

ASS. REC. BY: Taufik

REF: C8/UP 2407 0305/TNH3

ASSIGNMENT

C-E 2027/03

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: 430K

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SGT99214 Yr Regn: 2007 / 04

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

Truck / Trailer or

Make: Pakistan Open 660 c.c. 659

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

Sp. Reading: 182867 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: L880K00 38207

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / SRM / STD A/Rim or

Tyre Size: F: 165 / 50R15

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. 19/7/24

Survey held at Century Motor

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

Frt O/S

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

Date / Time	Action / Instruction
	Taufikh confirmed COR \$4585 , 3 days.
	(red. \$3331.69, 42%)

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: 3

i) Date/Time, File Return to?

☐ : Final Report

Resurvey No. of Trip: _____

2) _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

Rep. Format: _____

Lump Sum / L.B.E. ()



Century Motors

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



E: claims@autoinsure.com.sg

T: (65) 3157 2626

GST No.: 192800002R

Page No.1

AUTOMOBILE ASSESSMENT REPORT

Our Ref: SGT9921U

Your ref: GBG8194K

Date: 16-Jul-23

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 : SGT9921U
Car Make and Model : DAIHATSU COPEN 660 A
Date of Accident : 8-Jul-23
Date of Assessment : 9-Jul-23

We have carried out a physical assessment of SGT9921U at our workshop Century Motors (Singapore) Pte Ltd sustained damages to the FRONT portion of the vehicle.

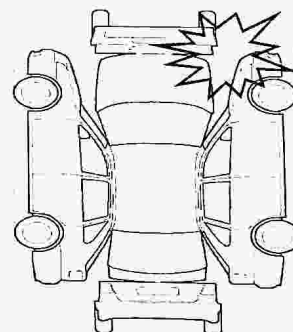
4. DESCRIPTION OF DAMAGE

At the time of the inspection observed that this vehicle had sustained damages to the FRONT portion of the vehicle.

Please see attached schedule for details.

Remarks: NIL

Estimated Amount	:	P/P	
Adjusted Amount	:	\$	2,214.00
Est. Repair Days	:	7	



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.

Disclaimer

This report is intended for the exclusive use of the addressee solely in relation to the loss of occurrence in which the assessed vehicle is involved.

No liability or responsibility whatsoever shall be held by

Century Motors (Singapore) Pte Ltd For any reliance on this report by any third party.

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:

Our Ref: **SGT9921U**

Your Ref: **GBG8194K**

S/NO	QTY	DESCRIPTIONS	ASSESSED CONDITION	EST. BY WORKSHOP
PARTS REPLACEMENT - LIST ITEMS				
1	1	FRT BUMPER <i>dec</i>		
2	1	FRT BUMPER SIDE RETAINER RH ?		
3	1	HEAD LAMP RH <i>cut</i>		
4	1	FRT SIGNAL LAMP RH <i>cut</i>		
5	1	FRT FENDER INNER SHIELD RH X		
6	1	FRT FENDER RH <i>Rx</i>		
SUB TOTAL			\$	-
LESS 10%			\$	-
TOTAL AMOUNT			\$	-

Our Ref: **SGT9921U**

Your Ref: **GBG8194K**

S/NO	QTY	SPECIAL NETT ITEMS	ASSESSED CONDITION	EST. BY WORKSHOP
1	1	FRT BUMPER CLIPS		\$ <i>300</i> 50.00
2	1	FRT NUMBER PLATE & HOLDER		\$ X 40.00
3	1	FRT BUMPER STICKER		\$ <i>50 net</i> 100.00
SUB TOTAL			\$	190.00
TOTAL PARTS COST			\$	190.00

Our Ref: **SGT9921U**

Your Ref: **GBG8194K**

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	\$ <i>300</i> 800.00
2	TO REMOVE & REFIT WIRING SYSTEM AT ACCIDENT AND CHECK FOR PROPER FUNCTIONS	\$ <i>30</i> 100.00
3	TO RESPRAY AND SUPPLY EXPANDABLE ITEMS & PUFFY ON PARTS REPLACED	\$ <i>400</i> 800.00
4	SUNDRIES (SAND PAPER, WELDING WIRE ETC.)	\$ X 50.00
5	TO VACUUM, WAXING & CLEAN	\$ X 50.00
6	TO PERFORM WATER SEEPAGE TEST ON REPAIRED PORTIONS	\$ X 60.00
TOTAL BEFORE GST		\$ 2,050.00
GST 8%		\$ 164.00
TOTAL (PARTS & LABOUR):		\$ 2,214.00

Adjustments / Recommendations

Our estimator have thoroughly 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 \$ - for lump sum with the third party insurance.

Yours Faithfully,

Ck Loh
Claims Estimator

Tanfikh 97495749 3 days
WP 19/7/24 @ 320pm
Tanfikh e lkk auto. in
P/f Resumy before paint
No 2nd hand parts



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 09/07/2024 10:53 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 08/07/2024 21:05 (SGT)
Exact Location of Accident Tuas Ave 10, Singapore
Additional Location Information CAR PARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGT9921U
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner JALIL BIN MAD DAUD
NRIC No SXXXX404Z
Email Address FAZLINDA.JALIL07@GMAIL.COM
Mobile Phone No (Phone) +65-94239624
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Daihatsu
Model Copen
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 659

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5131933906-01

DRIVER

Name of Driver JALIL BIN MAD DAUD
NRIC No SXXXX404Z
Date Of Birth 24/07/1966
Occupation Outdoor

Accident report SC2A24790002

Driving Pass Date	26/01/1998
Driving experience	26 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94239624
Alt. Phone Number	-
Email Address	FAZLINDA.JALIL07@GMAIL.COM
Address	BLK 188B MARSILING RD #27-930
Address complement	-
Postcode	732188
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 TOS 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	GBG8194K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

Describe Circumstance of the Accident

On 8 July 2024, my vehicle (SGT9921U) was parked at
Tuas Ave 10 and I'm going to work: .

At about 2105 hrs, someone informed me that vehicle B had
collided onto my vehicle.

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

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 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 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 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.



Policyholder's Signature / Date & Time



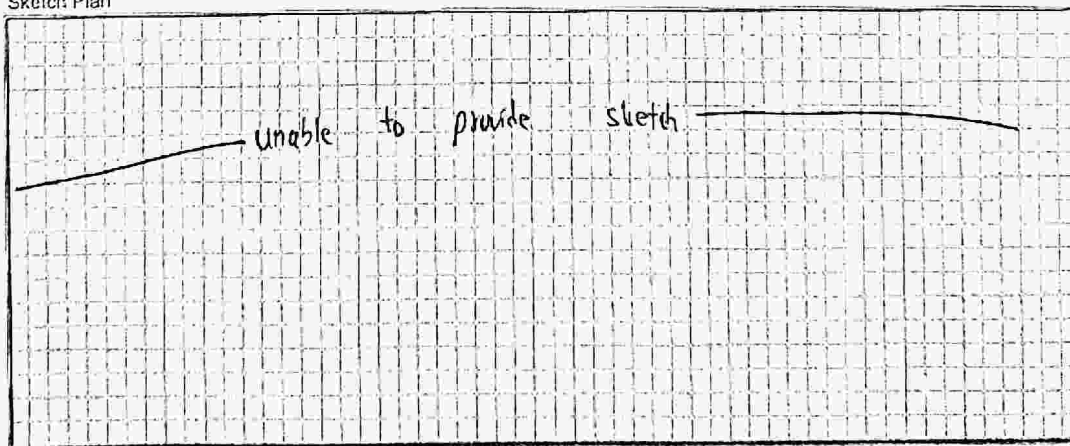
Actual Driver's Signature (if driver is not the policyholder) / Date & Time



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

Sketch Plan

unable to provide sketch



vJun2022

1