

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/AG/22000352/4943

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)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

Veh No:

Yr Regn:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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, File Pass to?

1) 28/2 April 2022

Date/Time, File Return to?

2)

Report Format :

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

TP

6200

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

Site Insp (\$

Interview (\$

Tech. Invs (\$

Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

26/1/22 2/s # 6200 informed Edward. (RAD # 6554, 51%)

Submit

not Arthur
see

11/1/22

1/58 6200/

7 days.

12 January 2022

Date Of Accident:

09 Jan 2022

Name Of Registered Owner:

Abdul Muin Bin Shukor

Vehicle Registered Number:

SJU187R

Vehicle Model:

Hyundai I30

Description (Listed Item)	Qty	Unit Price (S\$)	Amount (S\$)
Rear bumper	496.20	1	700.00
Rear bumper side retainer LH	1	45.00	45.00
Rear bumper side retainer RH	1	45.00	45.00
Rear bumper reinforcement	315.50	1	378.00
Rear bumper reinforcement bracket	1	86.00	86.00
Rear bumper sponge	1	133.00	133.00
Rear bumper side garnish LH	1	232.00	232.00
Rear bumper side garnish RH	68.20	1	232.00
Rear end panel	1	484.00	484.00
Rear end panel garnish	182.20	1	312.00
Rear tail lamp LH	455	1	495.00
Rear tail lamp RH	455	1	495.00
Rear tail lamp panel LH	1	295.00	295.00
Rear tail lamp panel RH	1	295.00	295.00
Tailgate	1501	1	1689.00
Tailgate absorber LH	1	88.00	88.00
Tailgate absorber RH	1	88.00	88.00
Tailgate emblem centre logo	1	58.00	58.00
Tailgate emblem - I30	1	58.00	58.00
Tailgate weatherstrip	1	136.00	136.00
Tailgate lock	1	285.00	285.00
Tailgate lock striker	1	58.00	58.00
Tailgate inner trim	1	197.00	197.00
Spare tyre top board	1	312.00	312.00
Floor panel compartment	1	984.00	984.00

Subtotal 8180.00
Less (20%) 1636.00
Total 6544.00

profi automotive

10 Kaki Bukit Road 2 #01-05 First East Centre S417868 M:94335558 E: profi.automotive@asia.com

Description (Special Nett Item)	Qty	Unit Price (S\$)	Amount (S\$)
Rear number plate and frame <i>cre</i>	1 set	100.00	100.00 <i>40</i>
Rear bumper clip <i>nee</i>	1 set	40.00	40.00 <i>✓</i>
Tailgate inner trim clip <i>nee</i>	1 set	40.00	40.00 <i>✓</i>
Joint sealant <i>nn</i>	1	120.00	120.00 <i>X</i>
Windscreen sealant <i>nee</i>	1	120.00	120.00 <i>40</i>
<i>Rear</i> Rear reverse sensor <i>shortly</i>	1 set	400.00	400.00 <i>200</i>
<i>1 set</i> Rear reverse camera <i>shortly</i>	1 set	500.00	500.00 <i>300</i>
Total			1320.00

Description (Labour)	Qty	Unit Price (S\$)	Amount (S\$)
Check wiring and lightning system		120.00	120.00 <i>30</i>
Remove, refit rear lining and garnish		200.00	200.00 <i>80</i>
Remove and renew rear reverse sensor		120.00	120.00 <i>50</i>
Remove and straighten rear exhaust assembly		150.00 <i>nn</i>	150.00 <i>X</i>
Remove and refit rear windscreen		150.00	150.00 <i>120</i>
Transfer parts, attachment from old tailgate to new tailgate		200.00	200.00 <i>60</i>
Panel beating on affected areas and renew damage parts		2000.00	2000.00 <i>1100</i>
Spray painting on affected areas		1800.00	1800.00 <i>1000</i>
Apply anti rust on affected areas		150.00	150.00 <i>80</i>
Total			4890.00

Description (Cost of Repair)	Qty	Unit Price (S\$)	Amount (S\$)
Listed Items		6544.00	6544.00
Special Nett Items		1320.00	1320.00
Labour		4890.00	4890.00
Subtotal			12754.00

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:

P-5728.10
202
P-4583.28
S.N-660.00
L-2520.00
7763.28
2976
6710.

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	10/01/2022 16:55 (SGT)
Date of Accident	09/01/2022 12:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS AIRPORT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU187R
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INSURED/POLICYHOLDER

Is company?	No
Name of Registered Owner	ABDUL MUIN BIN SHUKOR
NRIC No	S1280091F
Email Address	norimah.abdulmuin@radioholland.com
Mobile Phone No	(Phone) +65-81335306
Alternative Phone No	+65-81335306

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I30 (FD) 1.6 DOHC AUTO
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5110868226-02
Cover Note Number	13/11/2021 TO 12/11/2022

DRIVER

Name of Driver	NORIMAH BINTE ABDUL MUIN
NRIC No	S7805790D

Date Of Birth	11/02/1978
Occupation	Indoor
Date Of Driving Pass	26/12/2018
Driving experience	3 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-91897411
Alt. Phone Number	-
Email Address	norimah.abdulmuin@radioholland.com
Address	210 BOON LAY PLACE #03-117 (S) 640210
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SHARIFAH BINTE SAMIN
Gender	Female

PASSENGER 2

Name	FAUZIAH BINTE HUSSAIN
Gender	Female

PASSENGER 3

Name	ROSMOKH
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

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	WITH INSURED
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW4252A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NEO BOON SIONG
Contact Number	-
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	NORIMAH BINTE ABDUL MUIN
Gender	Female
Phone No	(Phone) +65-91897411
Address	210 BOON LAY PLACE #03-117 (S) 640210
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NG TENG FONG GENERAL HOSPITAL - 5 DAYS MC
Injured person in which vehicle?	SJU187R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	FAUZIAH BINTE HUSSIAN
Gender	-
Phone No	(Phone) +65-87885141
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NG TENG FONG GENERAL HOSPITAL - 5 DAYS MC
Injured person in which vehicle?	SJU187R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 3

Name of injured person	SHARIFAH BINTE SAMIN
Gender	-
Phone No	(Phone) +65-89436596
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NG TENG FONG GENERAL HOSPITAL - 3 DAYS MC
Injured person in which vehicle?	SJU187R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-



Describe Circumstances of the Accident

Refer to police report : T 30220110 / 0729

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/20220110/7029

1 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220110/7029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/01/2022 14:59		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NORIMAH BINTE ABDUL MUIN			Address: 210 BOON LAY PLACE #03-117 SINGAPORE 640210		
ID Type / ID No.: NRIC NO / S7805790D			Contact No.: Home/Office:		Mobile: 91897411
Nationality: SINGAPORE CITIZEN			Email: norimah.abdulmuin@radioholland.com		
Sex: Female	Age: 43	Date of Birth: 11/02/1978	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Senior sales engineer			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/01/2022 12:55	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SJU187R	Car					3
SLW4252A	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220110/7029

2 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220110/7029

CONTINUATION OF REPORT

Driver			
Name	NORIMAH BINTE ABDUL MUIN		ID No. S7805790D
Related Vehicle	SJU187R (Car)		Contact No. 91897411
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	09/01/2022	Date	09/01/2022
No. of Days granted Medical Leave	05	Degree of	Slight
Passenger			
Name	FAUZIAH BINTE HUSSIAN		ID No. S7428704B
Related Vehicle	SJU187R (Car)		Contact No. 87885141
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	09/01/2022	Date	09/01/2022
No. of Days granted Medical Leave	05	Degree of	Slight
Passenger			
Name	SHARIFAH BINTE SAMIN		ID No. S8316205H
Related Vehicle	SJU187R (Car)		Contact No. 89436596
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	09/01/2022	Date	09/01/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the above-mentioned date, time and location, I was travelling along PIE, towards the direction of airport. The traffic in front of me came to a halt. I also stopped my car. But the car behind me (SLW4252A) did not stopped in time and collided onto the rear of my car.

We exchange details and left the scene.

Subsequently, I started to feel unwell and sought medical treatment at Ng Teng Fong Hospital and was given 5 days MC.

I have 3 passengers with me at the point of accident.

1. Sharifah Binte Samin, S8316205H



**SINGAPORE
POLICE FORCE**



T/20220110/7029

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220110/7029

CONTINUATION OF REPORT

2. Fauziah Binte Hussain, S7428704B
3. Rosmikh (Nickname), mobile number: 98575649

**SINGAPORE
POLICE FORCE**

T/20220110/7029

4 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220110/7029

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
10/01/2022 14:59

Classification Of Case: