

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of 05-21
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

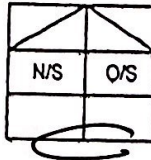
(Policy Condition)

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

Bal. or Market Value: 827K
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 3-4 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / BEP / 24 HRS

Date: 03/12/20 Person Contacted: Vincent Vehicle: IN / OUT



Veh No: SDV6214 Yr Regn: 03, 09
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hit Lance EX c.c. 1499
 Colour: M. Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 207023 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JMYPRCY2AYU003627
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modl: NII / S/Rlm / STD A/Rlm or _____
 Tyre Size: F: 215/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front: _____ Rear: _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 20/12/20 D.O.I. 23/12/2020
 Survey held at _____
 Des. of Damages: Front / 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>1</u>	<u>Got BL</u>

Date/Time, File Pass to? ☐ : Prell. Report
☐ : Final Report
 1) _____
 Date/Time, File Return to? _____

Days Of Repair: _____
 Resurvey No. of Trlp: _____

Survey Fee:

Transportation:

S + RS. SI

Extra

Others

TOTAL

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

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech Invs (\$)
☐ : Weekend (\$)

Stars AutoWorks

160 Sin Ming Drive
#06-21 Sin Ming AutoCity
Singapore 575722

STARS RENTAL & LEASING
160 Sin Ming Drive
#05-21 Sin Ming Drive
Singapore 575722

Not Attributed
1/12/20
Heavy After Paint
3-4 days

ESTIMATE

DATE : 21/12/2020
VEHICLE NO : SDV 62 H
MAKE/MODEL : Mit. Lancer EX
ACC DATE : 20/12/2020

PARTICULAR AMOUNT S\$

NETT ITEMS:

1	1 REAR END PANEL	681.70	?
2	1 REAR END PANEL TOP GARNISH	182.00	?
3	1 REAR BUMPER	746.00	✓
4	2 REAR BUMPER SIDE RETAINER	37.90	✓
5	2 REAR BUMPER REFLECTOR	68.90	X
6	1 REAR BUMPER TOW COVER	137.80	✓
7	1 REAR BUMPER REINFORCEMENT	45.90	✓
8	1 REAR BUMPER TOP BEAM	246.10	?
		132.90	?
		2,248.20	
	Less Discount:	10%	224.82
			2,023.38

SPECIAL NETT ITEMS:

1	2 REAR END PANEL TOP GARNISH CLIP	5.00	10.00	?
2	10 REAR BUMPER CLIP	5.00	50.00	✓
3	1 REAR REVERSE SENSOR		350.00	200/12
	1 REAR NUMBER PLATE		410.00	50.00 45/12

LABOUR CHARGES:

1	TO CHECK WIRING	50.00	152
2	TO TUFF KOTE	250.00	?
3	TO REMOVE/REFIX UPHOLSTERY, CUSHION SEAT & ROOF LINING	150.00	64
4	TO REMOVE/REFIX REVERSE SENSOR	100.00	501
5	TO PANEL BEATING, REMOVING & REPLACING OF NEW PARTS	1,000.00	?
6	TO SPRAY PAINTING ON AFFECTED AREA	1,000.00	4501
		2,550.00	

GRAND TOTAL: 4,983.38

Singapore Dollars: Four Thousand Nine Hundred And Eighty Three And Cents Thirty Eight Only.

STARS AUTOWORKS
Reg No: 53898222K
160 Sin Ming Drive
Sin Ming AutoCity #08-14
Star AutoWorks
Singapore 575722

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 aforesaid.

ACCIDENT STATEMENT

Date of Submission 21/12/2020 14:34 (SGT)
Date of Accident 20/12/2020 14:20 (SGT)
Exact Location of Accident Pasir Ris Flyover, Singapore
Additional Location Information TOWARDS TPE (SLE)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDV62H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner STARS RENTAL & LEASING
Company Reg No 5XXXX317L
Email Address starsrentlease@gmail.com
Mobile Phone No (Phone) +65-90877770
Alternative Phone No (Office) +65-90877770

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Lancer
Variant -
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 - Claiming third party
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdPartyFireTheft
Fleet Policy Yes
Policy Number 5112824197-02
Cover Note Number -

DRIVER

Name of Driver YASSER BIN MOHAMED ALI
NRIC No SXXXX333G
Date Of Birth 05/10/1977
Occupation Outdoor

Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

09/03/2010
10 YEARS AND 9 MONTHS
Male
(Phone) +65-98807904
-
starsrentlease@gmail.com
BLOCK 524A TAMPINES CENTRAL 7 #08-45
-
521524
No
Hirer
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Raining
Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other material or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No
2
Yes
No
Yes
1
No

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

Yes
Bishan Neighbourhood Police Centre
(Phone) +65-18005529999
(Fax) +65-65561905
20 Bishan Street 23 Singapore 579757
No
-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT AND ATTACHED ; REMARKS: TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

Yes
No
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver

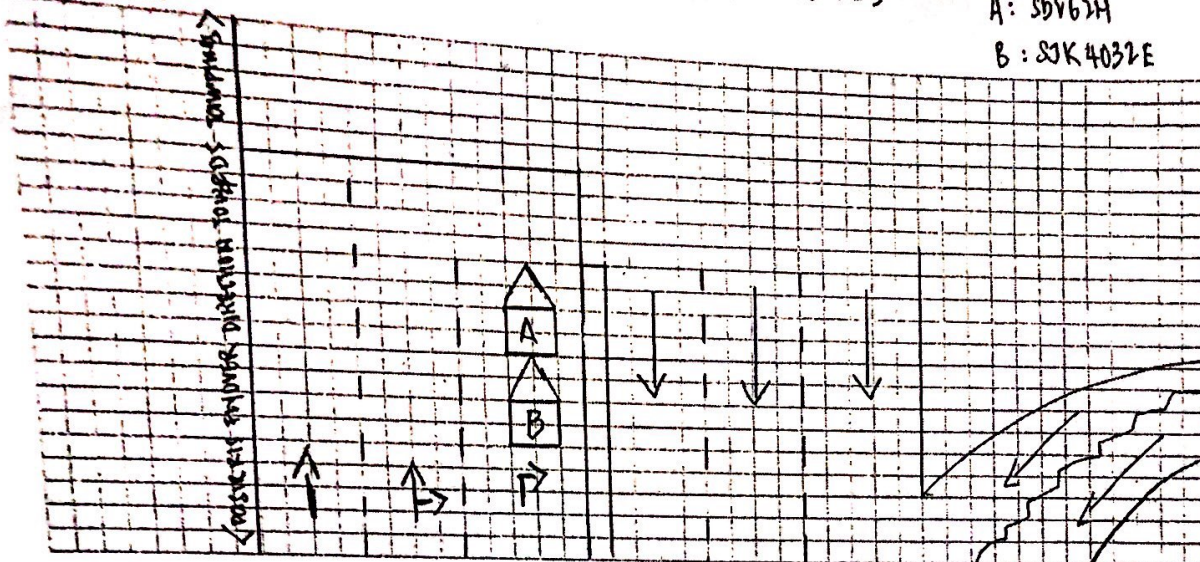
SJK4032E
-
-
-
-
Private car
HENG WEI LIAN GEROLINE

SKETCH PLAN

PASIR RIS FLYOVER TURNING TOWARDS TPE (SLE)

A: SDV62H

B: SJK 4032E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS ALONG PASIR RIS FLYOVER TURNING TOWARDS TPE (SLE)

MY VEHICLE WAS STATIONARY WHILE WAITING FOR TRAFFIC LIGHT.

SUDDENLY THE CAR FROM MY REAR BANG MY CAR REAR AND CAUSES THE DAMAGE TO MY CAR.

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.:



SINGAPORE POLICE FORCE



T/20201221/2047

1 of 3

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

Report No. T/20201221/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/12/2020 13:15	Vide Report No.:	Station Diary No.: 37
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Informant's Particulars

Name of Informant: YASSER BIN MOHAMED ALI			Address: APT BLK 524A TAMPINES CENTRAL 7 #08-45 SINGAPORE 521524		
ID Type / ID No.: NRIC NO / S7729333G			Contact No.: Home/Office: Mobile: 98807904		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 05/10/1977	Type of Informant: Driver		
Race: Boyanese			Language:		Institution / School Name:
Occupation: Fumigators/Pest and weed controllers			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/12/2020 14:15	Type of Location: T-Junction
Location: TAMPINES AVENUE 12				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving vehicle to rear of stationary vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDV62H	Car				Slightly Damaged	0
SJK4032E	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No
No. of Pedestrians Injured: NIL



Singapore Pedestrian Crossing: RM 061

SIGNATURE



**SINGAPORE
POLICE FORCE**



T/20201221/2047

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

2 of 3

Report No. T/20201221/2047


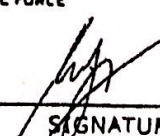
CONTINUATION OF REPORT

Driver:				
Name	YASSER BIN MOHAMED ALI		ID No.	S7729333G
Related Vehicle	SDV62H (Car)		Contact No.	98807904
Hospital/Clinic	DRS. GOH & TAN FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/12/2020	Date Discharge	21/12/2020	
No. of Days granted Medical Leave	04	Degree of Injury	Slight	

Brief Details.

On 20/12/2020 at around 1415hrs I was along Pasir Ris flyover towards Tampines Ave 12, on the filter lane turning towards TPE(SLE). My vehicle (SDV62H) was stationary while waiting for the green light when a vehicle (SJK 4032E) hit onto my rear. The collision caused a dent to my rear bumper and damaged my brake lights as well as rear plate number.

I did not suffer any injuries after the collision and no ambulance was called to scene. However I felt some discomfort on my neck area on 21/12/2020 and visited Drs Goh & Tan Family Clinic & Surgery where I was given 4 days MC (NO. MQ28831/R1) from 21/12/2020 - 24/12/2020. I am lodging this report to put up the necessary claims.

	SINGAPORE POLICE FORCE	SN 061
		
SIGNATURE		