ASS. REC. BY: Kenneth | REF: LIP/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Cwan 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.

N/S	O/S

Bal. or Market Value: 83k

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SNJ9750C 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: MR053REH104343371

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / 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
/	

ate/Time, File Pass to? _____

☐ : Prell. Report

☐ : Final Report

te/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ S - RS. ___ SI

Add Fee: ☐ : Site Insp ($ _____) Photos

☐ : Interview ($ _____) Others

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

TOTAL

ort Format :

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

源摩哆廠

GUAN MOTOR WORKS

Business Regn No 08102600I

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

Not Included L/Lamp & Reverse After Paint 5days

REPAIR ESTIMATE SMJ9750C

No.	Qty	List Items		
1	1	Rear bumper	Rpr	$ 828.20
2	2	Rear bumper side reflector	Rpr	$ 163.60 X
3	2	Rear bumper side retainer		$ 328.80 ?
4	2	Rear bumper corner retainer		$ 181.20 ?
5	1 set	Rear bumper clips	Nw	$ 60.00
6	1	Rear bumper inner reinforcement	Rpr	$ 598.20
7	2	Taillamp	Old Unit	$ 1,136.20
8	1	Rear boot lid	Rpr	$ 1,294.10
9	1	Rear boot top centre "TOYOTA" logo	Nw	$ 58.70
10	1	Rear boot RH "COROLLA" emblem	Nw	$ 45.60
11	1	Rear boot RH "ALTIS" emblem	Nw	$ 47.73
12	1	Rear boot RH side lamp	Chg	$ 528.20
13	2	Rear boot hinge	R	$ 189.60 X
14	1 set	Rear boot inner trim clips	Nw	$ 80.00 X
15	1	Rear boot weatherstrip	Chg	$ 238.00 50%dis
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		$ 1,008.40 ?
19	1	Rear end panel top garnish	Rpr Old Unit	$ 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 200dis
21	1 set	Rear end panel sealant		$ 60.00 ?
			Total :	$ 360.00

		Labour	
1		Labour Charges for remove/refit, cutting/welding and replacement of damages.	$ 1,000.00 ?
2		To putty and spray Spray Paintings charges.	$ 1,000.00 60%
3		To check wirings and lightings.	$ 40.00 20%
4		To remove, refit rear bumper reverse sensors.	$ 80.00 50%
5		To remove, refit rear upholstery & attachments.	$ 120.00 60%
6		To remove, refit rear boot lid fittings.	$ 80.00 50%
7		To supply and apply anti rust treatment	$ 80.00 ?
			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:

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

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")

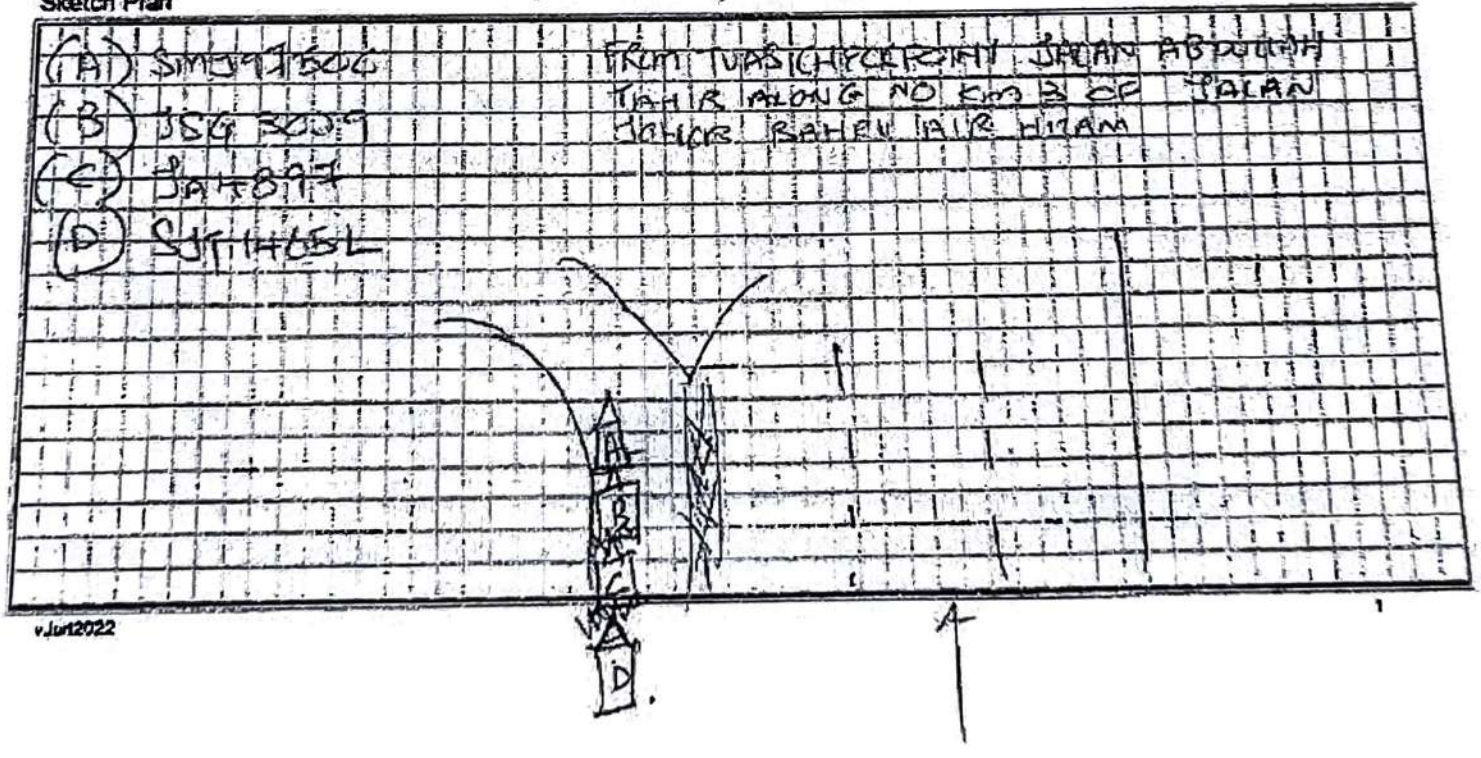
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

SKETCH PLAN

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



POLIS DIRAJA MALAYSIA
REPOT POLIS

Balai			
Daerah	: TRAFIK JOHOR BAHRU(S)		
Kontinjen	: J/BAHRU SELATAN	Pegawai Penyiasat	: R186489
No. Repot	: JOHOR	No. Repot Bersangkut	: TRAFIK JOHOR BAHRU(S)/017097/24
Tarikh	: TRAFIK JOHOR BAHRU(S)/017102/24		
Waktu	: 30/05/2024		
Bahasa Diterima	: 1818 PM		
	: 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. Pasport : — | No. K/P (Baru) : — | Alamat : — | Bahasa Asal : — | No. Polis/Tentera : —

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 Ibu/Bapa	: —				
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 JLN 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