

ASS. REC. BY:

REF:

LIP/

C

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To inspect Vehicle No:

at Workshop m/s

Guan Motor

of

140B

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:

31K

IDAC Accident Rpt:

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

Date / Time

Action / Instruction

18/6 LIP @ 46501. Cash

Veh No:

SMJ9750C

Yr Regn:

01, 16

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

Truck / Trailer or

Make:

Toy AIA

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:

MR053REH104343371

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/R/m / STD A/R/m or

Tyre Size:

F:

205/55R16

R:

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

Front

R/Bal.

8

mm

Rear

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 / UIC / Rooftop or

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

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. SI

: Fuel

: Others

TOTAL

Report Format :

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

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	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

31/5/24 12:25 PM

Sketch Plan

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

31/5/24 12:25 PM

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

(A) SIMON BOG	FROM TUAS CHECKPOINT, JALAN ABU BAKAR TAKIR ALONG NO. 3 OF JALAN TAKIR BAHAR AIR HITAM
(B) JSG BOG	
(C) JAH897	
(D) SJT1405L	

vJun2022

Describe Circumstance of the Accident

PLS REFER TO POLICE REPORT NO
J/00240531/1038

TP CLAIM @ YEE AUTO PIE LTD

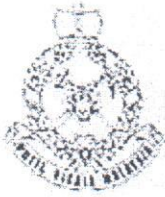
Declaration

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/ID card)
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vJun2022

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POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(S) Pegawai Penyiasat : R188489
 Daerah : J/BAHRU SELATAN No. Repot Bersangkut : TRAFIK JOHOR
 Kontinjen : JOHOR BAHRU(S)/017097/24
 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 No. Badan : R226657 Pangkat : KONST/P
 ISKANDAR BIN WAHIB

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 KURANG 1730 HRS SAYA MEMANDU MIKAR 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 MIKAR NO MIKAR NO JSG3029 YANG DATANG DARI ARAH BELAKANG MELANGGAR
 BAHAGIAN BELAKANG MIKAR SAYA TIADA SEBARANG KECEDERAAN SEMASA KEMALANGAN BERLAKU.
 KEROSAKAN PADA MIKAR 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 MIKAR NO SMJ9750C FROM TUAS HENDAK TO JLAN
 ABDULLAH TAHIR. WHILE I WAS CONTINUING ON KM 3 JALAN JOHOR BAHRU AIR HITAM, A MIKAR NO MIKAR
 NO JSG3029 ARRIVING FROM THE REAR DIRECTION CRASHED INTO THE REAR PART OF MY MIKAR. THERE
 WERE NO INJURIES DURING THE ACCIDENT. THE DAMAGE ON MY MIKAR 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



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

Rosit 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 :

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

REPAIR ESTIMATE SMJ9750C

NOT WORKING
L1 Lamp & 4650h
Running After Rain
5 days

No.	Qty	List Items			
1	1	Rear bumper	677.60	\$ Bu	828.20 ✓
2	2	Rear bumper side reflector		\$ Bu	163.60 X
3	2	Rear bumper side retainer		\$ Bu	328.80 X
4	2	Rear bumper corner retainer		\$ CM	181.20 ✓
5	1 set	Rear bumper clips		\$ Na	60.00 ✓
6	1	Rear bumper inner reinforcement	480	\$ Bu	598.20 ✓
7	2	Taillamp		old \$	1,136.20 ✓ 568.10
8	1	Rear boot lid	975.30	\$ Bu	1,294.10 ✓
9	1	Rear boot top centre "TOYOTA" logo		\$ Na	58.70 ✓
10	1	Rear boot RH "COROLLA" emblem		\$ Na	45.60 ✓
11	1	Rear boot RH "ALTIS" emblem		\$ Na	47.73 ✓
12	1	Rear boot RH side lamp	412	\$ Lu	528.20 ✓
13	2	Rear boot hinge		\$ R	189.60 X
14	1 set	Rear boot inner trim clips		\$ Na	80.00 X
15	1	Rear boot weatherstrip		119SN \$ Lu	238.00 50% ✓
16	1	Rear boot top lock		\$ Pd	522.40 ✓
17	1	Rear boot lower lock catch		\$ R	37.80 X
18	1	Rear end panel	1008.40	\$ Bu	1,008.40 ✓
19	1	Rear end panel top garnish	327.80	\$ Any Dir	327.80 ✓
				\$	7,674.53
			Less 25%	\$	1,918.63
			Total :	\$	5,755.90

Special Nett Items

20	1 set	Rear reverse sensor		\$ Pd	300.00 200SN
21	1 set	Rear end panel sealant		\$ Na	60.00 30SN
			Total :	\$	360.00

Labour

1	Labour Charges for remove/refit, cutting/welding and replacement of damages.	\$	1,000.00	600L
2	To putty and spray Spray Paintings charges.	\$	1,000.00	600L
3	To check wirings and lightings.	\$	40.00	20L
4	To remove, refit rear bumper reverse sensors.	\$	80.00	50L
5	To remove, refit rear upholstery & attachments.	\$	120.00	60L
6	To remove, refit rear boot lid fittings.	\$	80.00	50L
7	To supply and apply anti-rust treatment	\$	80.00	60L
LKK Auto Consultants hence notify the Repairer of the following:		Total :	\$	2,400.00

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:

Total Parts and Labour : \$ 8,515.90