

ASS. REC. BY:

REP:

CS/AG122006518/Ag3

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: _____

Veh No: SMG3544L Yr Regn: 2009/Jan.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Civic C.C. 1595Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 170385 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHMFD46209S200/89Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModif: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/55R16R: 205/55R16

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 20/07/22Survey held at Kang

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
	TP Budget Direct.
20/3/23	Adrian finalised LS \$1550f; 3 days with repairer. (Red. 1551.04, 50%)
	WOF Expiry: 15/01/24.
	MV:
	PV:
	Nett:

Date/Time, File Pass to?



Prel. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee: ☐ Site Insp (\$

S + RS. SI

☐ Interview (\$

Photos

☐ Tech. Inve (\$

Others

Report Format: _____

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	05/07/2022 08:27 (SGT)
Reported by	Both
Date of Accident	04/07/2022 00:01 (SGT)
Exact Location of Accident	Johor Bahru, Johor, Malaysia
Additional Location Information	KASTAM JOHOR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG3544L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SAID BIN ABDURRACHMAN ABDAT
NRIC No	S9120750H
Email Address	SAEEDABDAT91@GMAIL.COM
Mobile Phone No	(Phone) +65-81833844
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5108649560-02

DRIVER

Name of Driver	SAID BIN ABDURRACHMAN ABDAT
NRIC No	S9120750H
Date Of Birth	13/06/1991
Occupation	Outdoor

Date Of Driving Pass	21/03/2019
Driving experience	3 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81833844
Alt. Phone Number	-
Email Address	SAEEDABDAT91@GMAIL.COM
Address	BLK 512 #05-299
Address complement	BEDOK NORTH AVENUE 2
Postcode	460512
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	ZAINAB
Gender	Female

PASSENGER 2

Name	MUHAMMAD
Gender	Male

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

ON 4 JULY 2022 AT ABOUT 0001HRS, I WAS HEADING TOWARDS JOHOR KASTAM GOING BACK TO SINGAPORE. TRAFFIC WAS SLOW MOVING DUE TO HEAVY TRAFFIC. WHILE I WAS MOVING SLOWLY IN MY LANE, CAR SJL7701H CHANGED LANE ABRUPTLY INTO MY LANE CAUSING THE COLLISION TO OCCUR BETWEEN THE TWO CARS. I MANAGED TO TAKE PHOTOS OF BOTH VEHICLES HOWEVER I DID NOT MANAGED TO EXCHANGE PARTICULARS WITH THE OTHER DRIVER. I DID NOT FILE THE MALAYSIAN POLICE REPORT AS I WAS HEADING BACK TO SINGAPORE AFTER THE ACCIDENT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

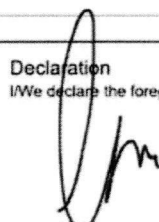
Vehicle Registration Number	SJL7701H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstance of the Accident

REFER TO GEARS

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time
05/07/2022
0800hrs

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



MD SHAN KASMEIR
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
- (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

05/07/2022
0800hrs

Sketch Plan

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

MD SHAN KASMEIR

A- SMG3544L B- SJL7701H			TOWARDS JOHOR KASTAM FROM JOHOR

Kang Car Repairers Pte Ltd

1 Kaki Bukit Ave 6, #02-06 Autobay@ Kaki Bukit Singapore 417883
TEL: 6747 7636 FAX: 6748 5071 Email: kangcar@singnet.com.sg
GST:201300201N

Celine.

M/S : AUTO & GENERAL INSURANCE (S) PTE LTD

190 CLEMENCEAU AVE #03-01

SINGAPORE SHOPPING CENTRE

SINGAPORE 239924

TEL: 6221 2199

FAX: 6725 0853

ATTN: Motor Claim Department

Claim Type: Third Party

Accident Date: 04/07/2022

TP Veh Reg No: SJL7701H

Estimate No: EST2200215

Date: 07 Jul 2022

Veh Reg No: SMG3544L

Make/Model: HONDA CIVIC 1.6L 5AT

Chasis No: JHMFD46209S200189

Reg. Date: 16/01/2009

Your Ref No: SJL7701H

Estimate Repair Cost to Vehicle No :SMG3544L

Quantity	Description	List Price	Amount
		<u>SS</u>	<u>SS</u>
	List Price		
1	1 PC FRT BUMPER <i>torn</i>	635.70 ✓	
2	1 PC FRT BUMPER REINFORCEMENT <i>new</i>	228.10 +	
3	1 PC FRT BUMPER SIDE RETAINER RH <i>new</i>	31.40 ✓	
4	1 PC FRT BUMPER FOG LAMP COVER RH <i>new</i>	69.90 +	
5	1 PC HEADLAMP RH <i>at</i>	689.70 ✓	
6	1 PC HEADLAMP BRACKET RH <i>new</i>	49.10 +	
7	1 PC FRT FENDER COWLING RH <i>new</i>	134.90 ✓	
		1,838.80	
	Less 20%	367.76	1,471.04
	Special Net		
8	1 SET FRT BUMPER CLIPS <i>new</i>	60.00 - 30	
9	1 SET FRT FENDER COWLING CLIPS RH <i>new</i>	40.00 - 30	
		100.00	100.00
	Labour		
10	1 TO CHECK WIRING	50.00 - 30	
11	1 TO SPRAY UNDERSEAL	80.00 +	
12	1 (FRONT) TO SPRAY PAINTING	700.00 - 400	
13	1 TO REMOVE AND REPLACE THE DAMAGED PARTS, KNOCK OUT ACCIDENT DENTED PORTIONS, AND FOR CUTTING/WELDING WORKS.	700.00 - 300	
		1,530.00	1,530.00

730

Kang Car Repairers Pte Ltd

1 Kaki Bukit Ave 6, #02-06 Autobay@ Kaki Bukit Singapore 417883
TEL: 6747 7636 FAX: 6748 5071 Email: kangcar@singnet.com.sg
GST:201300201N

M/S : AUTO & GENERAL INSURANCE (S) PTE LTD
190 CLEMENCEAU AVE #03-01
SINGAPORE SHOPPING CENTRE
SINGAPORE 239924

TEL: 6221 2199 FAX: 6725 0853
ATTN: Motor Claim Department

Claim Type: Third Party
Accident Date: 04/07/2022
TP Veh Reg No: SJL7701H

Estimate No: EST2200215
Date: 07 Jul 2022

Veh Reg No: SMG3544L
Make/Model: HONDA CIVIC 1.6L 5AT
Chasis No: JHMFD46209S200189
Reg. Date: 16/01/2009
Your Ref No: SJL7701H

Estimate Repair Cost to Vehicle No :SMG3544L

Quantity	Description	List Price	Amount
		<u>S\$</u>	<u>S\$</u>
	Total		S\$ 3,101.04
	Add GST @ 7%		217.07
	Total Amount Payable		<u>S\$ 3,318.11</u>

TOTAL: SINGAPORE DOLLAR THREE THOUSAND THREE HUNDRED EIGHTEEN AND CENTS ELEVEN ONLY

This is only an estimate based on our preliminary inspection and does not cover additional parts, labour time which may be required after work has begun.

For Kang Car Repairers Pte Ltd



AUTHORISED SIGNATURE

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:

Adrian King
1/s 20/07/22
03 Days

Total: 1983.36

1/s: 1850 ✓