

SS. REC. BY: _____ REF: CS3/SPF17019 246/716² Special Instruction: _____

Subject: Tauhid ASSIGNMENT (Office)

From (Person): Abdul Rahman of SPF Date/Time: 6/10/2017

Estimated Cost: _____ Bill to: _____

OD / ☒ TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SJS 9788 H Insured: QX 555M

at Workshop m/s One Zone Autocare Tel: 62520118 / 92308294

of 7 Soon Lee Street #01-05 I space Building (G27 608)

Policy No: _____ Claim No: AEMD/105/009/2017/QX 555M

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 29/09/17
(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp' H.O.D. Endorsement _____

Date/Time: 6/10/17 12:33 pm Person Contacted: Mr. ERIC Vehicle ☒ IN / OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	<u>Eric say vehicle already start repair, will arrange survey after repair.</u>
	<u>SJS 9788 H-X</u>
	<u>QX 555M-cc7/AIG 11022356/MIXX-D.O.A: 28/10/11</u>

REF:

Survegor

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: _____ 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: SJS 978841 Yr Regn: 2009 / SepType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: M. Suzuki Lancer 1.6 c.c. 1584Colour: Black A/C: Insured / Std / NI / NASp. Reading: --- T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: Jmy SNC S3 A94. 004735.Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / SRM / STD A/Rim orTyre Size: F: 18 225/45R17R: ---

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

TOYO / YOKO or

Front

R/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 9/10/17 5.52pm

Survey held at _____

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

R + N/S

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

Date / Time

Action / Instruction

11/5. Submit PRS report.

RECEIVED 11 MAY 2018

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) \$ + RS. \$

) Photos

) Others

TOTAL

Report Format :

PRS

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

Add Fee: ☐ Site Insp (\$ _____)☐ Interview (\$ _____)☐ Tech. Invs (\$ _____)☐ Weekend (\$ _____)100



SINGAPORE POLICE FORCE

SPF Accidents Claims Section
Automotive Engg & Mgmt Div
Police Logistics Department
No. 1 Mount Pleasant Road
Block 8 Old Police Academy
#02-12 Singapore 298333

Your Ref : SJS9788H

Our Ref : AEMD/105/009/2017/QX555M

Date : 5 October 2017

Tel: 64784840

Fax: 64784848

LKK Auto Consultants Pte Ltd
Paya Ubi Industrial Park
51 Ubi Avenue 1 #01/02-25
Singapore 408933

Via Fax only: 62564315

Dear Sir/Madam,

ACCIDENT ON 29 SEPTEMBER 2017 INVOLVING GOVT VEHICLE QX555M AND OTHER VEHICLE SJS9788H

We refer to the above matter.

- 2 Kindly arrange for an Inspection of vehicle no. SJS9788H at **One Zone Autocare of 7 Soon Lee Street #01-05 I Space Building (627608).**
- 3 For appointment kindly contact **Eric at Tel: 62520118 / 92308294.**
- 4 Estimates were not provided by the workshop.
- 5 Thank you.

Yours faithfully,

Abdul Rahman
Accident Claims Officer
for ASST DIRECTOR

A FORCE FOR THE NATION

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 Authorised 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 ability.
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 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 Report 02/10/2017 11:02
 Date Of Accident 29/09/2017 20:50
 Exact Location Of Accident BLK 539 BEDOK NORTH ST 3 OPEN CARPARK
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJS9788H
Insured/Policyholder
 Name Of Registered Owner LIM CHIN THONG SEAN
 NRIC No S8412868F
 Email Address SEANLIM84@HOTMAIL.COM
 Mobile Phone No (LOCAL) +65-98761894
 Alternative Phone No Others-83385277

Vehicle Particulars

Manufacturer MITSUBISHI
 Model LANCER-1.6 GLX

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
 If No, Please state action to be taken THIRD PARTY
 Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company TOKIO MARINE INSURANCE SINGAPORE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number MU009629
 Cover Note Number

Driver

Name of Driver LIM CHIN THONG SEAN
 NRIC No S8412868F
 Date Of Birth 03/05/1984
 Occupation INDOOR
 Date Of Driving Pass 16/02/2005
 Driving Experience 12 YEARS AND 7 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-98761894
 Fax Number
 Contact Number OTHERS-83385277
 Email Address SEANLIM84@HOTMAIL.COM
 Address BLK 886 TAMPINES ST 83 #05-31
 Postcode 520886

Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES EAST NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 263 TAMPINES STREET 21 #01-128 , POSTCODE: 520263 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7839999 - FAX NO: 67832500
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT NO.T/20170930/2084.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	QX555M
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MOHAMED SHAHARUM B ABDUL JEBAR
NRIC/Passport Number	S1625317J
Contact Number	91471598
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	
Details of Witness	
Name	
Phone Number	
Email Address	

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 Authorised 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. The 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.
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.

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Blk 539 Bedok North St 3 Opp Carpark



Vehicle ①: SJS978&H

Vehicle ②: QX55SM

Describe Circumstances of the Accident

As per Police Report No. T/20170930/2084.

Declaration

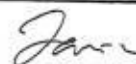
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

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

<input type="checkbox"/> Claim own policy
<input type="checkbox"/> Claim third party
<input checked="" type="checkbox"/> Claim OD / <input checked="" type="checkbox"/> at other workshop <u>One Zon Antol</u>
<input type="checkbox"/> For record purpose
Policy No. <u>MU009629</u>
Insurer <u>Tokio (C)</u> Veh.No. <u>SJS 97884</u>



Witnessed by Reporting Centre
Personnel

**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.: 1 of 1

PRE-REPAIR INSPECTION REPORT			
AUTOMOTIVE ENGINEERING & MGT DIVISION		Ref:	CS3/SPF17019246/T1bs2
ACCIDENT CLAIM SECTION(SINGAPORE POLICE FORCE) 1 MOUNT PLEASANT ROAD BLK 8 OLD POLICE ACADEMY SINGAPORE 298333		Date:	16-05-2018
ATTN: ABDUL RAHMAN		Code:	SPF
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	QX 555M	Veh. Inspected	SJS 9786H
Policy No.		Coverage (\$)	0.00
Claim No.	AEMD/105/009/2017/QX555M	Excess (\$)	0.00
Assign From	ABDUL RAHMAN	Assign Date	06/10/2017
2. Vehicle Particulars & Condition			
Make & Model	MITSUBISHI LANCER 1.6	c.c	1584
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	JMYSNCS3A9U004733	Colour	BLACK
Odometer	-	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	225/45R17	BRIDGESTONE	6 mm
L/H Front Tyre	225/45R17	BRIDGESTONE	6 mm
R/H Rear Tyre	225/45R17	BRIDGESTONE	6 mm
L/H Rear Tyre	225/45R17	BRIDGESTONE	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION.			
5. General Information			
Accident Date	29/09/2017	Inspect Date / Time	09/10/2017 (05:52 PM)
Survey held at	ONE ZONE AUTOMOTIVE LLP 7 SOON LEE STREET #01-05 ISPACE BUILDING SINGAPORE 627608		
5a. Remarks			
A) THE VEHICLE HAD COMMENCED ITS REPAIR AT THE TIME OF INSPECTION. B) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. C) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. D) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.			

Report Ref No. CS3/SPF17019246/T1bs2

Inspected By

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.