

ASS REC BY: TanferREF: CS/MSG20009647/TISf3

ASSIGNMENT

WE 2024 Jan
2009, Jan

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: 920K

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: SJM 6135T Yr Regn: _____Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Vios c.c. 1497Colour: Black A/C: Insured / Std / NI / NASp. Reading: 258373 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MPW53HJ9305697005Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/65R15

R: _____

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

TOYO / YOKO or

Front

R/Bal. 6 mmL/Bal. 6 mm

D.O.A.

Survey held at Kin 47

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 15/9/20

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

Rear N/S

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report1) _____
Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

Add Fee:

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

Report Format: _____

Lump Sum / L.B.I. / _____

XINYA AUTO SERVICES PTE LTD

Add: Blk 1002 Bukit Merah Lane 3 # 01-75 Singapore 159719 Tel: 6270 3481 Fax: 6278 7522
E-mail : xinyaauto@singnet.com.sg

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

6278 7522

Signature:

Date:

Date : 10-Sep-20

Address : TODDS PARTNER PTE LTD
BLK 1002 BUKIT MERAH LANE 3
01-75
SINGAPORE 159719

Reference : TP 1256/09/20
Vehicle No : SJM 6135T
Make/Model : TOYOTA VIOS
Insurance Co. : CHINA TAIPING

RE : QUOTATION REPAIRS TO SJM 6135T FOR THIRD PARTY CLAIMS.

<u>PARTS REQUIRED</u>	<u>QTY</u>	<u>COST</u>	<u>AMT \$</u>
1) REAR BUMPER	1	\$	427.71 <i>de</i>
2) REAR RH BUMPER RETAINER	1	\$	98.50 <i>de</i>
3) REAR BUMPER REFLECTOR	2	\$	<i>RHX</i> 82.00 <i>LH car</i>
4) BOOT COVER LOCK	1	\$	90.52 <i>x</i>
5) BOOT COVER WEATHER STRIPE	1	\$	181.90 <i>x</i>
6) REVERSE SENSOR	1	\$	288.01 <i>? 200</i>
7) END PANEL	1	\$	517.60 <i>x</i>
8) REAR TAIL LAMP LH	1	\$	287.00 <i>x aut</i>
LIST PRICE TOTAL		\$	1,973.24
LESS DISCOUNT 25%		\$	493.31
LIST PRICE TOTAL AFTER LESS		\$	1,479.93
NETT PRICE TOTAL		\$	-
TOTAL PARTS COST		\$	1,479.93

Tanfer 97495749
WP 67418434
15/9/20 @ 1630
03 days
4/5 running after repair

LABOUR AND MISCELLANEOUS CHARGES

1)	TO REMOVE & REPLACE REAR BUMPER, TAIL LAMP AND TO PANEL BEAT CUT & WELD END PANEL & BOOT COVER.	\$	800.00 ³⁰⁰ (4 Days)
2)	TO PUTTY & SPRAY PAINT TO REAR BUMPER & BOOT COVER & OTHER AFFECTED AREA.	\$	600.00 ^{400.} (3 Panel)
3)	TO CHECK & RECTIFY REAR WIRING AND LIGHTS.	\$	120.00 ³⁰
4)	TUFF KOTE	\$	150.00 <i>x</i>
5)	TO REMOVE AND REPLACE REVERSE SENSOR	\$	120.00 ³⁰
LABOUR TOTAL		\$	1,790.00

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 10:14
Date Of Accident 28/08/2020 18:10
Exact Location Of Accident ALONG BT.PANJANG RD TOWARDS CCK RD AFTER BKE EXIT
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJM6135T
Insured/Policyholder
Name Of Registered Owner TODDS PARTNERS PTE. LTD.
Co Reg No 2XXXXX177E
Email Address XINYAAUTO@SINGNET.COM.SG
Mobile Phone No (LOCAL) +65-97707613
Alternative Phone No OFFICE-93847728

Vehicle Particulars

Manufacturer TOYOTA
Model VIOS-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident PRIVATE HIRER

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 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number DMHCSNA00002692000
Cover Note Number

Driver

Name of Driver NORHAN FAREEZ BIN NORHANGINI
NRIC No SXXXX520Z
Date Of Birth 12/02/1992
Occupation INDOOR
Date Of Driving Pass 17/09/2014
Driving Experience 5 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-93824426
Fax Number
Contact Number
EMail Address NOEMAIL

Address	BLK 223 PENDING ROAD #02-109
Postcode	670223
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - PRIVATE HIRER
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON THE STATED DATE AND TIME, I WAS TRAVELLING SLOWLY ALONG BT.PANJANG RD TOWARDS CCK RD AFTER BKE EXIT IN THE MIDDLE LANE DUE TO THE HEAVY TRAFFIC. FRONT VEHICLE STOP SO I FOLLOWED TO STOP. BUT SUDDENLY BIKE B HIT ONTO THE REAR LEFT PORTION OF MY VEHICLE.

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	FBN4171R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ONG NGE
NRIC/Passport Number	SXXXX411J
Contact Number	92726755
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON:

Name	NORHAN FAREEZ BIN NORHANGINI
Approximate Age	
Injuries Sustain	NECK AND HAND INJURY
Injured person in which vehicle?	SJM6135T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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.

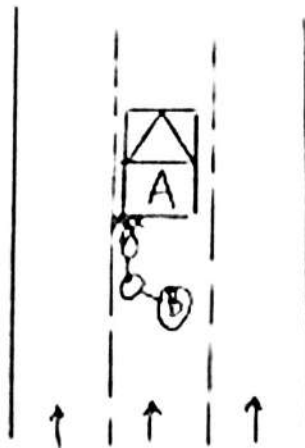
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN

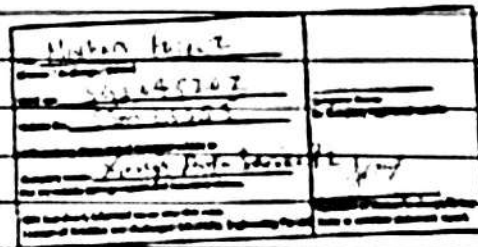


A: SJM 6135T
B: FBN 4171R

ALONG RT PANJANG RD
TOWARDS CLK RD AFTER
BKE EXIT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

In the stated date and time, I was travelling slowly along Bukit Panjang Road towards CLK Rd after BKE Exit in the middle lane due to the heavy traffic, front vehicle stopped so I followed to stop. But suddenly, P/B hit into the rear left portion of my vehicle.



DECLARATION

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



Policyholder's
Date & Time

[Signature]

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



Reporting Centre Personnel's Signature
Name
NRIC/IN No.