ASS. REC. BY: Tauffik | REF: CS/LIP24090379/Tgh3

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.

N/S	O/S

Bal. or Market Value: $56K

IDAC Accident Rport: _____ 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 -WP'

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMF9036C Yr Regn: 2018, 11

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Hyundai Elantra c.c 1591

Colour Blue A/C: Insured / Std / NI / NA

Sp.Reading 69308 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHD841CMJU766798

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : NIl / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/65R15

R: ^ ^

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / 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.	23/9/24

Survey held at Century Motors

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to? _____

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:	
Transportation: ___$ + RS___SI	
Photos	
Others	
TOTAL	

Century Motors

Autoinsure

Century Motors (Singapore) Pte Ltd
6 Marsiling Lane
Singapore 739145

E: claims@autoinsure.com.sg
T: (65) 3157 2626
GST No.: 192800002R

AUTOMOBILE ASSESSMENT REPORT

Our Ref: **SMF9036C**
Your ref: **GBB6090R**

Date: **23-Sep-24**

BY EMAIL ONLY
(claims@autoinsure.com.sg)

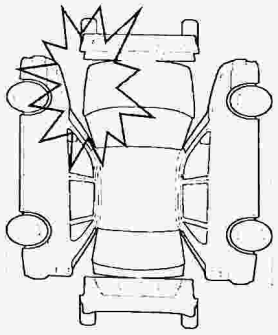
ATTENTION: MOTOR CLAIMS DEPT

LIBERTY INSURANCE PTE LTD
51 CLUB STREET
#03-00 LIBERTY HOUSE
SINGAPORE : 069428

Assessed Vehicle No	**: SMF9036C**
Car Make and Model	**: HYUNDAI ELANTRA AD 1.6 GLS AT (AMS)**
Date of Accident	**: 13-Sep-24**
Date of Assessment	**: 20-Sep-24**

We have carried out a physical assessment of SMF9036C at our workshop **Century Motors (Singapore) Pte Ltd** sustained damages to the LH portion of the vehicle.

4. DESCRIPTION OF DAMAGE
At the time of the inspection observed that this vehicle had sustained damages to the LH portion of the vehicle.



Please see attached schedule for details.

Remarks: NIL

Estimated Amount	:	**P/P**
Adjusted Amount	:	**$ 5,410.27**
Est. Repair Days	:	**5**

Pursuant to your instruction, we have **NOT AUTHORIZED** repair.
The assessment was conducted on a **"WITHOUT PREJUDICE"** basis.

If we are not notified of anything within 14 Days from the date hereof, this report shall be treated as correct.

Our Ref: **SMF9036C**
Your Ref: **GBB6090R**

S/NO	QTY	DESCRIPTIONS	ASSESSED CONDITION	EST. BY WORKSHOP	
		PARTS REPLACEMENT - LIST ITEMS			
1	1	FRT FENDER LH		$ 1,832.50	✓
2	1	FRT DOOR LH		$ 1,228.80	RY
3	1	SIDE MIRROR ASSY LH		$ 898.20	RY
			SUB TOTAL	$ 3,959.50	
			LESS 10%	$ 395.95	
			TOTAL AMOUNT	$ 3,563.55	

Our Ref: **SMF9036C**
Your Ref: **GBB6090R**

S/NO	QTY	SPECIAL NETT ITEMS	ASSESSED CONDITION	EST. BY WORKSHOP
			SUB TOTAL	$ -
			TOTAL PARTS COST	$ 3,563.55

Our Ref: **SMF9036C**
Your Ref: **GBB6090R**

S/NO	DESCRIPTION	EST. BY WORKSHOP	
	LABOUR & PAINTWORK		
1	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; PANEL BEAT & RESHAPE THE AFFECTED AREAS AND REPLACED THE DAMAGED PARTS AND COMPONENTS	$ 600.00	400
2	TO REMOVE & REFIT WIRING SYSTEM AT BUMPER AND CHECK FOR PROPER FUNCTIONS	$ 100.00	X
3	TO RESPRAY AND SUPPLY EXPANDABLE ITEMS & PUFFY ON PARTS REPLACED	$ 600.00	450
4	SUNDRIES (SAND PAPER, WELDING WIRE ETC.)	$ 50.00	X
5	TO VACUUM, WAXING & CLEAN	$ 50.00	X
	TOTAL BEFORE GST	$ 4,963.55	
	GST 9%	$ 446.72	
	TOTAL (PARTS & LABOUR):	**$ 5,410.27**	

Adjustments / Recommendations
Our estimator have throughly inspected each and every item on the estimate against physical damage found on the vehicle and have listed the breakdown of our finding and recommendation.

Our Workshop has agreed to undertake the job at a **sum of $3,780.82** for lump sum with the third party insurance.

Yours Faithfully,
CK Loh
Claims Estimator

L&K 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:

Tauffik 97495749
WP' 23/9/24 @ 430pm
P/P Resurvey before paint
.3days
tauffik@khautow.com.

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 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 STATEMENT

Date of First Submission	13/09/2024 17:48 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/09/2024 09:54 (SGT)
Exact Location of Accident	20 Marsiling Ln, Singapore 730020
Additional Location Information	MARSILING MARKET OPEN CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF9036C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BEETSMA LOUIS GERARD CHARLES @ZAMILY ABDULLAH BEETSMA
NRIC No	SXXXX570J
Email Address	LOUISGCB17551@GMAIL.COM
Mobile Phone No	(Phone) +65-94576796
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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 car
Transmission	Auto
CC	1591
Vehicle Fuel	-
First Regisration Date	-
Chassis no	KMHD841CMJU766798
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5124418261-02

DRIVER

Name of Driver	BEETSMA LOUIS GERARD CHARLES @ZAMILY ABDULLAH BEETSMA
NRIC No	SXXXX570J
Date Of Birth	17/05/1951
Occupation	Indoor
Driving Pass Date	28/10/1969
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	54 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94576796
Alt. Phone Number	-
Email Address	LOUISGCB17551@GMAIL.COM
Address	189A MARSILING ROAD #13-956
Address complement	-
Postcode	731189
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	Hit and run / Vandalism / Damaged whilst parked
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

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	GBB6090R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LEE KHAR KHEAN
Work Permit No	GXXXX252M
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by 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.
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 any 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	Actual Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

unable to provide sketch

SKETCH PLAN #2

Describe Circumstance of the Accident

On 13 Sep 2024, my car (SMF9036C) was parked at the open car park of marsiling market. At about 0954 hr, when I returned back to my car, I saw my car left side was hit by a lorry (GBB 6040R). The driver of GBB 6040R was waiting for me and admit his fault.

Declaration

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

Policyholder's Signature / Date & Time

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

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

vJun2022

2