

ASS. REC. BY:

REF:

TP / CS / TP18000101 / Kgbnz

Hennerh

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 Report: _____ Consistent? : Yes or No

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

Est. Repairs: 02 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: SLK 6262 X Yr Regn: 01, 17

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

Truck / Trailer or

Make: Honda Vezel c.c. 1896

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

Sp. Reading: 60452 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU3 1222717

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Rlm or

Tyre Size: F: 215/60R16

R: _____

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

Front

R/Bal. 2 mm

L/Bal. 2 mm

D.O.A. 19/11/17

Rear

R/Bal. 2 mm

L/Bal. 2 mm

D.O.I. 2/1/18

Survey held at _____

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

N/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

3/11 File sent to Catherine

SLK 6262X - CVL / VAL17004475 Kg

L1 by @ 110cl (Red 6494.09, 31%)

RECEIVED 24 JAN 2018

Date/Time, File Pass to?

11/24/17

Date/Time, File Return to?

: Prell. Report

: Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Photos

Others

Add Fee: : Site Insp (\$

: Interview (\$

Tech Invs (\$

Weekend (\$

TOTAL

100

50

50

14

80

294

Report Format:

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

TP

100




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

Affiliated to Federation Internationale Des Experts En Automobile			
HUI YANG MOTOR SERVICE		Ref : CS/TP18000101/Kqb	
BLK 176 SIN MING DRIVE, #04-02/03 SIN MING AUTOCARE, SINGAPORE 575721		Date : 03-01-2018	
		Code : TP034	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	Veh. Inspected	SLK 6262X	
Policy No.	Coverage (\$)	0.00	
Claim No.	Excess (\$)	0.00	
Assign From	Assign Date	02/01/2018	
2. Vehicle Particulars & Condition			
Make & Model	c.c	0	
Engine No. HIDDEN	Year of Reg.		
Chassis No.	Colour		
Odometer -	Steering		
Brakes	Modification		
General			
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
4. Description of Damages			
5. General Information			
Accident Date	19/11/2017	Inspection Date	02/01/2018
Survey held at	HUI YANG MOTOR SERVICE BLOCK 176 SIN MING DRIVE #04-02/03 SIN MING AUTOCARE SINGAPORE 575721		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

Reference No. : C2-TR/8000101/Kg
Policy Type: OD / TP / TP RES / TL / EVA

SLK 6767X

Typist

Admin (Carla): Case handler to make sure all information created by the assignment team are **ACCURATE**.

C	Reference No.
C	Customer Code
N	Assign From
C	Assign Date
C	Veh No (Inspected)
C	Veh No (Insured)
C	D.O.A
C	Policy No
C	Claim No
C	Insurance Authorisation (CA /REV/REP)
C	Report Type
C	Weekend Charges
N	Survey held at/Repairer
C	Excess

[illegible]

Surveyor (Kenneth): Case handler to make sure the surveyor completed all required information.

C	Vehicle No
C	Regn Month/Year
N	Vehicle Type
N	Make & Model
C	Engine Capacity. (C.C)
N	Colour
C	Odometer. (Sp.Reading)
C	Chassis No
N	General Condition
N	Steering
N	Brake
N	Modification (Modi)
C	Tyre Size
N	Tyre Make
C	Tyre Balance
C	Date of Inspection
N	Survey held
N	Des.of Damages

A handwriting practice sheet for the letter 'v'. It consists of two columns of horizontal lines. The left column contains the letter 'v' written in a cursive style, repeated 10 times. The right column is empty, providing space for additional practice.

C Damaged Vehicle Photographs Uploaded

<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

N	ALL Parts condition
C	Market Value for OD cases
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)
C	Days of repair
C	Finalised Amount
C	Re-inspection Cases to Finalize within 5 Days

✓	
✓	
✓	

C Resurvey photo Uploaded

Check By:

Case Handler

Date _____

*C: Critical *N: Non-Critical

21/05/2014

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	22/11/2017 10:24
Date Of Accident	19/11/2017 19:35
Exact Location Of Accident	ALONG VIVO CITY'S DROP OFF & PICK UP POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK6262X
Insured/Policyholder	
Name Of Registered Owner	SKYWAY MOTOR PTE LTD
Co Reg No	199904194N
Email Address	PEILIN@SKYWAY.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63336333

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
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 HIRE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	A 28795104 MCX
Cover Note Number	

Driver

Name of Driver	MOHAMAD YUSRI BIN SAPAEN
NRIC No	S7032354J
Date Of Birth	19/09/1970
Occupation	OUTDOOR
Date Of Driving Pass	25/05/1991
Driving Experience	26 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82899931
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 161U
JALAN LOYANG BESAR

Postcode S509517

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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) 4

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name JURONG NPP

Police Station Address ROAD: 158 YUNG LOH ROAD #01-58 , POSTCODE: 610158 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO THE ATTACHED SKETCH PLAN AND POLICE REPORT.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: UNABLE TO UPLOAD

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB1040Y

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Sketch Plan Pg. 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 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name: *81*
NRIC/FIN No.: *582067208*

Sketch Plan #2 Pg. 1

SKETCH PLAN

Along Vivo City Drive off to Parkway

V.A.P. - SIN 62624

V.A.B. - SUB 10809

VA

AB

←

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attached police report.

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:

Reporting Centre Personnel's Signature

Name: *Boi*

NRIC/FIN No.: *5006726E*





**SINGAPORE
POLICE FORCE**



T/20171120/2106

Police Station Of Origin:
Jurong NPP
15B Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

1 of 3

Report No T/20171120/2106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/11/2017 16:14	Vide Report No.:	Station Diary No.: 31
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Informant's Particulars

Name of Informant: MOHAMAD YUSRI BIN SAPAEN			Address: 161U JALAN LOYANG BESAR SINGAPORE 509517	
ID Type / ID No.: NRIC NO / S7032354J			Contact No.: Home/Office: Mobile: 82899931	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 47	Date of Birth: 19/09/1970	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: SENIOR TRAINER			Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 19/11/2017 19:35	Type of Location: Straight Road
Location: Along Road 1 WEST COAST HIGHWAY				
EXACT LOCATION IS INSIDE VIVO CITY'S DROP OFF AND PICK UP POINT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB1040Y	Car					0
SLK6262X	Car				Slightly Damaged	4

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20171120/2106

2 of 3

Report No T/20171120/2106

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

CONTINUATION OF REPORT

Driver			
Name	MOHAMAD YUSRI BIN SAPAEN		ID No. S7032354J
Related Vehicle	SLK6262X (Car)		Contact No. 82899931
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On the above mentioned date and time, I met into a hit and run incident at Vivo City drop off and pick up point. As I was driving UBER at that period of time and went to the said location to pick up passengers. After picking up my passengers, as I was about to move forward and move off from the location, suddenly, a SMRT taxi (SHB1040Y) came from my left and took over me, ended up in front of me.

This movement causes his right - side of the taxi scratching against the front left of my vehicle. I then went down my vehicle to make a check with 04 passengers in my car. I then saw that there were scratches at the front left of my vehicle.

As I was about to move forward to approach the said taxi driver, he then picked up his passenger and drove off. The taxi driver did not stop and communicate with me at all. I then took down the registration plate and move off the scene after which.

No one was injured during this incident and no Police nor ambulance attended to my scene. I do have an in-built camera in my vehicle on recording mode at that period of time. I have the footage in my laptop currently. This is the first time such incident have happened and the vehicle that I was driving: SLK6262X is a rented vehicle.



**SINGAPORE
POLICE FORCE**



T/20171120/2106

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

Report No T/20171120/2106

3 of 3

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J/
Sgt 2 LIM JIA WEI, NICHOLAS

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
20/11/2017 16:14

Officer In Charge Of Case:
TP / HRT /
SI ABDUL KAREEM BIN ABDUL HAGUE
Contact No.: 65476079

Classification Of Case:

Authentication Stamp
NP168

Signature:

Singapore Police Force

輝陽汽車有限公司
HUI YANG MOTOR PTE. LTD.

Contact Add : SIN MING AUTOCARE Blk 176 Sin Ming Drive #04-02 Singapore 575721
Tel: 64515752 (2 Lines) . Fax: 64514658
Reg No. 201629438M

19/11/2017

Owner: SKYWAY MOTOR PTE LTD

Not Authorised
Lily 811001
Penny Atk Paim
2 day

ESTIMATE TO REPAIR HONDA VEZEL HYBRID - SLK6262X

1pc	front bumper
1pc	front bumper LH side retainer
1pc	front bumper LH fog lamp cover
1pc	front LH fender protector

Brinds	\$ 927.50	✓
Ln	\$ 21.70	X
mgm	\$ 181.25	✓
rn	\$ 195.00	X

less 20%

\$ 1,325.45

\$ 331.36

\$ 994.09

1060.36

spray painting
labour charges
Total

\$ 300.00 ✓

\$ 300.00 2201

\$ 1,594.09

1660.36

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:






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

Affiliated to Federation Internationale Des Experts En Automobile			
HUI YANG MOTOR SERVICE		Ref : CS/TP18000101/Kqbn2	
BLK 176 SIN MING DRIVE, #04-02/03 SIN MING AUTOCARE, SINGAPORE 575721		Date : 25-01-2018	
ON BEHALF OF SKYWAY MOTOR PTE LTD		Code : TP034	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	Veh. Inspected	SLK 6262X	
Policy No.	Coverage (\$)	0.00	
Claim No.	Excess (\$)	0.00	
Assign From	Assign Date	02/01/2018	
2. Vehicle Particulars & Condition			
Make & Model	HONDA VEZEL (A)	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	RU31222717	Colour	METALLIC GREY
Odometer	60452	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	215/60 R16	DUNLOP	2 mm
L/H Front Tyre	215/60 R16	DUNLOP	2 mm
R/H Rear Tyre	215/60 R16	DUNLOP	2 mm
L/H Rear Tyre	215/60 R16	DUNLOP	2 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION.			
DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	19/11/2017	Inspection Date	02/01/2018
Survey held at	HUI YANG MOTOR SERVICE BLOCK 176 SIN MING DRIVE #04-02/03 SIN MING AUTOCARE SINGAPORE 575721		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days	



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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLK 6262X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER	DENTED / BUCKLED	927.50	927.50
1	FRONT BUMPER LH SIDE RETAINER	SERVICEABLE	21.70	-
1	FRONT BUMPER LH FOG LAMP COVER	MTG DISTORTED	181.25	181.25
1	FRONT LH FENDER PROTECTOR	TO REPAIR SEE LABOUR	195.00	-
	LESS 20% DISCOUNT		-265.09	-221.75
			1,060.36	887.00
	<u>LABOUR</u>			
	SPRAY PAINTING.		300.00	300.00
	LABOUR CHARGES INCLUSIVE OF THE REPAIR OF FRONT LH FENDER PROTECTOR.		300.00	220.00
			600.00	520.00
	GRAND TOTAL		1,660.36	1,407.00
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,100.00

Report Ref No. CS/TP18000101/Kqbn2

KONG SENG CHEONG

Licensed Appraiser

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