

ASS. REC. BY: Tang JH REF: US/CT/21010984/7 *v3

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: **GBF 7100T**

Policy No. **DMCVSNW00084142102**

Claims No. **SNM21D206108/C02/THAMYL**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: 470K

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMX4920M Yr Regn: 2021/Jan

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

Truck / Trailer or

Make: Honda Fit c.c. 1317

Colour Black A/C: Insured / Std / NI / NA

Sp. Reading 68963 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GK 31343809

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD AJRim or

Tyre Size: F: 175/70R14

R: 22

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. 23/10/2021 D.O.I. 27/10/21

Survey held at Indiant Auto

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

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

Date / Time	Action / Instruction
26/4/22	LS \$2400 confirmed by email (Red 2242.52, 48%)

Date/Time, File Pass to? ☐ : Prel. Report

1) ☐ : Final Report

Date/Time, File Return to?

2) 27/5/22-typist

Report Format: Merimen

Lump Sum / L.S. (\$) \$2400

Days Of Repair: 3

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp (\$ _____) \$ + RS \$

☐ : Interview (\$ _____) Photos

☐ : Tech. Invs (\$ _____) Others

☐ : Weekend (\$ _____) TOTAL

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

Trident Auto Service Centre Pte Ltd

8 Kaki Bukit Ave 4, #02-44
Premier @ Kaki Bukit (Gate 1)
Singapore 415875
Tel: 63441918

Date : 25/10/2021
Vehicle : SMX4920M
Make/Model : Honda Fit Hybrid
ORD : 2021
Chassis : GK31343809
ODO : 68963
ACC Date : 23/10/2021

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

3 Anson Road #16-00 Springleaf Tower
Singapore 079909

Estimate

S/N	Qty	Description & Specification	Amount S\$
List Items			
1	1	Rear tailgate	bt \$1,214.60
2	1	Rear tailgate dampers	X \$261.00
3	1	Rear tailgate inner trim board	cut X \$314.50
4	1	Rear tailgate lock	nt \$176.50
5	1	Rear tailgate rubber	cut \$121.30
6	1	Rear tailgate "FIT" emblem	re \$68.50
7	1	Rear end panel	Rx \$658.70
8	1	Rear end panel inner garnish	cut X \$165.70
9	1	Rear bumper	Rx \$628.60
			Total \$3,609.40
			Less 25% \$902.35
			List Total \$2,707.05
S/Nett Items			
1	1 set	Rear windscreen sealant	50ml \$80.00
2	1 set	Rear "PRIVATE HIRE" sticker	30ml \$45.00
3	1 set	Reverse sensor	200ml \$350.00
			S/Nett Total \$475.00
Labour			
1		To replace Rear tailgate, to repair and re-align on all accident affected areas	400 \$600.00
2		To putty and respray on accident portion	400 \$600.00
3		To check wiring	30 \$80.00
			Labour Total \$1,280.00
			Grand Total \$4,462.05

Taufik 9749 5749 4522.05
WP 27/10/21 @ 315pm
4/5 Resurvey after repair
taufik@tkkauto.com
03 days

Trident Auto Service Centre Pte Ltd

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3 Anson Road #16-00 Springleaf Tower

Singapore 079909

			Supplementary		
S/N	Qty	Description & Specification	Amount S\$		
<u>List Items</u>					
			Total	\$0.00	
			Less 25%	\$0.00	
			List Total	\$0.00	
<u>S/Nett Items</u>					
1	1 set	Rear number plate with holder 	45	\$60.00	
			S/Nett Total	\$60.00	

Trident Auto Service Centre Pte Ltd

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	25/10/2021 14:32 (SGT)
Date of Accident	23/10/2021 14:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PASIR RIS DRIVE 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX4920M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	VANGUARD CAR RENTAL PTE. LTD.
Company Reg No	202035890R
Email Address	TRIDENTAUTO.CLAIMS@GMAIL.COM
Mobile Phone No	(Phone) +65-83599057
Alternative Phone No	(Office) +65-63441918

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1400

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5120805080-000001
Cover Note Number	-

DRIVER

Name of Driver	LEE BAK SENG
NRIC No	S1172255E

Date Of Birth	02/06/1956
Occupation	Outdoor
Date Of Driving Pass	09/02/1978
Driving experience	43 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92214736
Alt. Phone Number	-
Email Address	TRIDENTAUTO.CLAIMS@GMAIL.COM
Address	BLK 477 #06-354 JURONG WEST ST 41
Address complement	-
Postcode	640477
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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	ABHILASHA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN / POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE SIZE TOO BIG TO BE UPLOADED
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF7100T
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MUHD KHAIRI BIN ABD NGARNI
NRIC No	S8718657A
Contact Number	(Phone) +65-83226247
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE BAK SENG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMX4920M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

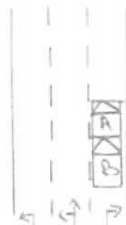
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material 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 be 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 be 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 also be disclosed by any of the Insurers and/or GIA to their third party service providers/agents (including their lawyers/law firms) which may be sited outside of Singapore for one or more of the above Purposes.


Policyholder's Signature (Driver A)
Time: _____


Driver's Signature (If Driver is not the policyholder)
Date: _____
Time: _____


Witnessed by: _____
Date: _____
Signature: _____

Sketch Plan



(A) = SMX4920M

(B) = GBF7100T

Describe Circumstances of the Accident

Refer To Police Report

Declaration

I hereby declare that the information provided is true and correct to the best of my knowledge.



Signature