

ASS. REC. BY:

REF:  
CS/

SMR/ 21008864/Ku f3

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SMN 2942R

at Workshop m/s

of

Insured:

SHB 5386Z

Policy No.

Claims No.

TAX/08/21/2050

Sum Insured:

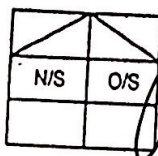
Excess:

(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:

07

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMN 2942R

Yr Regn:

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

Truck / Trailer or

Make:

Hyundai Aventura

c.c

Colour

White

A/C: Insured / Std / NI / NA

Sp. Reading

91838

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KM1D841CMKU 933979

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD / Rlm or

Tyre Size:

F: Nexen 195/65R15

R: Kumho

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal.

7

mm

Rear

R/Bal.

6

mm

L/Bal.

7

mm

L/Bal.

6

mm

D.O.A.

21/8/21

D.O.I.

25/8/2021

Survey held at

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

O/S Rear body

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

Date / Time

Action / Instruction

1) GIA not ready

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

# H C AUTO PTE LTD

160 Sin Ming Drive #05-09 Sin Ming Auto City Singapore 575722

Tel : 6457 0678 Fax : 6457 8287

Co. and GST Reg. No. : 200820153N

Date: 23 / 08 / 2021

## ESTIMATE COSTS OF REPAIR

M/s JW Leasing Pte Ltd

C/o 160 Sin Ming Drive

#05-09 Sin Ming Auto City

Singapore 575722

Dear Sir / Madam ,

Vehicle no. : SMN 2942 R - Hyundai Avante  
Accident date : 21 / 08 / 2021

*NOT AUTHORIZED  
L1 Sy B  
Paying After Pay*

Quantity	Descriptions	Amount ( S\$ )
1	1 pc rear bumper	\$ 459.40 ✓
2	1 pc o/s tail lamp	\$ 435.10 X
3	1 pc o/s rear bumper side retainer	\$ 31.00 ✓
4	1 pc o/s rear bumper bracket	\$ 78.60 X
5	1 pc rear bumper center garnish	\$ 353.50 X
6	1 pc o/s rear door	\$ 1,878.30 ✓
7	2 pcs o/s rear door hinge 1 @ 38.7	\$ 77.40 X
8	1 pc o/s rear door inner lock	\$ 244.50 X
9	1 pc o/s rear door checker	\$ 57.80 X
10	1 pc o/s rear door rubber(as body)	\$ 116.20 X
11	1 pc o/s rear door rubber(as door)	\$ 127.20 ?
12	1 pc o/s rear door inner trimboard	\$ 497.90 ?
13	1 pc o/s rear door glass outer molding	\$ 64.00 X
14	1 pc o/s rear door frame black sticker	\$ 13.10 ✓
15	1 pc o/s rear door glass regulator gear	\$ 223.40 ?
16	1 pc o/s rear door glass regulator gear motor	\$ 210.20 ?
17	1 pc o/s rear fender	\$ 1,892.00 ✓
18	1 pc o/s rear fender inner garnish	\$ 208.00 X
19	1 pc o/s rear shock absorber mounting	\$ 121.20 X
20	1 pc o/s rear shock absorber	\$ 239.20 X
21	1 pc o/s rear hup bearing	\$ 454.00 ?
22	1 pc o/s rear axle beam	\$ 1,188.70 X
		\$ 8,970.70
	Less 20 %	\$ 1,794.14
	Balance C/FD	\$ 7,176.56



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Tel : 6457 0678 Fax : 6457 8287

Co. and GST Reg. No. : 200820153N

Balance B/FD ( SMN 2942 R )			\$	7,176.56	
23	1 pc	rear windscreen glass inner seal	\$	74.20	sn 305m
24	1 pc	rear windscreen glass inner gum	\$	60.00	sn 405m
25	1 pc	n/s rear wheel tyre	\$	387.00	sn X
26	1 pc	n/s rear wheel rim P-?	\$	696.30	sn
			\$	8,394.06	
Labour charges			\$	1,400.00	8001
To putty and spray painting			\$	1,200.00	8601
Re-seal anti rust			\$	120.00	601
To check wiring			\$	120.00	201
To transfer o/s rear door			\$	120.00	601
To check wheel alignment			\$	120.00	601
Remove and refix rear windscreen glass			\$	180.00	1201
Remove and refix cushion seat, garnish, carpet,etc			\$	220.00	1001
Remove and refix rear undercarriage			\$	350.00	?
Add : 7% GST			\$	12,224.06	
Grand_Total			\$	855.68	
			\$	13,079.74	

**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:

3. Information provided must be **completed by the Policyholder and/or the Authorised Driver**. 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. 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 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' 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;

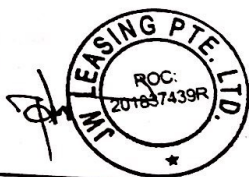
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(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.

(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.

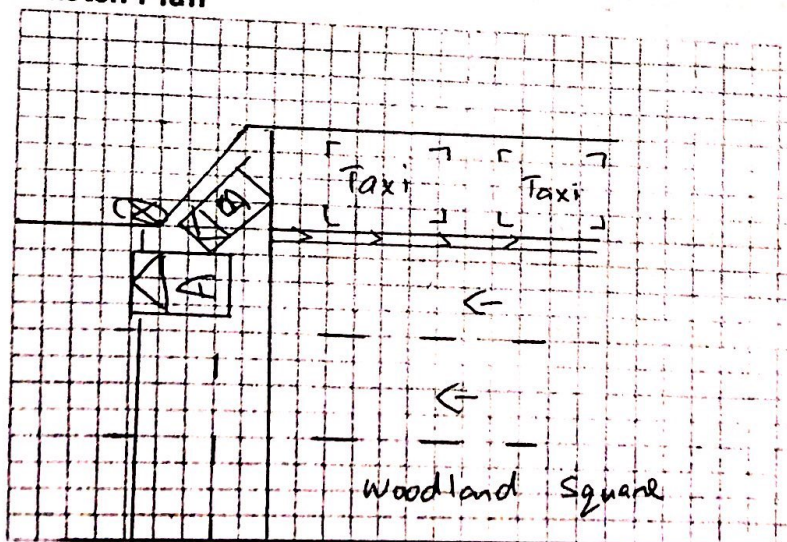


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



A - SMN2942R

B - SHB5386Z

*[Signature]*





Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20210824/2077

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	PETER RAMDAS SITARAM		ID No. S1417588A
Related Vehicle	SHB5386Z (Car)		Contact No. 83027441
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	RODNEY CHANG TZE LIANG		ID No. S7323399B
Related Vehicle	SMN2942R (Car)		Contact No. 98538548
Hospital/Clinic	NATIONAL UNIVERSITY POLYCLINICS		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	24/08/2021	Date Discharge	24/08/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 21/08/2021 at about 1735hrs, I was driving my vehicle (SMN2942R) along Woodlands Square. I was driving along the extreme right lane. While I approached the traffic junction, a taxi (SHB5386Z) came out from the taxi lane at the right side of my vehicle and collided into the right rear of my vehicle. I wish to state that the traffic was in my favour.

We came out of our vehicle to make a check. We exchanged particulars and left the area. No police or Ambulance attended to us. No government property was damaged. I felt slight pain on my neck and lower back during the point of accident, however I assume that it will get better.

My vehicle suffered from scratches and dent on the right rear and the taxi suffered from scratches and dent on the front left of it's vehicle.

On 24/08/2021, the pain on my neck and lower back worsen. I then went to National University Polyclinics and was given 3 days outpatient sick leave.

This is the first time such incident happened to me.





**SINGAPORE  
POLICE FORCE**



T/20210824/2077

Precision  
touchpad

nr H4020

1 of

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20210824/2077

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/08/2021 17:30	Vide Report No.:	Station Diary No.: 94
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**Informant's Particulars**

Name of Informant: RODNEY CHANG TZE LIANG			Address: APT BLK 411 SAUJANA ROAD #03-102 SINGAPORE 670411		
ID Type / ID No.: NRIC NO / S7323399B			Contact No.: Home/Office: Mobile: 98538548		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 10/06/1973	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GOJEK DRIVER			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: 21/08/2021 17:35	Type of Location: Straight Road
Location:  WOODLANDS SQUARE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SHB5386Z	Car				Slightly Damaged	1
SMN2942R	Car				Slightly Damaged	2

**Details of Person Involved**

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