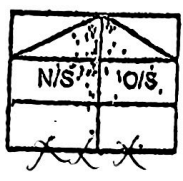


ASS. REC. BY: Steve T / CS/CTI 21004683/ETF3

ASSIGNMENT

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



Est. or Market Value: _____
IDAC Accident Report: _____ Consistent? : Yes or No
SIA / PR Sent: _____ Consistent? : Yes or No
Est. Repair: _____ days Res.: Yes or No
Cum Sum: _____ % 3 Val.: Yes or No

QA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMV 1092H Yr Regn: 16/9/20
Type: (M.Car) M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Renault SCENIC c.c. 1461
Colour: Grey A/C: Insured / Std / NI / N
Sp. Reading: 24804 T/Radio: Insured / Std / NI / N
Eng/No: _____
C/No: VFIFA 00863212453
Gen. Cond: Good / Fair / Poor / Bunt
Steering: In order / Jammed / Locked / Burnt or
Brake: In order / Jammed / Locked / Burnt or
Mod: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 195/55R20
R: 11
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Continental
Front R/Bal. 4 mm Rear R/Bal. 4 mm
L/Bal. 4 mm U/Bal. 4 mm
D.O.A. 2/2/21 O.O.I. 26/7/21
Survey held at Wearnes
Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
The UIC / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	<u>NAK-102K</u>
	<u>confirm the finalize \$3683.00 (P/P, before GST). 4 repair days.</u>
	<u>red: 10477.20; 73%</u>

Time/Time, File, Post to: ☐ : Prel. Report ☐ : Final Report
Time/Time, FDe Return to:
Days Of Repair: 4
Resurvey No. of Trip: _____
Add Fee: ☐ : Site Insp (\$ _____) ☐ : Interview (\$ _____)
☐ : Tech. Inve (\$ _____) ☐ : Weekend (\$ _____)
Survey Fee: _____
Transportation: _____
Phone: _____
Other: _____
TOTAL: _____

SERVICE ESTIMATE

- C00001 SL: SERVICE SALES - PC

Mr Muhammad Iskandar Bin Roslan

Blk 754 Jurong West Street 74

#11-38

Singapore 640754

Closed by : Michelle Ong Siew Be

Svc Consultant :

Remarks : Mr Muhammad Iskandar

GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 1

Inv.date. : 03/02/2021

WIP No. . : 64073

Veh.In/Out:

*Tel.No. . : Mobile: 98313521

Reg.No. . : SMV1092H

Reg.date . : 16/09/2020

Mileage .. : 0

Chassis No: VF1RFA00863212453

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE TAILGATE, REAR BUMP	0	1350.00	0	1,350.00	S	550
	REAR BUMPER PAD, TOW EYE COVER,						
	EMBLEMS, BRACKETS, ETC						
800	TO PUTTY AND SPRAY PAINT ON	0	1200.00	0	1,200.00	S	1000
	TAILGATE, REAR BUMPER, ETC						
802	TO REPLACE REAR WINDSCREEN	0	450.00	0	450.00	S	?
0080	TO INSTALL REAR WINDSCREEN	0	280.00	0	280.00	S	?
	SOLAR FILM						
802	TO TRANSFER TAILGATE MECHANISM	0	250.00	0	250.00	S	?
280	TO CHECK WIRING INCLUDE	0	450.00	0	450.00	S	/
	RESETTING OF ALL ELECTRICAL						
	MODULES						
	BUMPER REAR S4 / DO	1.0 EA	916.30		916.30	S	
	BUMPER TOW COVER REA / MIS	1.0 EA	78.60		78.60	S	
	BUMPER PAD REAR S4 (back) - CW	1.0 EA	634.00		634.00	S	
	BUMPER REAR BRACKET ?	1.0 EA	96.70		96.70	S	
	BUMPER REAR BRACKET ?	1.0 EA	90.90		90.90	S	

SERVICE ESTIMATE

- C00001 SL: SERVICE SALES - PC

Mr Muhammad Iskandar Bin Roslan
Blk 754 Jurong West Street 74
#11-38

Singapore 640754

GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 2

Inv.date. : 03/02/2021

WIP No. . : 64073

Veh.In/Out:

*Tel.No. . : Mobile: 98313521

Reg.No. . : SMV1092H

Reg.date. : 16/09/2020

Mileage . : 0

Chassis No: VF1RFA00863212453

Closed by : Michelle Ong Siew Be

Svc Consultant :

Remarks : Mr Muhammad Iskandar

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	BUMPER MOUDLING CLIP	10.0 EA	3.60			36.00	S
	BUMPER RR RETAINER L	1.0 EA	240.80			240.80	S
	BUMPER RR RETAINER R	1.0 EA	211.60			211.60	S
	BUMPER REAR CENTER B	1.0 EA	289.00			289.00	S
	BUMPER RR SIDE BRACK	1.0 EA	153.60			153.60	S
	BUMPER RR SIDE BRACK	1.0 EA	153.60			153.60	S
	BUMPER REAR CENTER S	1.0 EA	135.80			135.80	S
	BUMPER REAR CENTER S	1.0 EA	135.80			135.80	S
	BUMPER REAR REINFORC	1.0 EA	751.60			751.60	S
	TAILGATE OUTER PANEL	1.0 EA	1352.90			1,352.90	S
	TAILGATE OUTER PANEL	1.0 EA	394.30			394.30	S
	RIVET FIX P	6.0 EA	7.70			46.20	S
	LOGO REAR "DIAMOND"	1.0 EA	138.10			138.10	S
	TAILGATE "SCENIC"LOG	1.0 EA	126.20			126.20	S
	TAILGRATE S4	1.0 EA	2028.20			2,028.20	S
	ADHESIVE SEALER FL2	1.0 EA	709.60			709.60	S
	BODY PANEL SEALANT X	1.0 EA	1385.40			1,385.40	S

SERVICE ESTIMATE

- C00001 SL: SERVICE SALES - PC

Mr Muhammad Iskandar Bin Roslan
Blk 754 Jurong West Street 74
#11-38

Singapore 640754

GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 3

Inv.date. : 03/02/2021

WIP No. . : 64073

Veh.In/Out:

*Tel.No. . : Mobile: 98313521

Reg.No. . : SMV1092H

Reg.date. : 16/09/2020

Mileage . : 0

Chassis No: VF1RFA00863212453

Closed by : Michelle Ong Siew Be
Svc Consultant :
Remarks : Mr Muhammad Iskandar

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	RIVET BLACK, BUMPER	10.0 EA	6.70			67.00	S
	RIVET SILVER, REAR B	10.0 EA	0.80			8.00	S

Steve (LKK)
26/7/21, 12.15pm

WL RL
4 dys
P/P
My Bel Ly

- 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:

Labour Total 3,980.00
Parts Total 10,180.20
Package Total 0.00

Gross Total. 14,160.20

Net..... 14,160.20

GST @ 7.0% 991.21

Total..... 15,151.40

Paid..... 0.00

Please Pay.. 15,151.40

GST: S=StdRated; O=OutOfScope; Z=ZeroRated

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	03/02/2021 16:08 (SGT)
Date of Accident	02/02/2021 18:25 (SGT)
Exact Location of Accident	Shenton Way & Boon Tat St, Singapore
Additional Location Information	TRAFFIC LIGHT AT JTN OF BOON TAT STREET LEADING TO SHENTON WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV1092H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMMED ISKANDAR BIN ROSLAN
NRIC No	SXXXX900Z
Email Address	iskandarroslan@gmail.com
Mobile Phone No	(Phone) +65-98313521
Alternative Phone No	+65-98313521

VEHICLE PARTICULARS

Manufacturer	Renault
Model	Scenic
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 car

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V12544
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMED ISKANDAR BIN ROSLAN
NRIC No	SXXXX900Z
Date Of Birth	17/06/1985

Occupation	Indoor
Date Of Driving Pass	17/07/2007
Driving experience	13 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98313521
Alt. Phone Number	+65-98313521
Email Address	iskandarroslan@gmail.com
Address	754 JURONG WEST STREET 71
Address complement	#11-38
Postcode	640754
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NADIA ILLIYANA BAHAREIN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT.

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

Vehicle Registration Number	GBJ5225J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ESKA BIN WAHIA

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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

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' law yers/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

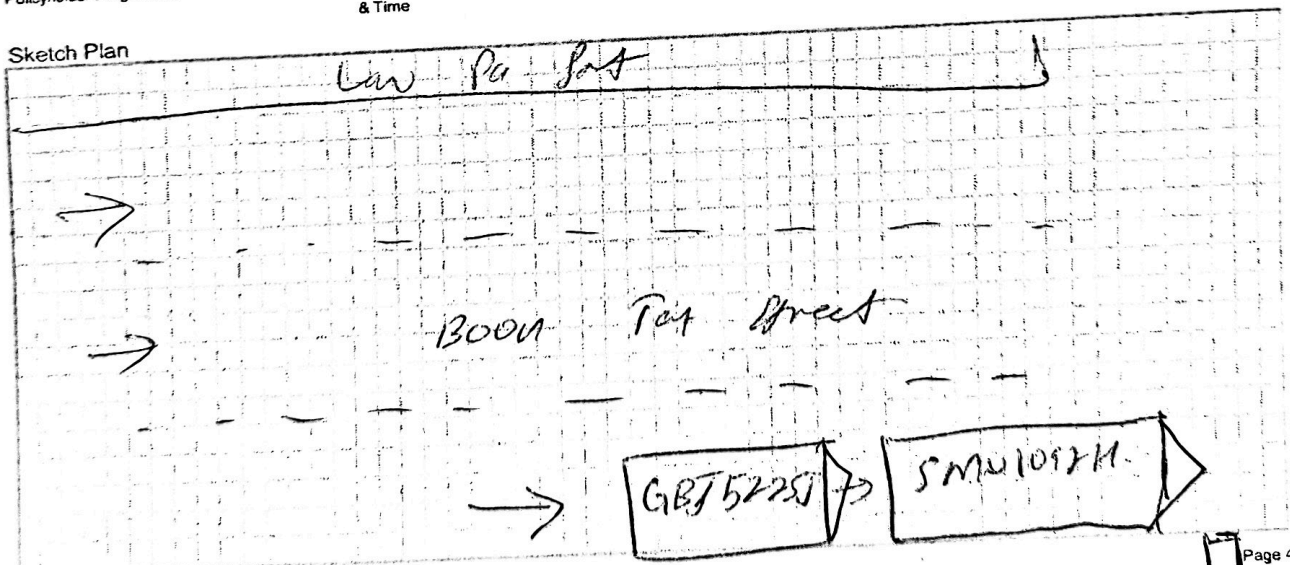
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident


My car was stopped at the traffic light as the light was red. When the light turned green, I didn't have the chance to move off before being hit from behind by GBT 5 225J. Weather conditions were dry.

IMPORTANT NOTE

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

Declaration

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

 31/2/21
0950
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel