

ASS. REC. BY:

REF: CS/

SMR/21008617/Kuf3

C

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No: SNB 976H

at Workshop m/s

of

Insured:

SHF 481T

Policy No.

Claims No.

TAX/08/21/2019

Sum Insured:

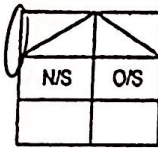
Excess:

(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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

1.21 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SNB 976H

Yr Regn:

07, 21

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

Truck / Traller or

AI

Make:

Honda

c.c

1498

Colour

M.P. White

A/C:

Insured / Std / NI / NA

Sp. Reading

2712

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

RV3

1000767

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD RIM or

Tyre Size:

F:

215/60R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

10/8/21

D.O.I.

19/8/2021

Survey held at

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

N/S Frt

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

Date / Time

Action / Instruction

19/8 @ 650h Car 2 repair days

(RED \$8434; 93%)

Data/Time, File Pass to?

☐

: Prell. Report

11/20/8 TYPIST

☐

: Final Report

Data/Time, File Return to?

Days Of Repair:

2

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

\$ + RS. SI

Fees

Others

TOTAL

Report Format:

TP

Lump Sum / I.B.I. (\$

650

2 days
@ 650/hr

757

CHASSIS NO: RV3-1000757

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

Date:

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (\$\$)	
	<u>LABOUR</u>		
1	To remove the affected parts & fittings to commence repairs; replace damaged parts and components	\$ 1,200.00	1501
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	\$ 1,000.00	4821 500,
3	To remove and re-fix wiring and check all electrical components at damaged areas for proper functions	\$ <i>nn</i> 100.00	X
4	To provide anti-rust treatment on affected areas	\$ <i>nn</i> 100.00	X
	Labour Total :	\$ 2,400.00	
	TOTAL (PARTS & LABOUR):	\$ 9,084.00	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report accurately 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 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 11/08/2021 15:43 (SGT)
Date of Accident 10/08/2021 19:17 (SGT)
Exact Location of Accident Lavender St, Singapore
Additional Location Information LAVENDAR STREET TOWARDS TO CRAWFORD STREET
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB976H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CRUIZER
Company Reg No 5XXXX660D
Email Address claims@cartimes.com.sg
Mobile Phone No (Phone) +65-94879334
Alternative Phone No +65-94879334

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number C0120746
Cover Note Number

DRIVER

Name of Driver MUHAMMAD EDRUS BIN SALEH
NRIC No SXXXX806B

Accident report SC1E218B0001

IMPORTANT NOTICE

SKETCH PLAN

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 repudiate policy liability.
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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 copies 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 used 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 Officer / Personnel

Sketch Plan

