

Inspector Steve

REF: CS/CT120006125/E+J3

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
QD/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: \_\_\_\_\_

Veh No: SJZ 2961H Yr Regn: 15/5/09  
 Type:  M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Tractor or  
 Make: Audi Q5 c.c. 1984  
 Colour: Black AC: Insured / Std / NI / NA  
 Sp. Reading: 225518 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: WAY 222 8R 09A 995 375

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.

<del>NSA</del>	<del>OS</del>

Gen. Cond: Good /  Fair / Poor / Burnt  
 Steering:  In order / Jammed / Locked / Burnt or  
 Brake:  In order / Jammed / Leaked / Burnt or  
 Mod: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 225/55ZR19  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA /  MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PP. Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: \_\_\_\_\_ days Res.: Yes or No  
 Lump Sum: \_\_\_\_\_ % 3 Val.: Yes or No

Front R/Bal. 5 mm Rear R/Bal. 5 mm  
 L/Bal. 5 mm L/Bal. 5 mm  
 D.O.A. 1/6/20 D.O.I. 4/6/20  
 Survey held at Tony Automotive

CA / REV / REP. / 24 HRS \_\_\_\_\_  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT \_\_\_\_\_

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
	<u>MV-25K</u>

Date/Time, File P133 to?  : Proll. Report  
 : Final Report

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trlp: \_\_\_\_\_

2) Add Fee:  : Site Insp (\$)  
 : Interview (\$)  
 : Tech. Insp (\$)  
 : Weekend (\$)

Survey Fee:  
 Transportation:  
 ) \$ + RS. SI  
 R/Bal.  
 Other:  
 )  
 TOTAL

Report Format : \_\_\_\_\_  
 Lump Sum / I.B.I. (\$) \_\_\_\_\_



# Tony Automotive Pte Ltd

8 Kaki Bukit Ave 4 #04-07 Premier @ KB Singapore 415875

Tel: 69763261 Fax: 69763271

Email: tony07auto@gmail.com

Co. Reg Nq.: 201939168R

Model : AUDI Q5

Veh No: SJZ2961H

<u>Qty</u>	<u>List Items</u>	<u>Amount S\$</u>
1	FRONT BUMPER ? X R	2326
1	FRONT GRILLE / CUT	1174
1	FRONT LOGO / MC	150
2	FRONT BUMPER RETAINERS @ 118 / BR	236
1	FRONT FOAM FILLER X NMI	95
1	FRONT REINFORCEMENT X NMI	882
2	FRONT SENSOR @ 196 X NMI	392
<b>Sub Total</b>		<b>5255</b>
<b>Less 5%</b>		<b>262.75</b>
		<b>4992.25</b>

<u>Qty</u>	<u>Special Nett Items</u>	<u>Amount S\$</u>
1	FRONT NUMBER PLATE / BR	60 /
1	FRONT NUMBER PLATE CASING / CUT	60 30
1 SET	FRONT BUMPER CLIPS / MK	80 30
1 SET	FRONT GRILLE CLIPS / MK	70 30
<b>Sub Total</b>		<b>270</b>

<u>Qty</u>	<u>Labour charges</u>	<u>Amount S\$</u>
1	CHECK AND RECTIFY FRONT ELECTRICAL WIRING	250 30
1	REMOVE AND REPLACE FRONT SENSORS	200 30
1	TUFFKOTE	250 30
1	TO PUTTY, SPRAY PAINT ETC	1500 250
1	TO PANEL BEAT, WELD, ALIGN, REFIX ETC	1600 300
<b>Sub Total</b>		<b>3800</b>

**ESTIMATE PARTS AND LABOUR GRAND TOTAL S\$ 9062.25**

Steve (LKK) wtl Pnl  
 4/6/20, 1.30 pm  
 L/S  
 Rg AL M  
 2 days

**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 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. 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 at the centre.

#### ACCIDENT STATEMENT

Date Of Report: 02/06/2020 16:23  
Date Of Accident: 01/06/2020 19:40  
Exact Location Of Accident: BLK 113 PASIR RIS ST 11 CARPARK  
Country/State of Loss: SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number: SJZ2961H  
**Insured/Policyholder**  
Name Of Registered Owner: MOHAMED HUSSEIN BIN MOHIDEEN  
NRIC No: SXXXX943A  
Email Address: NENGNENG233@GMAIL.COM  
Mobile Phone No: (LOCAL) +65-91393883  
Alternative Phone No: OFFICE-91393883

#### Vehicle Particulars

Manufacturer: AUDI  
Model: Q5  
Exact Purpose for which vehicle was being used at time of accident: PRIVATE USE  
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: NTUC INCOME INSURANCE CO-OPERATIVE LTD  
Type Of Coverage: COMPREHENSIVE  
Fleet Policy: NO  
Policy Number: 5107171474-01  
Cover Note Number:

#### Driver

Name of Driver: MUHAMMAD NURULLAH BIN MOHAMED HUSSEIN  
NRIC No: SXXXX332Z  
Date Of Birth: 09/05/1993  
Occupation: INDOOR  
Date Of Driving Pass: 05/12/2012  
Driving Experience: 7 YEARS AND 5 MONTHS  
Gender: MALE  
Mobile Number: (LOCAL) +65-87671657  
Fax Number:  
Contact Number:  
EMail Address: NENGNENG233@GMAIL.COM

Address APT BLK 113 PASIR RIS ST 11 #11-667  
 Postcode 510113  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured CHILDREN  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

**General Information of the Accident**

Type Of Accident COLLISION - HEAD TO REAR  
 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? YES  
 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? YES  
 If Yes Please state which Police Station  
 Police Station Name BEDOK DIVISION HQ  
 Police Station Address ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: - FAX NO:  
 Was notice of intended Prosecution given? NO  
 If Yes against whom?

**Circumstances of Accident**

REFER TO ATTACHED

**Attachment(s)**

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: WITH OWNER  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number CB7347H  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	MUHAMMAD NURULLAH BIN MOHAMED HUSSEIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJZ2961H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	APT BLK 113 PASIR RIS ST 11 #11-667
Postcode	510113

## Sketch Plan

### 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 lodging 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 within 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 vehicles involved in this accident (all insurer(s) who have insured vehicles 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 purposes 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 vehicles 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

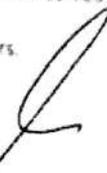
- (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:



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

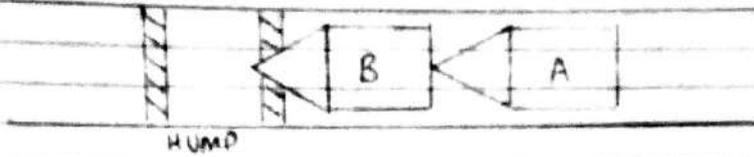


Reporting Centre Person's Signature  
Name:  
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

A - SJZ2961H  
B - CB7347H

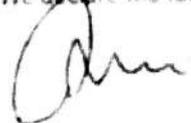


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

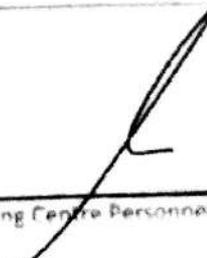
REFER TO POLICE REPORT - G/20200602/7076

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  
NRIC/FIN No.:



**POLICE REPORT (NP299)**

Report No. G/20200602/7036

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No 1800-2440000

Date/Time Report Made 02/06/2020 15:11	Wide Report No.	Station Diary No.
Name of Informant MUHAMMAD NURULLAH BIN MOHAMED MUSSEIN	Address APT BLK 113 PASIR RIS STREET 11 #11-667 SINGAPORE 510113	
ID Type / ID No NRIC NO : S9318332Z	Contact No Home/Office	Mobile 87671657
Nationality SINGAPORE CITIZEN	Email Address perguneng233@gmail.com	
Occupation FOOTBALLER	Sex Male	Age 27
Institution/School Name	Date of Birth 09/05/1993	Race Malay
Date/Time Of Incident 01/06/2020 19:40 - 01/06/2020 19:55	Location Of Incident APT BLK 113 PASIR RIS STREET 11 #11-667 SINGAPORE 510113	

**Brief details.**

On the 1/6/2020 at around 740pm, as I was driving vehicle no. SJZ2961H to go out from my home carpark, as I approached a hump, vehicle number CB7347H in front of me was on the hump. I stopped my vehicle as vehicle CB7347H was stopped on the hump. Then vehicle CB7347H started to reverse. I honked multiple times, yet the vehicle CB7347H kept reversing and reversed into the front part of my vehicle. We took pictures and went our separate ways. I felt pain in my back and left knee the same night. I proceeded to see a doctor the next day and was awarded 3 days MC with a referral letter to do

Signature Of Officer Recording The Report Not applicable	Signature Of Informant The identity of the person making this report has been authenticated by SingPass. No signature is required
Signature Of Interpreter Not applicable	Date/Time 02/06/2020 15:11
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No G/20200602/7036

further medical check. I have picture and video evidence

Subjects Involved			
<b>Victim</b>			
Person Name	MUHAMMAD NURULLAH BIN MOHAMED HUSSEIN		
ID Type	NRIC NO	ID No	S9216332Z
Gender	Male	Age	27
Race	Malay	Language	English
Occupation	FOOTBALLER	Address Type	
Address	APT BLK 113 PASIR RIS STREET 11 #11-667 SINGAPORE 510113	Mobile No	87671657
Is Informant A Victim?	Yes		
Person Name	MUHAMMAD NURULLAH BIN MOHAMED HUSSEIN (Informant)		

Signature Of Officer Recording The Report. Not applicable	Signature Of Informant The identity of the person making this report has been authenticated by SingPass. No signature is required
Signature Of Interpreter. Not applicable	Date/Time 02/06/2020 15:11
Officer In-Charge Of Case.	Classification Of Case
Authentication Stamp	