

ASS. REC. BY:

REF:

FC21/22007306/KV

C

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured: SBS 3329J

Policy No.

Claims No. D22002336MFBP

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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

STJ 5708M

Yr Regn:

09, 08

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

Truck / Trailer or

Make:

Sub Swift

C.C.

1328

Colour

Black

A/C:

Insured / Std / NI / NA

Sp. Reading

205937

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

ZC11S

402407

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:

F:

Mic

195/55R15

R:

Yoko

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

Front

Rear

R/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

28/7/22

D.O.I.

2/8/2022

Survey held at

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

N/S & o/s body

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 23/8/22-typist

Report Format: TP

Lump Sum H.B.: (\$ 5000)

Days Of Repair: 7

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Fees

Others

TOTAL

☐ Scene Pic
☐ Auth Letter

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident Time (24 HRS) Location of Accident
28/07/2022 2030 Junction of Jurong Town hall Road

OWNER/ POLICY HOLDER (VEHICLE A) CLIENT INFORMATION

Vehicle Registration Number SJJ 5708 M
Name of Policyholder SHAIDAH BEGUM BINTI NAHUPICHER
NRIC/ FIN/ Passport/ ROC (if Policyholder is company) S8461361I
Address Apt Blk 293A Bukit Batok Street 21 #13-510
Address
Contact Number Tel: Hp: 8181 1729
Email Address shaidahbegum@yahoo.com

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model SUZUKI SWIFT
Type of Vehicle
Are you claiming under your own insurance policy? ☐ Yes ☒ No Remarks: Third Party
Vehicle category ☒ Private Hire ☐ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company NTUC
Type of Policy ☒ Comprehensive ☐ TP Fire & Theft ☐ Third party
Fleet Policy ☐ Yes ☒ No
Policy Number 5111625627-02

DRIVER

PLS SKIP THIS SECTION IF OWNER IS DRIVER

Name of Driver Habib Noor Bin Hassan
NRIC/ FIN/ Passport S8106052E
Date of Birth 05-03-1981
Occupation Indoor
Driving Pass Date 20/07/2011
Gender ☒ Male ☐ Female
Contact Number Tel: Hp: 9658 1729
Address Apt Blk 293A Bukit Batok Street 21 #13-510 S651293
Address
Email Address shaidahbegum@yahoo.com
Was driver an employee of the Insured's Company? ☐ Yes ☒ No
If No, relationship of Driver with the Insured
No. of Passenger in vehicle (including Driver) 1 (including Driver)

Please state Passenger Names:

Name: Gender: Female
Name: Gender: Female
Name: Gender: Female

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

NTUC

GENERAL INFORMATION OF THE ACCIDENT

Weather Conditions ☒ Clear ☐ Raining ☐ Others:
Road Surface ☐ Wet ☒ Dry ☐ Others:

OTHER INFORMATION

Was there any foreign vehicle(s) involved? (Malaysia car) ☒ No ☐ Yes
Was anybody injured in the accident? (Including Witness) ☒ No ☐ Yes Ambulance (No)
Was any other vehicle(s) or property damaged? ☐ No ☒ Yes
Was there any video captured? (in-car camera in YOUR CAR) ☒ No ☐ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police? ☒ No ☐ Yes
If Yes, please state which police station
Was notice of intended Prosecution given? ☒ No ☐ Yes
If Yes, against whom?

OWN VEHICLE REGISTRATION NUMBER

SJJ 5708 M

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED (OTHER PARTY INFORMATION)

Other Vehicle or Property 1 (VEHICLE B) - OTHER PARTY INFORMATION

Vehicle Registration Number

SBS 3329 J

Make/ Model/ Others

Vehicle category

☐

Private

☐

Commercial

☐

Motorcycle

Name of Driver

NRIC/ FIN/ Passport

Contact Number

Other Vehicle or Property 2 (VEHICLE C)

Vehicle Registration Number

Make/ Model/ Others

Vehicle category

☐

Private

☐

Commercial

☐

Motorcycle

Name of Driver

NRIC/ FIN/ Passport

Contact Number

DETAILS OF WITNESS

Name

Phone / Email Address

DETAILS OF INJURED PERSON 1

Name

Contact Number

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐

Yes

☐

No

Was Injured conveyed to hospital by ambulance?

☐

Yes

☐

No

DETAILS OF INJURED PERSON 2

Name

Contact Number

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐

Yes

☐

No

Was Injured conveyed to Hospital by Ambulance?

☐

Yes

☐

No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)


Date & Time

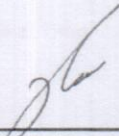
Describe Circumstances of the Accident

On the stated date and time. I was traveling straight suddenly I felt a strong impact from left side of my vehicle. Vehicle R collided onto the left portion of my vehicle.

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

SKETCH PLAN

IMPORTANT NOTICE

1. Rease 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. 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 (POPA)**
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.

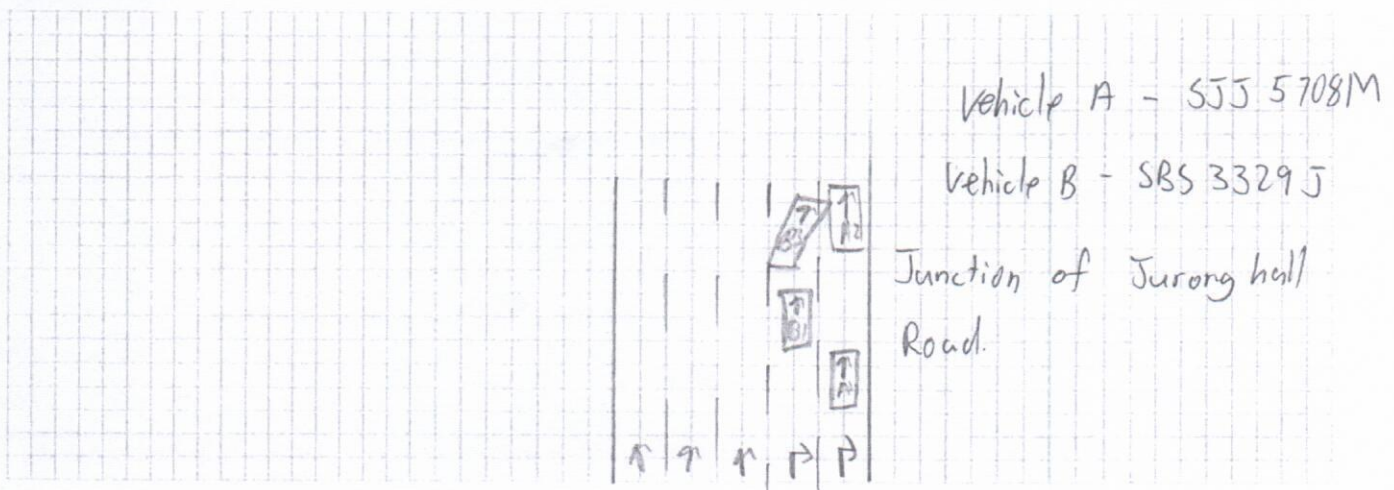
Policyholder's Signature / Date & Time



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

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

Sketch Plan





SINGAPORE POLICE FORCE



T/20220729/7035

1 of 3

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

Report No. T/20220729/7035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/07/2022 16:37		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: HABIB NOOR BIN HASSAN			Address: 293A BUKIT BATOK STREET 21 #13-510 SINGAPORE 651293		
ID Type / ID No.: NRIC NO / S8106052E			Contact No.: Home/Office: Mobile: 96581729		
Nationality: SINGAPORE CITIZEN			Email: THENKURAH@ME.COM		
Sex: Male	Age: 41	Date of Birth: 05/03/1981	Type of Informant: Driver		
Race: Indian		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/07/2022 20:30	Type of Location: X-Junction
Location: SCIENCE CENTRE ROAD				
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 - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SBS 3329 J	Bus/Coach/Mi nibus					0
SJJ5708M	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220729/7035

2 of 3

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

Report No. T/20220729/7035

CONTINUATION OF REPORT

Driver			
Name	HABIB NOOR BIN HASSAN		ID No. S8106052E
Related Vehicle	SJJ5708M (Car)		Contact No. 96581729
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On the stated date and time , i was driving my vehicle bearing carplate number (SJJ 5708M) on my lane , Suddenly i felt a strong impact coming from the left portion of my vehicle . Vehicle B(SBS 3329 J) collided onto the left portion of my vehicle . Thats all



**SINGAPORE
POLICE FORCE**



T/20220729/7035

3 of 3

Report No. T/20220729/7035

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

CONTINUATION OF REPORT

Sketch 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 /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

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

Date/Time:
29/07/2022 16:37

Classification Of Case:

Team AutoPro Pte Ltd 160 Sin Ming Dr, #02-12 Sin Ming AutoCity Singapore 575722

Tel: 8269-9999 Email: estimate.tap@gmail.com / teamautoprote@gmail.com

SJE : _____
 Date of Survey : _____
 Date of ReSurvey: After-Paint:
 Contacts : _____

Vehicle Nos : SJJ 5708 M
 Model : Suzuki Swift
 Year : 2008
 Chassis No : ZC11S402427

*** AGREED Cost Of Repair and Repair Day/s with SJE ***

Amount: _____

Working Day: _____

Nos.	PARTS	Qty	Unit S\$	TOTAL S\$
1	Front bumper	1	\$ Bu 630.00	\$ 630.00 ✓
2	Front bumper side retainer	2	\$ N/S 98.00	\$ 196.00 ✓
3	Front bumper fog lamp garnish	2	\$ Sn 104.00	\$ 208.00 X
4	Front bumper grille	1	\$ Sn 282.30	\$ 282.30 X
5	Front bumper lower grille	1	\$ Sn 198.60	\$ 198.60 X
6	Front support panel	1	\$ R 698.00	\$ 698.00 X
7	Front fender C 285	2	\$ N/S R 517.60	\$ 1,035.20 ✓
8	Front fender inner cowling LH 104	1	\$ 184.20	\$ 184.20 C 104 ✓
9	Front wheel house panel LH	1	\$ R 477.60	\$ 477.60 X
10	Front door	2	\$ R 781.60	\$ 1,563.20 X
11	Front door black tape	2	\$ R 85.00	\$ 170.00 X
12	Side mirror assy LH	1	\$ R 482.30	\$ 482.30 X
13	Rocker panel LH	1	\$ R 459.00	\$ 459.00 X
14	Side skirt LH	1	\$ R 625.80	\$ 625.80 X
15	Rear door RH	1	\$ R 689.20	\$ 689.20 X
16	Rear bumper	1	\$ R 782.40	\$ 782.40 X
17	Rear bumper side retainer	2	\$ Sn 48.00	\$ 96.00 X
18	Front shock absorber Q 326	2	\$ R 471.25	\$ 942.50 ✓
19	Front lower arm C 289.40 d 10.1	2	\$ N/S R 489.90	\$ 979.80 ✓
20	Front knuckle arm Q 285.20	2	\$ 375.60	\$ 751.20 R ✓
21	Front knuckle arm bearing	2	\$ 185.00	\$ 370.00 R ✓
22	Front crossmember	1	\$ Sn 1,143.30	\$ 1,143.30 X
23	Steering rack assy	1	\$ R 972.60	\$ 972.60 X
24	Rear axle	1	\$ 1,110.20	\$ 1,110.20 Sn X
25	Rear wheel bearing RH	1	\$ 285.30	\$ 285.30 R X
26	Rear wheel hub RH	1	\$ 217.30	\$ 217.30 Sn X
27	Rear shock absorber RH	1	\$ 190.50	\$ 190.50 Sn X
28	Headlamp LH 395.00	1	\$ 598.00	\$ 598.00 R 395.00 ✓
29	Headlamp bracket LH	1	\$ 76.00	\$ 76.00 Sn X
30	Headlamp panel LH	1	\$ 145.00	\$ 145.00 R X

Parts Sub Total : \$ 16,559.50

15%

Discount : \$ 2,483.93

PARTS TOTAL : \$ 14,075.58

Nos.	SPECIAL NETT	Qty	Unit S\$	TOTAL S\$
1	Sundries	1	\$ 80.00	\$ nn 80.00
2	Front bumper clips	1	\$ 50.00	\$ nn 50.00
3	Front bumper grille clips	1	\$ 50.00	\$ nn 50.00
4	Front bumper lower grille clips	1	\$ 50.00	\$ nn 50.00
5	Front support panel sealant	1	\$ 100.00	\$ nn 100.00
6	Front fender sealant	2	\$ 100.00	\$ nn 200.00
7	Front fender inner cowling clips	1	\$ 50.00	\$ nn 50.00
8	Front wheel house panel sealant	1	\$ 100.00	\$ nn 100.00
9	Front door sealant	1	\$ 100.00	\$ nn 100.00
10	Front door outer moulding	1	\$ 180.00	\$ nn 180.00
11	Rocker panel sealant	1	\$ 100.00	\$ nn 100.00
12	Side skirt clips	1	\$ 50.00	\$ nn 50.00
13	Rear bumper clips	1	\$ 50.00	\$ nn 50.00
14	Front & rear alloy rim	2 x	\$ 980.00	\$ Bt/100 2,940.00
15	Front & rear tyre	2 x	\$ 250.00	\$ nn 1,440.00
16	Radiator coolant	1	\$ 120.00	\$ nn 120.00
17	Aircon fluid	1	\$ 120.00	\$ nn 120.00
18	Wrap sticker	1	\$ 800.00	\$ nn 800.00
SPECIAL NETT TOTAL :				\$ 6,580.00

Nos.	LABOUR	S\$
1	R&R radiator	\$ nn 150.00
2	R&R aircon condenser	\$ nn 150.00
3	R&R front undercarriage LH & RH	\$ 600.00
4	R&R rear undercarriage RH	\$ nn 300.00
5	R&R rim and tyre balancing	\$ 300.00
6	R&R front crossmember	\$ nn 150.00
7	R&R steering rack	\$ nn 150.00
8	Wheel alignment	\$ 180.00
9	Diagnostic and reset fault code	\$ nn 300.00
10	Check wiring	\$ 300.00
11	Upholstery	\$ nn 300.00
12	Panel beating	\$ 3,000.00
13	Rust proofing	\$ 200.00
14	Spray painting	\$ 2,800.00
LABOUR TOTAL :		\$ 8,880.00

Not to be done
 1/10 @ 5000h
 Recovery After Paint
 7 days

PARTS TOTAL : \$ 14,075.58
 SPECIAL NETT TOTAL : \$ 6,580.00
 LABOUR TOTAL : \$ 8,880.00
GRAND TOTAL : \$ 29,535.58