ASS. REC. BY: Kenneth | REF: LIP/ CS/LIP24060096/KvRe2 | C

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Guan Motor

of 140B

Insured: SJT 1465L

Policy No. _____

Claims No. AVS24/1719

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: $31k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 05 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: SNJ9730C Yr Regn: 01, 16

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

Make: Toy Altis (A) c.c 1598

Colour M. Silver A/C: Insured / Std / NI / NA

Sp.Reading 169158 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR053REH104543371

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 205/55R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	30/5/24	D.O.I.	14/6/2024

Survey held at _____

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

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

Date / Time	Action / Instruction
18/6	L/Lmp @ 4650. Cashier (red 3865.90, 45%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: ___ S + RS ___ SI

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____) Parking

☐ Tech Invs ($ _____) Others

☐ Weekend ($ _____)

TOTAL _____

Report Format :

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

SK0J245V0003 / K. KIM HIN AUTO PTE LTD
ENTRY DATE & TIME: 31/05/2024 18:20 (SGT)
SUBMITTED BY: Wong Kee Nyuk
VERSION: 1 (31/05/2024 18:20 (SGT))

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	31/05/2024 18:20 (SGT)
Reported by	Actual Driver
Date of Accident	30/05/2024 17:30 (SGT)
Exact Location of Accident	Malaysia
Additional Location Information	FROM TUAS CHECKPOINT JALAN ABDULLAH TAHIR ALONG NO KM 3 OF JALAN JOHOR BAHRU AIR HITAM
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ9750C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NAINA MOHAMED S/O MOHD AZIZ
NRIC No	S1614140B
Email Address	NAINA0208@GMAIL.COM
Mobile Phone No	(Phone) +65-96348454
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	ALTIS
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	1598

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D19MPC0002284_04

DRIVER

Name of Driver	MUHAMMAD JASIR S/O NAINA MOHAMED
NRIC No	S9211732D
Date Of Birth	03/04/1992

Occupation	Indoor
Driving Pass Date	13/01/2011
Driving experience	13 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97557956
Alt. Phone Number	-
Email Address	M.JASIR17@GMAIL.COM
Address	BLK 290F BUKIT BATOK STREET 24 #03-113
Address complement	-
Postcode	655290
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	4
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)	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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JSG3029
Vehicle Category	Private car

FOREIGN VEHICLE 2

Vehicle Registration Number	JA4897
Vehicle Category	Commercial vehicle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	MALAYSIA
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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JSG3029
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	JA4897
Vehicle Manufacturer	-
Vehicle Model	-
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)	2

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJT1465L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	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 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 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.

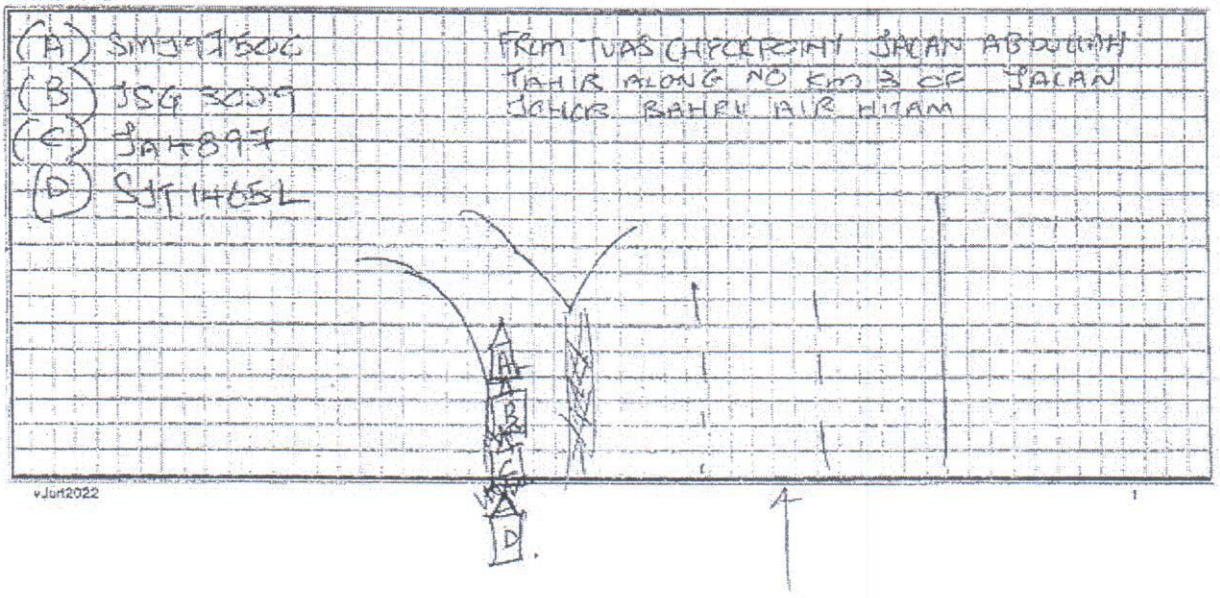
(collectively the "**Purposes**")

(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)
31/5/24 12:25PM	31/5/24 12:25PM	

Sketch Plan



vJun2022

SKETCH PLAN #2

Describe Circumstance of the Accident

PLS REFER TO POLICE REPORT NO

J/20240531/1038

TP CLAIM @ YEE AUTO PTE LTD

Declaration

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

Policyholder's Signature / Date & Time

31/5/24 12.35pm

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

31/5/24 12.35pm

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

K. KIM HIN

v.Jun2022

2

POLIS DIRAJA MALAYSIA
REPOT POLIS

Balai	: TRAFIK JOHOR BAHRU(S)	Pegawai Penyiasat	: R188469
Daerah	: J/BAHRU SELATAN	No. Repot Bersangkut	: TRAFIK JOHOR BAHRU(S)/017097/24
Kontinjen	: JOHOR		
No. Repot	: TRAFIK JOHOR BAHRU(S)/017102/24		
Tarikh	: 30/05/2024		
Waktu	: 1818 PM		
Bahasa Diterima	: B. Malaysia		

Butir-butir Penerima Repot :

Nama	: MUHAMMAD NUR ISKANDAR BIN WAHIB	No. Badan	: R226657	Pangkat	: KONST/P

Butir-butir Jurubahasa (Jika Ada) :

Nama	: —	No. K/P (Baru)	: —	No. Polis/Tentera	: —
No. Pasport	: —	Bahasa Asal	: —		
Alamat	: —				

Butir-butir Pengadu :

Nama	: MUHAMMAD JASIR S/O NAINA MOHAMED				
No. K/P (Baru)	: —	No. Polis/Tentera	: —	No. Pasport	: S9211732D
No. Sijil Beranak	: —	Jantina	: Lelaki	Tarikh Lahir	: 03/04/1992
Umur	: 32 Tahun 1 Bulan	Keturunan	: India	Warganegara	: SINGAPORE
Pekerjaan	: MANAGER				
Alamat Tinggal	: BLK 290F BUKIT BATOK STREET 24 #03-113, 655290 SINGAPORE				
Alamat IbuBapa	: —				
Alamat Pejabat	: —				
No. Tel (Rumah)	: —	No. Tel (Pejabat)	: —	No. Tel (Bimbit)	: 97557956
Emel	: —				

Pengadu Menyatakan :

PADA 30/05/2024 JAM LEBIH KURANG1730 HRS SAYA MEMANDU M/KAR NO SMJ9750C DARI TUAS HENDAK MENUJU KE JLAN ABDULLAH TAHIR SEMASA SAYA SEDANG TERUS DI KM 3 JALAN JOHOR BAHRU AIR HITAM TIBA TIBA SEBUAH M/KAR NO M/KAR NO JSG3029 YANG DATANG DARI ARAH BELAKANG MELANGGAR BAHAGIAN BELAKANG M/KAR SAYA TIADA SEBARANG KECEDERAAN SEMASA KEMALANGAN BERLAKU. KEROSAKAN PADA M/KAR SAYA IALAH DI BAHAGIA BELAKANG IAITU: BUMPER,PANEL,SENSOR,BONET DAN LAIN LAIN KEROSAKAN BELUM PASTI. SEKIAN LAPORAN SAYA.

ON 30/05/2024 AT ABOUT 1730 HRS I WAS DRIVING M/KAR NO SMJ9750C FROM TUAS HENDAK TO JLAN ABDULLAH TAHIR. WHILE I WAS CONTINUING ON KM 3 JALAN JOHOR BAHRU AIR HITAM, A M/KAR NO M/KAR NO JSG3029 ARRIVING FROM THE REAR DIRECTION CRASHED INTO THE REAR PART OF MY M/KAR. THERE WERE NO INJURIES DURING THE ACCIDENT. THE DAMAGE ON MY M/KAR IS ON THE REAR PART THAT IS: BUMPER, PANEL, SENSOR, BONNET AND OTHER DAMAGE NOT DETERMINED. THAT'S MY REPORT.

Tandatangan Pengadu: Tandatangan Jurubahasa(Jika ada): Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R226657 | 30/05/2024 06:28:03 PM

POL.316

POLIS DIRAJA MALAYSIA
CAWANGAN TRAFIK
IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN,
JALAN TEBRAU, 80250 JOHOR BAHRU
07-2237977

T.J

B1

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : MUHAMMAD JASIR S/O NAINA MOHAMED
No Kad Pengenalan / Paspot : S9211732D
No Repot Polis : TRAFIK JOHOR BAHRU(S)/017102/24
Tarikh @ Masa Repot Polis : 30/05/2024 @ 18:18
Pengesahan Penerimaan Repot :

.....
Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R188489) SJN MURNIHIDAYAH BINTI MOHD
Tempat Tugas : JOHOR , J/BAHRU SELATAN
No Telefon Pejabat : No Telefon Bimbit : 011-39353850
Tarikh @ masa Perjumpaan : .....
Pengesahan Penerimaan Repot : 30/5/24 1832H

.....
Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : ..... No Badan : ..... Pangkat : .....

Tarikh @ Masa Gambar Diambil : .....
Pengesahan Gambar Diambil : .....

.....
Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen : .....

Waktu Pejabat :

Ahad - Rabu : 08:00 Pagi - 01:00
Tengah Hari 02:00 Petang - 04:00
Petang Khamis : 08:00 Pagi - 01:00
Tengah Hari 02:00 Petang - 02:30
Petang Rehat - 1.00 T/Hari-2.00 Petang
Jumaat,Sabtu-Tutup Cuti

Jenis Dokumen Dibekal Kepada Pengadu :

1.Salinan Repot Polis ☑
2.Gambar Kenderaan ☐
3.Rajah Kasar Kemalangan ☑
4.Keputusan Siasatan ☑
5.Lain-lain Dokumen ☐

Tarikh @ Masa Dokumen Diserah : .....

Pengesahan Kaunter Pembekalan Dokumen :

.....
Tandatangan Pegawai Kaunter Pembekalan Dokumen

源摩哆廠

GUAN MOTOR WORKS

Business Regn. No: 08102600F

176 Sin Ming Drive #02-03 Sin Ming Autocare Singapore 575721 Tel: 6453 6111 Fax: 6453 8292 H/P: 9742 6003

Not Working
L/Lamp $ 465.20
Reserve After Paint
5 days

REPAIR ESTIMATE SMJ9750C

No.	Qty				
		List Items			
1	1	Rear bumper 677.60		$ Rpr 828.20	—
2	2	Rear bumper side reflector		$ Rn 163.60	X
3	2	Rear bumper side retainer		$ Rn 328.80	X
4	2	Rear bumper corner retainer		$ CM 181.20	2
5	1 set	Rear bumper clips		$ Rn 60.00	—
6	1	Rear bumper inner reinforcement 480		$ Rp 598.20	—
7	2	Taillamp	OLS LH	$ 1,136.20	LH 568.10
8	1	Rear boot lid 975.30		$ Rpr 1,294.10	—
9	1	Rear boot top centre "TOYOTA" logo		$ Rn 58.70	—
10	1	Rear boot RH "COROLLA" emblem		$ Rn 45.60	—
11	1	Rear boot RH "ALTIS" emblem		$ Rn 47.73	—
12	1	Rear boot RH side lamp 412		$ Lp 528.20	—
13	2	Rear boot hinge		$ R 189.60	X
14	1 set	Rear boot inner trim clips		$ Rn 80.00	X
15	1	Rear boot weatherstrip	1195N	$ Lp 238.00	50 SN
16	1	Rear boot top lock		$ Rpl 522.40	—
17	1	Rear boot lower lock catch		$ R 37.80	X
18	1	Rear end panel 1008.40		$ Rp 1,008.40	2
19	1	Rear end panel top garnish 327.80		$ Rp 0/H 327.80	—
				$ 7,674.53	
			Less 25%	$ 1,918.63	
			Total :	$ 5,755.90	
		Special Nett Items			
20	1 set	Rear reverse sensor		$ Rpl 300.00	200 SN
21	1 set	Rear end panel sealant		$ Rn 60.00	30 SN
			Total :	$ 360.00	
		Labour			
1		Labour Charges for remove/refit, cutting/welding and replacement of damages.		$ 1,000.00	600
2		To putty and spray Spray Paintings charges.		$ 1,000.00	600
3		To check wirings and lightings.		$ 40.00	2 cl
4		To remove, refit rear bumper reverse sensors.		$ 80.00	5 cl
5		To remove, refit rear upholstery & attachments.		$ 120.00	6 cl
6		To remove, refit rear boot lid fittings.		$ 80.00	5 cl
7		To supply and apply anti rust treatment		$ 80.00	8 cl
			Total :	$ 2,400.00	
			Total Parts and Labour :	**$ 8,515.90**	

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: