

ASS. REC. BY:

Steve

REF:

CS3/AIG 20009304/E+ff3

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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.

Bal. or Market Value:

IDAC Accident Report:

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:

SMP 7260G

Yr Regn:

11/10/19

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

Truck / Tractor or

Make:

Toyota Sienta

c.c

1496

Colour:

Brown

A/C:

Insured / Std / NI / NA

Sp. Reading

57503

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

NHPI 70 71 75 833

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

185/60R15

R:

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

TOYO / YOKO or

ARIVO

Front

Rear

R/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

U/Bal.

S

mm

D.O.A.

27/8/20

D.O.I.

2/9/20

Survey held at

NEO Automotive

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

Rear R.H

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

Date / Time

Action / Instruction

MK-89K

submit DAR report

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Rep. Formed:

Lump Sum / L.E. / C.

Days Of Repair:

4

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Wheel and (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

At (2)Dented (3)Distorted (4)Cracked (5)Cut (6)Scratched
 (7)Bent (8)Shuffled (9)Blocked (10)Broken (11)Necessary (12)Missing
 (13)Unconfirmed (14)Not Working

MOTOR CAR (RH)

ACTION (AC)

(1)Replace (✓) (2)Repair (X) (3)Check (✓)
 (4)Not Consistent (NC)

Aug 2005

Right Portion

ACC	INC	Item	CON	AC	Qty
1316	995327	Fit RH Door			
1317	991654	Fit RH Door Protector			
1318	991601	Fit RH Door Hinge			
1319	991685	Fit RH Door Wing Mirror			
1320	991583	Fit RH Door Garnish			
1321	991639	Fit RH Door Glass Outer Moulding			
1322	991588	Fit RH Door Glass Inner Moulding			
1323	991584	Fit RH Door Glass			
1324	991595	Fit RH Door Glass Regulator			
1325	991596	Fit RH Door Glass Regulator Motor			
1326	991662	Fit RH Door Rubber			
1327	991636	Fit RH Door Outer Handle			
1328	991607	Fit RH Door Inner Handle			
1329	991625	Fit RH Door Lock w/Key			
1330	991624	Fit RH Door Lock			
1331	991562	Fit RH Door Central Lock			
1332	991675	Fit RH Door Switch			
1333	991617	Fit RH Door Inner Trim Board			
1334	991568	Fit RH Door Checker			
1335	991575	Fit RH Door Felt			
1336	991688	Fit RH Door Wire Harness			
1337	991683	Fit RH Door Window Glass Pillar			
1338	991640	Fit RH Door Outer Pillar			
1339	991613	Fit RH Door Inner Pillar			
1340	991646	Fit RH Door Pillar Inner Garnish			
1341	990554	Centre Pillar RH			
1342	990543	Centre Inner Pillar RH			
1343	990548	Centre Pillar Upper Garnish RH			
1344	990565	Centre Pillar Lower Garnish RH			
1345	991670	Fit RH Door Step Garnish			
1346	994058	Rocker Panel RH			
1347	994049	Rocker Panel Inner Panel RH			
1348	994047	Rocker Panel Garnish RH			
1349	994055	Rocker Panel Outer Side Skirt RH			
1004	991300	Fit Bumper			
1005	991325	Fit Bumper Bracket			
1007	991462	Fit Bumper Side Retainer			
1008	991433	Fit Bumper Reinforcement			
1010	991468	Fit Bumper Sponge			
1011	991427	Fit Bumper Protector			
1014	991301	Fit Bumper Moulding			
1015	991497	Fit Bumper Lower Spoiler			
1020	991821	Fit RH Headlamp Assy			
1032	995089	Fit RH Side Lamp			
1105	995071	Fit RH Fender			
1107	991744	Fit RH Fender Lamp			
1108	991752	Fit RH Fender Protector			

Vehicle No:

SMP 72606

NAC	INC	Item	CON	AC	Qty
1350	993201	Rear RH Door			
1351	993284	Rear RH Door Protector			
1352	995307	Rear RH Door Hinge			
1353	993228	Rear RH Door Garnish			
1354	993278	Rear RH Door Glass Outer Moulding			
1355	993231	Rear RH Door Glass Inner Moulding			
1356	993229	Rear RH Door Glass			
1357	993289	Rear RH Door Glass Regulator			
1358	993240	Rear RH Door Glass Regulator Motor			
1359	993294	Rear RH Door Rubber			
1360	993276	Rear RH Door Outer Handle			
1361	993251	Rear RH Door Inner Handle			
1362	993261	Rear RH Door Lock			
1363	993256	Rear RH Door Inner Trim Board			
1364	993218	Rear RH Door Checker			
1365	993230	Rear RH Door Glass Channel			
1366	993242	Rear RH Door Glass Triangle Garnish			
1367	993285	Rear RH Door 1/4 Glass			
1368	993288	Rear RH Door 1/4 Glass Rubber			
1369	993287	Rear RH Door 1/4 Glass Pillar			
1370	993306	Rear RH Door Step Garnish			
1371	993309	Rear RH Door Switch			
1372	994070	Roof Top Panel			
1373	994098	Roof Top Moulding			
1374	994085	Roof Top Air-bag			
1375	994084	Roof Top Air-bag Sensor			
1376	994083	Roof Top Air-bag Control Unit			
1377	992958	Rear Bumper			
1378	992976	Rear Bumper Bracket			
1379	993068	Rear Bumper Side Retainer			
1380	993045	Rear Bumper Reinforcement			
1381	993077	Rear Bumper Sponge			
1382	993040	Rear Bumper Protector			
1383	993026	Rear Bumper Moulding			
1384	993023	Rear Bumper Lower Spoiler			
1385	995116	Rear RH Taillamp			
1386	993456	Rear RH Fender			
1387	993450	Rear RH Fender Protector			
1388	990247	Sticker			
		Rear RH Rim			
		Rear RH Beating			

No of Items:

Assessor:

4 repair days

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 aforesaid.

ACCIDENT STATEMENT:

Date Of Report	29/08/2020 12:49
Date Of Accident	27/08/2020 19:25
Exact Location Of Accident	TAMPINES STREET 42
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE:

Vehicle Registration Number	SMP7260G
Insured/Policyholder	
Name Of Registered Owner	ACCURATE LEASING PTE LTD
Co Reg No	2XXXXX451M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA HYBRID 1.5X CVT
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VFX/P2342362
Cover Note Number	

Driver

Name of Driver	IBRAHIM BIN ABDUL GHANI
NRIC No	SXXXX776E
Date Of Birth	06/07/1953
Occupation	OUTDOOR
Date Of Driving Pass	17/08/1985
Driving Experience	35 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91766977
Fax Number	
Contact Number	
EMail Address	MIKEIBRAHIM.IAG@GMAIL.COM

Address APT BLK 449 TAMPINES ST 42
#03-90
Postcode 520449
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -
-

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD
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 CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address ROAD: BLK 109 TAMPINES STREET 11 #01-261, POSTCODE: 521109, COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-7819999 - FAX NO: 67832722
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY KAREN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

Attachment(s)

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

Details of Witness 1

Name HERMAN
Phone Number 87691832
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1:

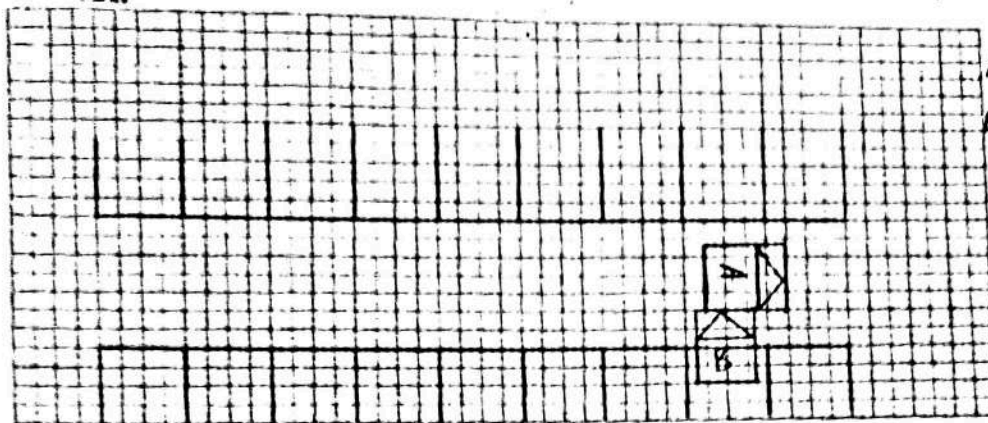
Vehicle Registration Number SMC6468A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver YEO HWEE SING MADELINE

C/Passport Number SXXX867A
Contact Number 98778543
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1:

Name IBRAHIM BIN ABDUL GHANI
Approximate Age
Injuries Sustain
Injured person in which vehicle? SMP7260G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Sketch Plan



A - SMP 7200

B - SMC6468A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

DECLARATION

I/We declare that the above particulars are true in every respect

Policyholder's Signature

Date & Time:

12/15/2012 10:10:00 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NANC/FUN No.:

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 Authorized 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 rescind 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:
NRIC/FIN No.:

GIASAC SketchPlanForm_V3



SINGAPORE POLICE FORCE



T/20200828/2094

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

1 of 3

Report No. T/20200828/2094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/08/2020 18:22		Vide Report No.: T/20200828/2075		Station Diary No.: 27	
Informant's Particulars					
Name of Informant IBRAHIM BIN ABDUL GHANI			Address: APT BLK 449 TAMPINES STREET 42 #03-90 SINGAPORE 520449		
ID Type / ID No.: NRIC NO / S0099776E			Contact No.: Home/Office: Mobile: 91766977		
Nationality: SINGAPORE CITIZEN			Email: mikeibrahim.iag@gmail.com		
Sex: Male	Age: 87	Date of Birth: 06/07/1953	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 27/08/2020 19:25	Type of Location: Car Park
Location: TAMPINES STREET 42				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMC6468A	Car	MINI	Cooper	Black	Slightly Damaged	2
SMP7260G	Car	TOYOTA	Siata	Brown	Slightly Damaged	0

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200828/2094

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

2 of 3

Report No. T/20200828/2094

CONTINUATION OF REPORT

Driver			
Name	Yeo Hwee Sing Madeline	ID No.	S7931867A
Related Vehicle	SMC6468A (Car)	Contact No.	98778543
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	IBRAHIM BIN ABDUL GHANI	ID No.	S0099776E
Related Vehicle	SMP7260G (Car)	Contact No.	91766977
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	28/08/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

In addition vide T/20200828/2075, I would like to add that I did see a doctor earlier and managed to obtain a Medical Certificate from W Y Teh Family Clinic and surgery with MC number MC2008281329 and will be unfit for work from 28/8/2020 to 30/8/2020

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999



T/20200828/2094

3 of 3

Report No. T/20200828/2094

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:
G/
Sgt 2 SHOW XIN DA, DYLAN *[Signature]*

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LOI
Contact No: 65478151
POLICE FORCE

Authentication Stamp
NP100 *[Signature]*

SIGNATURE

Signature Of Informant:

[Signature]

Date/Time:
28/08/2020 18:22

Classification Of Case: