

ASS. REC. BY:

REF:

1051

CS/ICS24080439/KNP3 (SNM 5241D)

C

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

QD / TP / WS / TP RES / QD 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:

IDAC Accident Report:

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:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SNM 5241D

Yr Regn:

07.15

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

Truck / Trailer or

Make:

Toy A909

C.C.

1496

Colour

M. Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

148123

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

NHP18

2415084

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

185/60R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

3

mm

R/Bal.

4

mm

L/Bal.

3

mm

L/Bal.

4

mm

D.O.A.

21/8/24

D.O.I.

4/9/2024

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

1

LTA rebate & 7976.00

10/9

1/1 Rmp 23500 Cash

(red, \$4329.48, 54%)

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

4

Resurvey No. of Trlp:

Survey Fee:

Transportation

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

Lump Sum / I.B.I: (\$

KIEN CHEONG AUTOMOTIVE

BLK 9 SIN MING INDUSTRIAL ESTATE SECTOR C #01-26 (S) 575644

HP:81259406 FAX:64550902

VEHICLE NO: SNM5241D

MAKE & MODEL: TOYOTA AQUA

CLAIM TYPE: TP

Not Authorized
1/1 Rsp & 1/1
Penny After Pain
4 days
1/1 Rsp @ 3500k

ESTIMATION QUOTE

| PARTS | QTY | PRICE (\$) | REMARKS |
|---------------------------------|------|-------------|----------|
| FRONT BUMPER | 1 | \$ 1,124.50 | |
| FRONT BUMPER LOGO | 1 | \$ 82.10 | ✓ |
| FRONT BUMPER GRILLE | 1 | \$ 563.60 | X |
| FRONT BUMPER CLIPS | 1SET | \$ 80.00 | ✓ |
| FRONT BUMPER RETAINER LH & RH | 2 | \$ 115.20 | ✓ |
| FRONT BUMPER SIGNAL LAMP | 1 | \$ 266.20 | ✓ |
| FRONT BUMPER FOG LAMP | 1 | \$ 332.70 | ✓ |
| FRONT BUMPER FOG LAMP COVER | 1 | \$ 110.50 | ✓ |
| FRONT FENDER | 1 | \$ 612.50 | X |
| FRONT FENDER EMBLEM | 1 | \$ 88.30 | ✓ |
| FRONT FENDER INNER SHIELD CLIPS | 1 | \$ 80.00 | ✓ |
| FRONT LOWER SPOILER | 1 | \$ 895.90 | ✓ 500.00 |
| FRONT BUMPER UPPER RUBBER | 1 | \$ 102.20 | X |
| Subtotal | | \$ 4,453.70 | |
| 81110 - 52k60 | | \$ 1,113.43 | |
| SUB TOTAL | | \$ 3,340.28 | |

| SPECIAL NETT ITEMS | QTY | PRICE (\$) | REMARKS |
|--------------------|-----|------------|---------|
| FRONT NO PLATE | 1 | \$ 65.00 | X |
| SUB TOTAL | | \$ 65.00 | |

| LABOUR | QTY | PRICE (\$) | REMARKS |
|--|-----|-------------|---------|
| TO PANEL BEAT FRONT SUPPORT PANEL AND REPLACE DAMAGE PARTS | 1 | \$ 1,000.00 | 3201 |
| TO PUTTY AND RESPAIR AFFECTED AREA | 1 | \$ 1,000.00 | 4001 |
| TO APPLY ANTI RUST COATING | 1 | \$ 100.00 | X |
| TO FOCUS HEADLAMP | 1 | \$ 50.00 | 201 |
| TO CHECK WIRING | 1 | \$ 50.00 | 201 |

I KK 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:

1

SUB TOTAL \$ 2,200.00

GRAND TOTAL \$ 5,605.28

7829.48

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 First Submission | 21/08/2024 16:05 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 21/08/2024 11:42 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | CAR PARK AT ENTERPRISE HUB |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SNM5241D |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | TAN NIAP NAM |
| NRIC No | S1195471E |
| Email Address | PHILIPTANNN@GMAIL.COM |
| Mobile Phone No | (Phone) +65-96611886 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | AQUA 1.5 X-URBAN A |
| 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? | No - Claiming third party |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 1496 |
| Vehicle Fuel | Petrol-Electric |
| First Registration Date | 29/07/2015 |
| Chassis no | NHP102415064 |
| Effective Date/Time of Ownership | 18/10/2023 05:10 (SGT) |

INSURANCE COMPANY

| | |
|-----------------------------------|---------------------------------------|
| Name of Insurance Company | Allianz Insurance Singapore Pte. Ltd. |
| Policy Number / Cover Note Number | SP2008116141 |

DRIVER

| | |
|--|---|
| Name of Driver | TAN NIAP NAM |
| NRIC No | S1195471E |
| Date Of Birth | 08/12/1955 |
| Occupation | Outdoor |
| Driving Pass Date | 25/02/1975 |
| Driving License Pass Class | 3 |
| Driving License Validity | Valid |
| Driving experience | 49 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96611886 |
| Alt. Phone Number | - |
| Email Address | PHILIPTANN@GMAIL.COM |
| Address | BLK 62 TOA PAYOH LORONG 4 20-109 SINGAPORE 310062 |
| Address complement | - |
| Postcode | 310062 |
| 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 | Collided into Parked Vehicle |
| 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) | 0 |
| 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 | - |

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

REFER TO SKETCH PLAN

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 | GBK7321H |
| Vehicle Manufacturer | - |

| | |
|---|----------------------|
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | HOSSAN MD FORHAD |
| Contact Number | (Phone) +65-85102703 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

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 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. 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.

B. 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"; the Insurers' law firms/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes 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' law firms/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

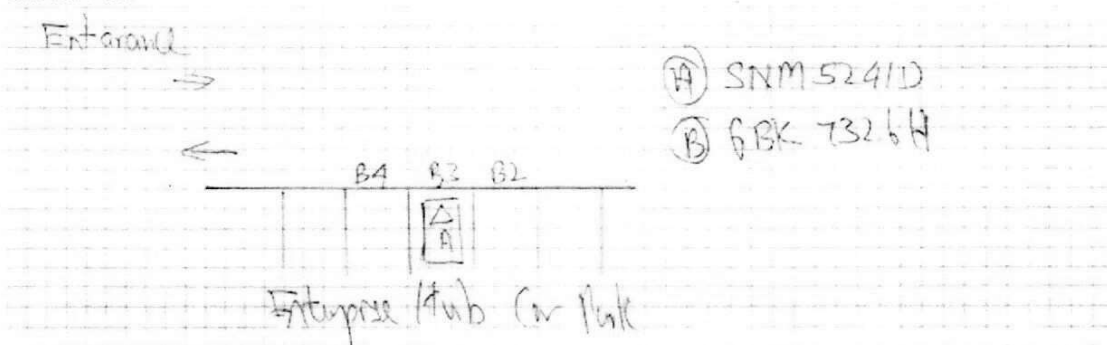
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)
Witnessed by Reporting Centre
Personnel

Policyholder's Signature Date & Time

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

Sketch Plan



Describe Circumstance of the Accident

At about 10am I parked my vehicle (AD) @ the car park of Enterprise Hub. At about 12.25pm I returned to my vehicle. The driver of vehicle (B) told me that he had hit my vehicle while reversing his van.