

ASS. REC. BY:

REF:

TP1

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 05 days Res.: Yes or NoLum Sum: 1.B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SNK 8113G Yr Regn: 05, 23

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

Truck / Trailer or AMake: Toy Raize C.C. 1196Colour: M. Red A/C: Insured / Std / NI / NASp. Reading: 40190 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: A201A 0002819Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD A/Rlm orTyre Size: F: 215/55R17

R: _____

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

TOYO / YOKO or HankookFront 7 mm Rear 7 mmR/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 3/10/24 D.O.I. 8/10/2024

Survey held at _____

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

FR O/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

10/10 8 6742.45 Coln

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation

S + RS \$

Fees

Others

TOTAL

Report Format :

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

辉 阳 汽 车 有 限 公 司 HUI YANG MOTOR PTE. LTD.

Contact Add : SIN MING AUTOCARE Blk 176 Sin Ming Drive #04-09 Singapore 575721
Tel: 64515752 (2 Lines) . Fax: 64514658
GST & Reg No. 201629438M

05/10/2024

Owner: MUHAMAD NAUFAL BIN NOORDIN

ESTIMATE TO REPAIR TOYOTA RAIZE - SNK8113G

Not Authorized
Runway B4 pain
86742.45 *5 days*

1pc	front bonnet
2pcs	front bonnet hinge @\$181.50
1pc	front RH headlamp
1pc	front centre grille
1pc	front "TOYOTA" logo
1pc	front bumper
2pcs	front bumper side retainer @\$121.50
10pcs	front bumper clip @\$5.00
1pc	front bumper grille
1pc	front bumper RH fog lamp
1pc	front bumper RH fog lamp garnish
1pc	front bumper RH side lamp
1pc	front bumper RH parking sensor
1pc	front bumper RH parking sensor base
1pc	front bumper lower
1pc	front bumper reinforcement
1pc	front support top panel
1pc	front support RH side panel
1pc	front support RH side bar
1pc	front radiator top panel
1pc	front radiator lower panel
1pc	front RH horn
1pc	front RH fender
1pc	front RH fender protector
1pc	front RH fender inner shield
10pcs	front RH fender inner shield clip @\$5.00
1pc	front RH fender inner bracket

\$ R	885.00	X
\$ R	363.00	X
<i>msm</i> \$	1,650.00	✓
<i>lss</i> \$	481.50	X
<i>nm</i> \$	98.50	X
<i>R</i> \$	1,150.00	—
<i>cm</i> \$	243.00	—
<i>m</i> \$	50.00	—
<i>cm</i> \$	485.20	✓
\$ <i>sn</i>	381.50	X
\$ <i>nd</i>	280.50	✓
\$ <i>sn</i>	321.20	X
<i>nd</i> \$	280.50	✓
\$ <i>sn</i>	121.50	X
<i>cm</i> \$	481.50	—
<i>R</i> \$	381.50	—
\$ R	381.50	X
\$ R	321.20	X
\$ R	181.50	X
\$ R	380.50	X
<i>cm</i> \$	481.50	✓
\$ <i>sn</i>	121.20	X
<i>Bu</i> \$	681.50	✓
<i>Bu</i> \$	280.20	✓
\$ <i>cm</i>	181.20	—
\$ <i>m</i>	50.00	—
\$ R	121.50	X

\$ 10,836.20
\$ 2,709.05
\$ 8,127.15

1pc	front number plate casing
1set	paint protection film

s.nett	\$ 40.00	<i>35sn</i>
<i>m</i> s.nett	\$ 900.00	<i>300in</i>

wiring
tuffkote
spray painting
labour charges
Total

\$ 80.00 *2ol*
\$ 80.00 *3ol*
\$ 1,400.00 *800l*
\$ 1,400.00 *55cl*
\$ 12,027.15



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:

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	07/10/2024 15:08 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/10/2024 07:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PSA MARINE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNK8113G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMAD NAUFAL BIN NOORDIN
NRIC No	SXXXX910A
Email Address	afal_pengache@icloud.com
Mobile Phone No	(Phone) +65-90279535
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	RAIZE
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1200
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5136168025-01

DRIVER

Name of Driver	MUHAMAD NAUFAL BIN NOORDIN
NRIC No	SXXXX910A
Date Of Birth	05/04/1995
Occupation	Outdoor
Driving Pass Date	09/06/2016
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	8 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90279535
Alt. Phone Number	-
Email Address	afal_pengache@icloud.com
Address	BLK 230A TENGAH DRIVE
Address complement	#02-461
Postcode	691230
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 - Head on collision
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED SKETCH PLANS

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	SLT752R
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOHAMAD DAUD BIN ABU CHIK
NRIC No	SXXXX986C
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMAD NAUFAL BIN NOORDIN
Gender	Male
Phone No	(Phone) +65-90279535
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER POLICE REPORT
Injured person in which vehicle?	SNK8113G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



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.
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' law firms/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' 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle	Position	Direction
Vehicle A - SVK 81136		
Vehicle B - SIT 755JR		

Describe Circumstances of the Accident

Please refer to the attached Police report.

☐ Claim OD ☐ Claim Third Party ☒ Claim OD/TP at other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop : *Hui Yang Motor Pte Ltd*

Email address : *huiyang-motor@hotmail.com*


Myself email : *ata1-pengache@icloud.com*

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

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) / Date & Time


Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20241007/7018

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20241007/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/10/2024 11:05		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMAD NAUFAL BIN NOORDIN			Address: 230A TENGAH DRIVE #02-461 SINGAPORE 691230		
ID Type / ID No.: NRIC NO / S9510910A			Contact No.: Home/Office: Mobile: 90279535		
Nationality: SINGAPORE CITIZEN			Email: AFAL_PENGACHE@ICLOUD.COM		
Sex: Male	Age: 29	Date of Birth: 05/04/1995	Type of Informant: Driver		
Race: Boyanesse			Language: English		
Occupation: LAUNCH MASTER			Driving Licence Information: Class: 2B,2A,2,3,3A,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/10/2024 07:35	Type of Location:
Location: WEST COAST FERRY ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SLT752R	Motor car		HYUNDAI	White		0
SNK8113G	Motor car	TOYOTA	RAIZE 1.2G CVT	Red	Seriously Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date	
SNK8113G	NTUC Income Insurance Co-Operative Limited	5136168025-01	16/05/2024	15/05/2025	



**SINGAPORE
POLICE FORCE**



T/20241007/7018

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20241007/7018

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMAD NAUFAL BIN NOORDIN	ID No.	S9510910A
Related Vehicle	SNK8113G (Motor car)	Contact No.	90279535
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,3A,4 Date of Expiry: NIL
Date Treatment	05/10/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	02	Degree of Injury	Serious

Brief Details.

On 05/10/2024, at about 0736, I was exiting PSA Marine in my car, vehicle A (SNK8113G). While driving towards the exit gate, I noticed a white vehicle B (SLT752R), entering my lane. I immediately slowed down and came to a full stop as vehicle B continued to approach. I honked my horn to alert the driver of vehicle B, but he did not reduce their speed. Vehicle B continued moving and collided with my front right bumper. The impact caused my head to hit the steering wheel, and I felt extreme pain on head and neck that cause me to feel dizzy and blurry vision.

The collision resulted in damage to the front right bumper of my vehicle A. I will seek medical attention due to the head and neck impact. I was given two days mc and if condition worsen i was advice to by the DR to revisit.

Vehicle B is a white hyundai and the driver is Mohamad Daud Bin Abu Chik(S1261986C).



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20241007/7018

3 of 3

Report No. T/20241007/7018

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65476404

NP168

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
07/10/2024 11:05

Classification Of Case: