REF: FWD / 20003964 / KT

B. REC. BY:

eth

ASSIGNMENT

n: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s HE Design

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

10.30am

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
	X

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 07 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 6/28 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SGR 1711 Yr Regn: 06, 08

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

Make: Porsche C4S c.c 3824

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

Sp.Reading 86633 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WP0ZZZ99Z85723763

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: 235/35ZR19

R: 305/30ZR19

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	7 mm
L/Bal.	8 mm	L/Bal.	7 mm
D.O.A.	22/5/20	D.O.I.	28/5/2020

Survey held at ✓

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

O/S Rear & U/C

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

Date / Time	Action / Instruction
23/6	$15,974.57 (Red: 44752.60 : 74%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 7

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ : Weekend ($ _____)

Report Format :

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

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Expenses _____

Others _____

TOTAL _____

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 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 Report	26/05/2020 15:12
Date Of Accident	22/05/2020 12:45
Exact Location Of Accident	IN FRONT OF 171 LOYANG RISE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGR171L
Insured/Policyholder	
Name Of Registered Owner	NEIGHBOUR ROY GRENVILLE
NRIC No	SXXXX803I
Email Address	ROYNEIGHBOUR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98160922
Alternative Phone No	OFFICE-68428324
Vehicle Particulars	
Manufacturer	PORSCHE
Model	C4S-3.8 COUPE TIP (A)
Exact Purpose for which vehicle was being used at time of accident	PARKED IN FRONT 171 LOYANG RISE
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI19V08036/VPS/R03
Cover Note Number	
Driver	
Name of Driver	NEIGHBOUR ROY GRENVILLE
NRIC No	SXXXX803I
Date Of Birth	28/01/1951
Occupation	INDOOR
Date Of Driving Pass	11/11/1968
Driving Experience	51 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	+65-98160922
Fax Number	
Contact Number	OFFICE-68428324
EMail Address	ROYNEIGHBOUR@GMAIL.COM

Address	171 LOYANG RISE
Postcode	507430
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

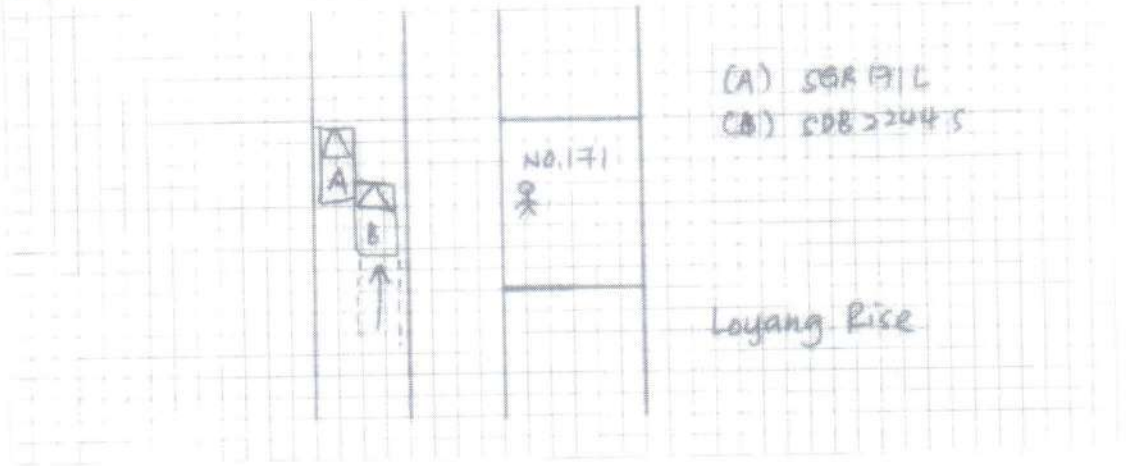
Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDB2244S
Vehicle Make/Model/Colour	VOLKSWAGEN PASSAT BLACK
Details Of Properties	FRONT LEFT PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	FARAH LIYANA BTE MOHAMED RAZALI
NRIC/Passport Number	
Contact Number	81984400
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22 May 2020 at abt 12.15 pm whilst my vehicle bearing registration number SGR 171 L was parked on the left hand side of Loyang Rise in front of my residence - No 171 Loyang Rise, the driver of a vehicle bearing registration number - SBD 22445 whose identity has later ascertained to be one FARAH LIYANA BTE MOHAMED RAZALI (NRIC No. S9227626D) and resident of 702 Upper Changi Road East #03-03 Spore (486832) drove the car into the right rear portion of my car causing damage to the right rear bumper & rear wheel. The impact caused the right rear wheel to be misaligned and the suspension to be affected.

Damage to SBD 22445 a black VW Passat was to the left front fender of the vehicle. I have attached a Video recording and photographs of the damages to both vehicles for record purposes. At the time of the accident my vehicle was stationary. I was not in the car at the time of the accident as it was parked along the road. The owner of SBD 22445 is one Mohd Razali Bin Mohd Yusoff Add: 702, Upper Changi Rd East (486832). Insurance Policy No FWD PM PV 2018-00012493-01. I am lodging this report as a 3rd party claim.

DECLARATION

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

Policyholder's Signature
Date & Time: 26.5.2020

Driver's Signature
(If driver is not the policyholder)
Date & Time: 26.5.2020

Reporting Centre Personnel's Signature
Name: Ully
NRIC/FIN No.: Sxxxx7xxP

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 m ; 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:
26-5-2020

Driver's Signature
(If driver is not the policyholder)
Date & Time: 26.5.2020

Reporting Centre Personnel's Signature
Name: [illegible]
NRIC/FIN No.: S[illegible]304P

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MDW1200047929 Vehicle Registration No: SGR 171 L

Name(as shown in NRIC) : NEIGHBOUR RO4 GRENVILLE NRIC/FIN/Passport No : S0026808I

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : 171 LOYANG RISE Singapore 507130

Contact (Tel) : 98160922 Mobile No. :

Email Address : royneighbour@gmail.com

Date of Accident : 22 May 2020 Time of Accident : 12 15 pm

Place of Accident : Loyang Rise - In front of No. 171

Insurance Company : Liberty

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

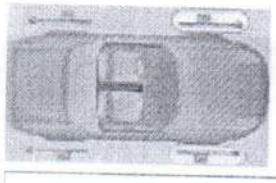
The registration number of the m/vehicle that collided into the rear of my parked stationary vehicle should be SDB2244S instead of SBD2244S as stated in the original accident report.

27 / 5 2020

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Ling
NRIC/FIN No.: Sxxxx764P
Date: 27/5/2020

PEOPLES AUTO TRADING
BLK 3007 UBI ROAD 1 #01-400
TEL 6741 4646



COMPUTERIZED ALIGNMENT SPECIALISTS

CUSTOMER	CASH	DATE	2019-09-21 13:17:40
LICENSE NO.	SGR 171 L		
MILEAGE	79971		
REFERENCE	CUSTOM	MODEL	PORSCHE CARRERA 4S (99

Front Wheel

	SPECS			DIAGNOSIS				ADJUSTMEN			
	min	prv	max	Δ	L	total	R	Δ	L	total	R	Δ
TOTAL TOE	-1.40	0.50	2.40			2.40				0.40		
PARTIAL TOE	-0.70	0.20	1.20		1.30		1.10		0.20		0.20	
SET BACK	---	---	---			-0°02"				-0°02"		
CAMBER	-1°44"	-1°00"	-0°14"		-0°40"		-0°58"	0°16"	-0°48"		-0°46"	0°02"
CASTER	6°44"	7°44"	8°44"		7°44"		7°40"	0°02"	7°44"		7°40"	0°02"
KING-PIN	---	---	---		17°58"		17°58"	0°00"	17°58"		17°58"	0°00"
INCL.ANGLE	---	---	---		17°16"		16°58"		17°08"		17°10"	
Toe-out on turns	---	---	---		---		---		---		---	
STEERING IN	---	---	---		---		---		---		---	
STEERING OUT	---	---	---		---		---		---		---	

Rear Wheel

	SPECS			DIAGNOSIS				ADJUSTMEN			
	min	prv	max	Δ	L	total	R	Δ	L	total	R	Δ
TOTAL TOE	-1.20	1.20	3.70			0.90				0.70		
PARTIAL TOE	-0.60	0.60	1.80		1.00		0.00		0.30		0.30	
SET BACK	---	---	---			0°10"				0°10"		
CAMBER	-2°02"	-1°18"	-0°32"		-1°44"		-2°02"	0°16"	-1°40"		-1°34"	0°04"
THRUST ANGLE	-0°30"	0.00	0°30"			0°04"				0°00"		

Lye Designs
(Panel Beating , Repair, Servicing & General Claim)
30, AMK Autopoint, #04-04 Ang Mo Kio, Ind. Park 2A, Singapore 568047
TEL : 6483 3353 FAX : 6484 2457 Email: lderoad@singnet.com.sg
Reg No: 52806993D

Not Authorised
$15,074.57
Resurvey After Painting
7 days

ESTIMATE BILL

Date : 28 May 2020
To :
Owner : Neighbour Roy Grenville
Vehicle Reg. No. : SGR171L
Make/Model : Porsche C4SCoupe Tip
Chasis No. : WP0ZZZ99Z8S723763
Year Mfg : 2008
Date of Accident : 22-May-20

ESTIMATE COST OF REPAIR TO "PORSCHE C4SCOUPE TIP" " REG. NO. SGR171L"

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	Special Nett Items:		
1	RHR Door Outer Moulding	Sn	533.70
1	RHR Door Sticker	NN	55.80
1	RHR Door Sticker (Carrera)	NN	85.90
1	RHR Fender	R	9,037.00
1	RHR Fender Garnish Sn		
1	RHR Fender Garnish Clips NN		
1	RHR Fender Outer Side Garnish 3U		
1	Rear Bumper 2305.40	CM	5,885.00
1	Rear Bumper Lower Lip	Sn	1,453.60
1	Rear Bumper Side Retainer : RHR	Sn	341.33
10	Rear Bumper Clips 100SN	NN	292.00
1	RHR Lower Arm 1130	DT	1,573.70
1	RHR Upper Arm 696.40	DT	1,909.61
1	RHR Spindle Knuckle 1800	A1	3,370.50
1	RHR Shock Absorber 1630	A1	3,033.17
1	RHR Shock Absorber Stabiliser Link	Sn	179.49
1	RHR Absorber Linkage	Sn	262.56
1	RHR Drive Shaft	R	5,280.17
1	RHR Wheel Hub 613	NN	1,461.42
1	RHR Wheel Bearing 395.60	NN	1,432.56
1	RHR Rim Rollsen 1851.00		3000.00
1	RHR Tyre Sn X 10%	Sn	8,988.87
	Total Special Nett Items		45,176.37
	Labour Charges:		40L
	To refocus, re-wire taillamp, brake lights, bumper beam & check wirings		280.00
	To remove, refix parking sensor and camera	8OL	150.00
	To remove, refix interior trims to assist repair	NN	250.00
	To check wheel alignment after repairs	12OL	280.00
	To jack up to check, re-fix chassis alignment	NN	380.00
	To hoist up to check, refix under carriage	24OL	380.00
	To check control units, re-set memory to standard settings	NN	580.00
	To restore back scratched RHR Rims	4OL	280.00
	To putty and spray painting on damaged area	600L	2,000.00
	Panel beating, cut, weld, remove and replacing above parts	400L	1,500.00
	Total Labour		6,080.00
	ESTIMATE PARTS AND LABOUR GRAND TOTAL $		**51,256.37**

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:

29.2

$59927.17

Lye Designs
(Panel Beating , Repair, Servicing & General Claim)
10, AMK Autopoint, #04-04 Ang Mo Kio, Ind. Park 2A, Singapore 568047
TEL : 6483 3353 FAX : 6484 2457 Email: ldemail@singnet.com.sg
Reg No: 52869903D

ESTIMATE BILL(SUPPLEMENTARY)

Date : 6 August 2020
To :
Owner : Neighbour Roy Grenville
Vehicle Reg. No. : SGR171L
Make/Model : Porsche C4SCoupe Tip
Chasis No. : WP0ZZZ99Z8S723763
Year Mfg : 2008
Date of Accident : 22-May-20

ESTIMATE COST OF REPAIR TO "PORSCHE C4SCOUPE TIP" " REG. NO. SGR171L"

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	Special Nett Items:		
1	RHR Cross Member		2,247.00
1	RHR Axle Side Panel		749.00
1	Rear Anti-Roll Bar 1070		1,498.00
1	Rear Absorber Sponge		59.90
1	Rear Absorber Top Mounting 380		449.40
	Total Special Nett Items		5,003.30
	Labour Charges:		
	To check wheel alignment after repairs 17.07.2020, 03.08.2020, 07.08.2020		1201
	To jack up to check, re-fix chassis alignment		200.00
	To symetrical specifications on cross member		800.00
	To hoist up to check, refix under carriage : 28 May, 13 July, 3 Aug		267.50
	Total Labour		2,400.00
			3,667.50
	ESTIMATE PARTS AND LABOUR GRAND TOTAL $		**8,670.80**

* Pls note that wheel alignment was done on 28.05.2020 after the accident to determine readings & potential parts to be replaced