

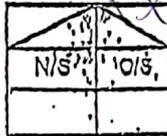
Steel CS/CTI.21009671/ETC

ASSIGNMENT

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

Veh No: SLJ573T Yr Regn: 28/11/16
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
Make: Honda Shuttle c.c. 1496
Colour: Silver A/O: Insured / St / NI / N
Sp. Reading: 38/058 T/Radio: Insured / St / NI / N
Eng/No: _____
C/N: GP 71943705
Gen. Cond: Good / Fair / Poor / Burnt
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: 155/60R15
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

(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 Seen Consistent? Yes or No
Est. Repairs: _____ days Res.: Yes or No
Cum Sum: _____ % 3 Vol.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Front Wheel: 5 mm R/Fal. 5 mm
Rear Wheel: 5 mm U/Fal. 5 mm
D.O.A. 3/7/21 Lim City O/O.L. 16/9/21
Survey held at _____
Des. of Damages: Front / Rear / O/S / N/S / UIC / Rooftop or
The U/O / chassis frame / Body structure affected due to collision

Date / Time	Action / Instruction
	MV-573T
	Ok confirm lump sum \$1,700.00/3 days.
	red: 1203.20;41%

File/Time, File, Pass to: : Prelim. Report
 : Final Report

Days Of Repair: 3
Resurvey No. of Trips: _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weighing (\$ _____)

Survey Fee: _____
Transportation: _____
S + RS: \$ _____
Printed: _____
Other: _____
TOTAL: _____

Lion City Rentals Pte Ltd
 CARROS CENTER
 60 JALAN LAM HUAT #04-35/36 S(737869)
 Main +65 62524991

WA PR
L/S
My ML sy
3 dys

Steve (LKK)
16/9/21, 11-MC

Ms China Taiping Insurance (Singapore) Pte Ltd
 Date 14/9/2021
 Attn : MOTOR CLAIMS DEPT

ESTIMATE

VEHICLE NO. SLJ573T
 CHASSIS NO : GP71043105
 MAKE / MODEL : Honda Shuttle Hybrid 1.5 CVT
 DATE OF ACCIDENT : 03/07/2021
 YOUR INSURED VEHICLE NUMBER : SJC2801G
 MILEAGE : 381058 km

	<u>PARTS DESCRIPTION</u>	<u>QTY</u>	<u>UNIT PRICE</u>	<u>LIST PRICE</u>
1	Front bumper <i>BR</i>	1PC	\$ 1,350.00	\$ 1,350.00
2	Front bumper reinforcement <i>?</i>	1PC	\$ 660.00	\$ 660.00
3	Front bumper RH tow cover <i>CRU</i>	1PC	\$ 54.00	\$ 54.00
4	Front bumper RH side retainer <i>BR</i>	1PC	\$ 21.00	\$ 21.00
5	Front bumper lower grille <i>?</i>	1PC	\$ 294.00	\$ 294.00
LIST TOTAL S\$:				\$ 2,379.00
20.00% DISCOUNT S\$:				\$ 475.80
				\$ 1,903.20

<u>SPECIAL NETT</u>			
3	Bumper clips <i>MC</i>	1 SET	\$ 80.00 <i>30</i>
Special Nett Total S\$:			\$ 80.00

<u>LABOUR CHARGES</u>			
1	TO REMOVE FRONT BUMPER OUT TO FACILITATE REPAIRS AND REPLACEMENT OF DAMAGED PARTS.		\$ 600.00 <i>230</i>

2	TO RESPRAY FRONT BUMPER		\$ 400.00 <i>200</i>
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LABOUR TOTAL S\$:	\$ 1,000.00
TOTAL S\$:	\$ 2,903.20
7% GST	\$ 203.22
GRAND TOTAL S\$:	\$ 3,106.42

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 06/07/2021 09:11 (SGT)
Date of Accident 03/07/2021 21:15 (SGT)
Exact Location of Accident Ang Mo Kio Ave 4, Singapore
Additional Location Information CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ573T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LION CITY RENTALS PTE LTD
Company Reg No 2XXXXX621K
Email Address lcrarc@lioncityrentals.com.sg
Mobile Phone No (Phone) +65-62525525
Alternative Phone No (Office) +65-62525525

VEHICLE PARTICULARS

Manufacturer Honda
Model Shuttle
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 car
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number 21-MM000194-R00
Cover Note Number -

DRIVER

Name of Driver 
NRIC No 

Date Of Birth
 Occupation
 Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Hirer
 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 Hit and run / Vandalism / Damaged whilst parked
 Weather Conditions Clear
 Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
 Number of vehicles involved in the accident 3
 Was anybody injured in the Accident? No
 Was any injured conveyed to hospital by ambulance? -
 Was any other vehicle or property damaged? Yes
 Number of Passengers (Including Driver) 0
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

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 SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? No
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number UNKNOWN
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -
 Address -
 Address complement -

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.
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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.

(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.

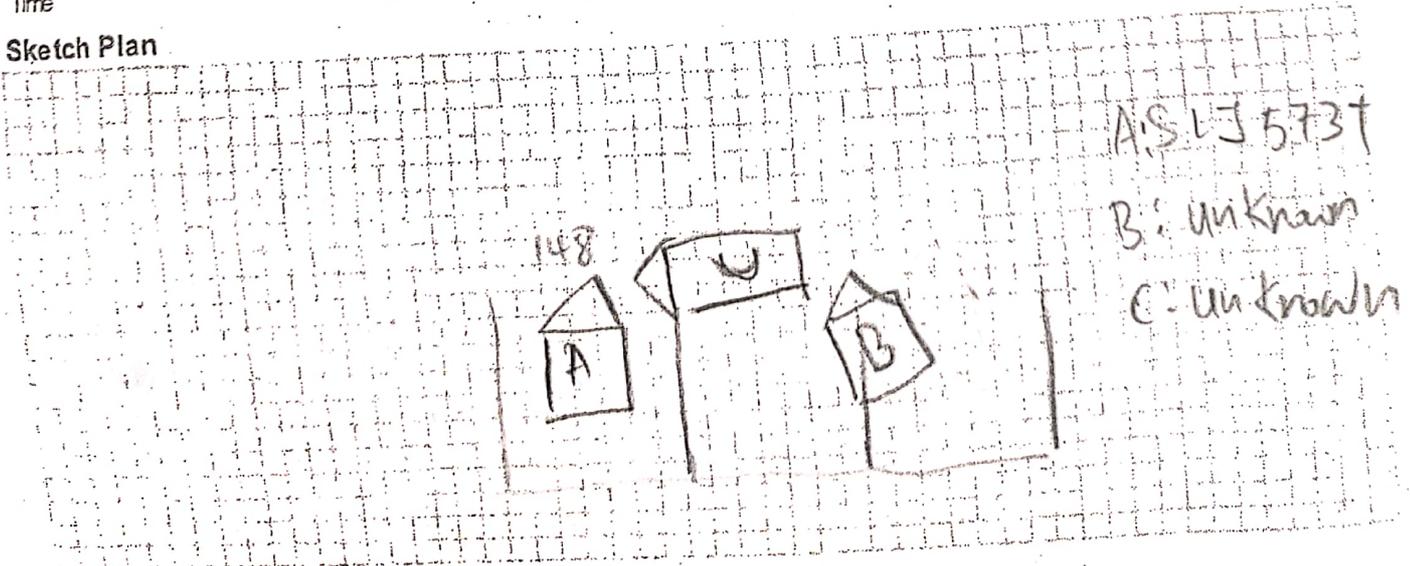


Policyholder's Signature / Date & Time

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

[Handwritten Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

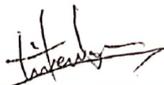
Refer to police report

Declaration

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



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210704/2002

1 of 3

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20210704/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/07/2021 00:40		Vide Report No.: F/20210703/0274		Station Diary No.: 7	
Informant's Particulars					
Name of Informant: [REDACTED]			Address: [REDACTED]		
ID Type / ID No.: NRIC NO / [REDACTED]			Contact No.: Home/Office:		Mobile: [REDACTED]
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 10/01/1956	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/07/2021 21:15	Type of Location: Car Park
Location: ANG MO KIO AVENUE 4			
Weather: Clear	Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLJ573T	Car	HONDA	Shuttle Hybrid	Silver	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLJ573T	TOKIO MARINE INSURANCE SINGAPORE LTD.	21-MM000080-R00	25/02/2021	24/02/2022



Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	[REDACTED]	ID No.	[REDACTED]
Related Vehicle	SLJ573T (Car)	Contact No.	[REDACTED]
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

Brief Details.

On 03/07/2021 at about 09.20pm, I parked my vehicle SLJ573T at lot no: 148 which is behind Blk 629 Ang Mo Kio Avenue 4 and everything is intact. On the same day at about 10.15pm, I came back to my vehicle and discovered the front portion of my vehicle was badly damaged. I was approached by a female residing at Blk 629 Ang Moi Kio and she told me that my vehicle was hit by another vehicle. She show me a photo of the vehicle however, the plate number was blur. I used my handphone to take a picture of the vehicle from her handphone. The vehicle that hit onto my vehicle is a silver Toyota saloon car and it also hit another stationary vehicle a dark blue saloon car. As such, I called for Police. A while later, traffic police came and advice me to make a police report. The officer also took my in-car cctv sd card.

I would like to state that my in-car CCTV is not recording when my engine is off. However, the carpark is a gantry carpark.



**SINGAPORE
POLICE FORCE**



T/20210704/2002

3 of 3

Report No. T/20210704/2002

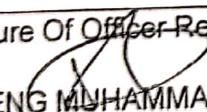
Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

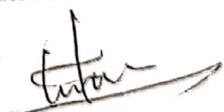
CONTINUATION OF REPORT

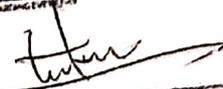
Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F /  SI DAENG MUHAMMAD FAIRUS BIN RAMLI
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902

Signature Of Informant: 
Date/Time: 04/07/2021 00:40
Classification Of Case:

Authentication Stamp
NP168  POLICE FORCE
LIFE SAVING EQUIPMENT

SIGNATURE

SI 158

