

ASS. REC. BY:

REF:

C721

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:

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:

PTS 95085

Yr Regn:

09, 09

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

Truck / Trailer or

Make:

Toy ATTS

C.C.

1598

Colour

h: Silver

AC: Insured / Std / NI / NA

Sp. Reading

93816

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

NR0537EE106135143

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 / R/Rim or

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Front

R/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

19/11/24

Rear

R/Bal.

8

mm

L/Bal.

8

mm

D.O.I.

29/11/2024

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

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS. SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

TOTAL

HWA SENG SPRAY PAINTING PTE LTD

160 Sin Ming Drive

#05-11 Sin Ming Autocity

SINGAPORE 575722

(COMPANY REGISTRATION NO.: 202017045G)

TEL : 64533100

FAX : 62669932

Date of Accident : 19/11/20

Your Insured

Vehicle No.: PC 8967C

ESTIMATE REPAIR COSTS TO TOYOTA ALTIS REG. NO. : SJS 9528 S

		S\$
1pc	O/S/F Fender	Bz 982.90 ✓
1pc	O/S/F Fender Inner Shield	Pu 226.60 X
1pc	Emblem 'VVTi'	Mc 38.50 ✓
1pc	O/S Headlamp	Bz 3246.10 ✓
1pc	Front Bumper	Bz 458.10 ✓
1pc	O/S Front Bumper Retainer	DII 92.40 ✓
1pc	Front Bumper O/S Fog Lamp	Im 395.40 X
1pc	O/S Wing Mirror	Pu 385.00 X

5825.00

Less : 25%

1456.25

4368.75

LABOUR & MISC CHARGES

Panel Knocking	800.00 4001
Spray Painting	800.00 4001
Wire Checking	50.00 201
Computerised Wheel Alignment	NA 150.00 X
O/S/F Sport Rims	Pu 2173.50 X

TOTAL

8342.25

HWA SENG SPRAY PAINTING PTE LTD

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 on a "No Prejudice" basis
- No illegal modification is allowed
- Supplementary items must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Not Notified
L/Ly &
Recovery After Paint
4 days

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 willful 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	19/11/2024 13:22 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/11/2024 08:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN SENANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS9528S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN SHI EE
NRIC No	S7940474H
Email Address	CYNTAN@HOTMAIL.COM
Mobile Phone No	(Phone) +65-94319461
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	ALTIS
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	1600
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	5086709332-08

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC8967C
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	LUQMAN
Phone	(Phone) +65-90010695
Email	-

IMPORTANT NOTICE

SKETCH PLAN

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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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The value 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 insurers 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 this accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquires 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/are 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

19/11/24@1305HRS

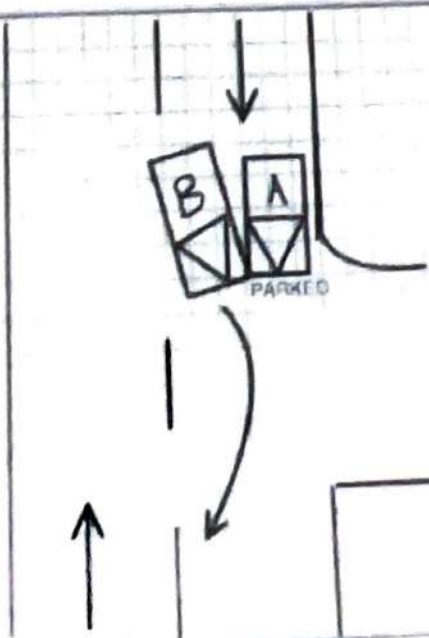
Sketch Plan

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

MUHAMMAD FADLY SUKIMAN

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

A: SJS9528S
B: PC8967C





SINGAPORE POLICE FORCE

POLICE REPORT (NP299)

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000



G/20241119/7021

1 of 2

Report No. G/20241119/7021

Date/Time Report Made 19/11/2024 08:55		Vide Report No.		Station Diary No.	
Name Of Informant TAN SHI EE		Address 79B JALAN SENANG SINGAPORE 418421			
ID Type / ID No.		Contact No.			
NRIC NO / S7940474H		Home/Office:		Mobile: 94319461	
Nationality SINGAPORE CITIZEN		Email Address cyntan@hotmail.com			
Occupation Policy manager		Sex Female	Age 44	Date of Birth 20/12/1979	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 19/11/2024 08:15 - 19/11/2024 08:15		Location Of Incident 79B JALAN SENANG YONG SENG ESTATE SINGAPORE 418421			

Brief details:

My car SJS9528S was parked stationary outside my house. I was doing some light exercises near my front gate when I heard a loud crash outside and ran out and saw a van had hit my car right side. I thought the driver will stop. But even though I ran barefoot to chase after him, the driver drove on and did not stop after hitting my car. I managed to get his van number PC8967C. My neighbour Luqman and his family members who stay opposite me at 81A Jalan Senang witnessed this as they were at their front gate area when this hit and run incident happen.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Contact No.:

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

Date/Time:
19/11/2024 08:55

Classification Of Case: