R	,,-
	Tyre	s Size:		85/551	′)
(Policy Condition)			R:	~ ~	
Remark: The veh had commenced its	N/S O/S BS			ZA / MIC / OHTSU /	PIR / SUMI /
repair at the time of inspection.	1	ογο / γοκο		Ao tel	î
Bal. or Market Value: 9551K	Fro	nt	<del></del>	Rear	/
IDAC Accident Rport: Consistent?: Yes		Bal.	6 mm	R/Bal.	6 mm
GIA / PR Seen: Consistent? : Yes			C mm	, L/Bal.	6 mm
Est. Repairs: days Res.: Yes		D.A.		D.O.J.	73/5/75
Lum Sum: % 3 Val.: Yes	ľ	rvey held at	A	ntobacs.	
CA   REV   REP.   24 HRS	,		-/-	DIS I NIS I UIC I	Rooftop or
	Vehicle: IN / OUT				, •
Date:Person Contacted:		The U/C /	Chassis frame 1	Body Structure affe	ected due to collision.
Date / Time   Action / Instruction			*****		
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				;	
Date/Time, File Pass to?					
Freii. Report		ys Of Rep			
1) : Final Report Date/Time, File Return to?	Re	survey N	o. of Trip:	Survey F	96:
2)	, F	-		Transportal	
. 4	Add Fee:	: Site	Insp (\$	)s+Rs	1
Patroni Esperat		: Inter	view (\$	) Photos	
Repair office :	Lacou	:Tech	ı. Invs (\$	) Others	
Final Sing (1.84: C)	)		liend (\$	7 201818	
					<u> </u>
X w		. ~		TOTAL	§ .

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## AUTOBACS CAR CARE (SINGAPORE) PTE. LTD.



8 Kaki Bukit Ave 4 #08-40/45/46 Premier@Kaki Bukit S(415875)

Tel: 6702 1555 Fax: 6702 1444

Co. Reg No.: 201500047H GST No.: 201500047H

Email: st.sim@autobacs.com.sg

то	: NTUC (FBT7990S)	DATE	: ZZ-IVIdy-ZS
ATTENTION	: MOTOR CLAIMS DEPARTMENT	JOB TYPE	: T/P CLAIMS
OWNER PARTICULAR		¥	
OWNER ID	: SXXXX400E	Р	
		S	
VEHICLE DETAILS		L	-
VEHICLE NO.	: SLR4849E	TOTAL	i
MODEL / MAKE	: MIT ATTRAGE	L/S -20%	:
CHASSIS NO.	: MMBSTA13AHH004314	SUB TOTAL	. <del> </del>
ACCIDENT DETAIL			
DATE	: 21-May-23		
TIME	: 14:20HRS	CONTACT PERSON	: MR. SIM 9844 0974

QUOTATION SUMMARY

PAGE 01

CLAIMS DETAIL: PARTS LIST

S/N	DESCRIPTION	QTY-	UNIT NETT PRICE	TC	OTAL NET	T PRICE
1	REAR BOOT LID LOGO EMBLEM	1	\$ 41.00	\$	res	41.00
2	REAR BOOT LID ATTRAGE EMBLEM	1	\$ 35.00	\$	مسربى	35.00
3	REAR BOOT LID LOCK	1	\$ 206.00	\$	ali /	206.00
4	REAR BOOT LID WEATHER STRIP	1	\$ 148.00	\$	M/ 1	148.00
5	REAR BUMPER	1	\$ 708.00	\$	de/	708.00
6	REAR BUMPER SIDE RETAINER LH / RH	2	\$ 26.00	\$	X	52.00
7	REAR BUMPER REFLECTOR RH	1	\$ 20.00	\$	X.	20.00
8	REAR END PANEL	1	\$ 402.00	\$	7 4	402.00
9	REAR END PANEL INNER TOP GARNISH	1	\$ 62.00	\$	?	62.00
*	ે કે કે જો જો કે કે જો	TOTAL PI	RICE	\$	1,6	574.00
		LESS -10	%	\$	(2	167.40)
		SUB TOT	AL PRICE	\$	1,5	506.60

## CLAIMS DETAIL: PARTS LIST

S/N	DESCRIPTION	QTY	U	NIT S/NETT	7	TOTAL	S/NETT
1.	REAR BUMPER CLIPS SET	1	\$	60.00	\$	30 ne	60.00
2	REAR BUMPER REVERSE SENSOR SET	1	\$	280.00	\$2	Donu	/280.00
3	REAR END PANEL INNER TOP GARNISH CLIPS SET	1	\$	50.00	\$	X	50.00
4	REAR END PANEL SEALANT	1	\$	80.00	\$	Ķ	80.00

TOTAL \$ 470.00

PA QUOTATION SUMMARY

PAGE 02

e CLAIMS DETAIL: LABOUR CHARGES AND SPRAY PAINTING

TO DISMANTLE & REPLACED WITH PANEL BEATING ALL THE ACCIDENT PORTION	\$	800.00	500	
TO SPRAY PAINTING ALL THE ACCIDENT PORTION & POLISHING AFFECTED AREA	\$	600.00	400	
TO APPLY ANTI-RUST & TUFF KOTE	\$	120.00	X	
TO PERFORM LIGHTING & WIRING CHECK	\$	150.00	×	
TO DISMANTLE & REPLACED REAR BUMPER REVERSE SENSOR WITH DISTANCE SETTING	\$	150.00	30	स्त्र ६ हा रहत्वंद र्गन्य व्हार
TO DISMANTLE & REINSTALL INTERIOR CARPET WITH OTHER ATTACHMENT PARTS COMPONENT TO FACILITATE REPAIR	\$ .	250.00	6D.	
TO PERFORM CONDUCT WATER LEAKAGE TEST OF ACCIDENT PORTION	\$	100.00	- X	

	F	
TOTAL	\$	2,170.00
	THE PROPERTY OF THE PARTY OF	

**ESTIMATE REPORT** 

1,976.60 TOTAL PARTS COST 2,170.00 TOTAL LABOUR COST 4,146.60 TOTAL REPAIR COST

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

APPROVED DETAILS

NO. OF REPAIR DAYS

Signature:

Acknowledged by Repairer

REPAIR UNDER

PART BY PART OR LUMPSUM

DATE / TIME OF SURVEY

SURVEYED BY / FROM

**CONTACT NUMBER** 

Taufihn CKK.
97495749/62563561
taufihn C/hanto com.

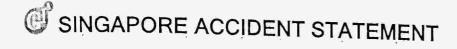
**EMAIL ADDRESS** 

## > Back to OneMotoring

nquire PARF/COE Rebate for Registered V	ehicle
Vehicle Owner Particulars	01
Owner ID Type:	Singapore NRIC
Owner ID:	400E
Vehicle Details	SLR4849E
Vehicle No.:	No
Vehicle to be Exported:	
Intended Deregistration Date:	22 May 2023
Vehicle Make:	MITSUBISHI
Vehicle Model:	ATTRAGE 1.2 CVT
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	3A92UDS0612
Chassis No.:	MMBSTA13AHH004314
Maximum Power Output:	57.0 kW (76 bhp)
Open Market Value:	\$13,450.00
Original Registration Date:	17 Aug 2017
First Registration Date:	17 Aug 2017
Transfer Count:	. 2
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Aug 2027
PARF Rebate Amount:	\$3,500.00
Intended COE Rebate Details	
COE Expîry Date:	16 Aug 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$49,430.00
COE Rebate Amount:	\$20,928.00
Total Rebate Amount:	\$24,428.00

The information contained herein is correct as at 22 May 2023

ОК



- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver
   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	T-STATEMENT (**
Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information	22/05/2023 15:08 (SGT) Both Policyholder and Actual Driver 21/05/2023 14:20 (SGT) Singapore Exit towards PIE Tuas, around Bedok North & Bedok Reservoir Road
Country/State of Loss	Singapore
DETAILS OF	FOWN VEHICLE HIM. TO THE PROPERTY OF THE PROPE
Vehicle Registration Number	SLR4849E
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No Lim Yi Chan, Priscillin SXXXX400E priscillin@gmail.com (Phone) +65-90677188
VEHICLE PARTICULARS	
Manufacturer Model 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? Vehicle Category Transmission CC	Mitsubishi Attrage  Private hire  No - Claiming third party Private car Auto 1200
INSURANCE COMPANY	
Name of Insurance Company Policy Number / Cover Note Number	MSIG Insurance (Singapore) Pte. Ltd. A300529376QMX
DRIVER	
Name of Driver NRIC No	Lim Yi Chan, Priscillin SXXXX400E 17/10/1985

te Of Driving Pass	Indoor
riving experience	21/06/2012
Myling experience	10 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90677188
Alt. Phone Number	. <del>-</del>
Email Address	priscillin@gmail.com
Address	Blk 712. Bedok Reservoir Road. #11-3924
Address complement	•
Postcode	<u>.</u>
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	
heavened Company of Other Webster Commission of the	•
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions	Collided into Motorcyclist
	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?	<del>.</del>
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	No
soliciting/offering accident claims assistance? Translator's name	140
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	
Please refer to the accident statement	
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	FBT7990S
Vehicle Manufacturer	1 0170000
Vehicle Model	
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	•

office the details of the accident to speed up the claims process. From: Estimate must be completed by the Policyholder and/or the Actual Driver. Estimate provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow companies to repudiate policy liability.

and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies. Any false reporting may be referred to the Traffic Police Department for investigation. Any Tailor and 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. 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

8. Consent under the Personal Data Protection Act (PDPA)

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:

) 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.

cyholoer's Signature / Date & Time

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

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

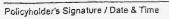
Sketch Plan

To Ins The accident happened on 21st May 2-22	OD (F)					-
at 2.20pm, at the scene of exit towards pet Tuas.  Thered a bump and a bite had bumped into my  Cav's year.	To Ins The	accident	happened	on 215+	- May 22	2 4 1
	at 2.20pm, a.	+ the sc		exit ton	lards pro	5 around
			e and	a bike h	nd bumped	into my
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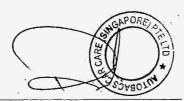
Declaration

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

of the second







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