

ASS. REC. BY:

REF:

105/22008014/KV

C

Kenneth

## 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: \_\_\_\_\_

02 days

Res.: Yes or No

Lum Sum: \_\_\_\_\_

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: \_\_\_\_\_

SLM 2830Y

Yr Regn: \_\_\_\_\_

03, 17

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

Truck / Trailer or

Make: \_\_\_\_\_

Suhara Outback

c.c

2498

Colour

M. Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

81207

T/Radio:

Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: \_\_\_\_\_

JP 2BS9KC2GG043088

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: \_\_\_\_\_

F: \_\_\_\_\_

225/60R18

R: \_\_\_\_\_

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

Front

Rear

R/Bal. \_\_\_\_\_

6 mm

R/Bal. \_\_\_\_\_

7

mm

L/Bal. \_\_\_\_\_

6 mm

L/Bal. \_\_\_\_\_

7

mm

D.O.A. \_\_\_\_\_

13/7/22

D.O.I. \_\_\_\_\_

26/8/2022

Survey held at \_\_\_\_\_

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

O/S Rear

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

Date / Time

Action / Instruction

27/8 11:00 @ 800h Cahr

Date/Time, File Pass to?

☐

Prell. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trlp: \_\_\_\_\_

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

\$ + RS. SI

Fuel

Others

TOTAL

Report Format :

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

## 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	13/07/2022 17:45 (SGT)
Reported by	Driver
Date of Accident	13/07/2022 07:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Bukit Timah rd beside HCI
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM2830Y
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIVAKUMAR S/O MACHAP
NRIC No	SXXXX933D
Email Address	bejidass@gmail.com
Mobile Phone No	(Phone) +65-98317500
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Outback
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	2469

#### INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Policy Number / Cover Note Number	10732244

#### DRIVER

Name of Driver	BEJI D/O DASS
NRIC No	SXXXX925F
Date Of Birth	27/11/1975
Occupation	Indoor



Date Of Driving Pass .....	26/09/1998
Driving experience .....	23 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-94235162
Alt. Phone Number .....	-
Email Address .....	bejidass@gmail.com
Address .....	131 Serangoon ave 3
Address complement .....	#03-17
Postcode .....	556112
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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) .....	2
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 .....	P1
Gender .....	Female

#### 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

My vehicle SLM2830Y was stationary a few meter from the bus bay outside HCI with the hazards light indicate to drop off my daughter . While my vehicle was stationary, suddenly I felt an impact coming from the right rear side of my vehicle and discover that the 3rd party vehicle SFT1169P had scraped onto my vehicle. I managed to take some photos and exchange contact details with the 3rd party, no injuries was involved at the scene.

#### 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 .....	SFT1169P
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Vehicle Manufacturer	Honda
Vehicle Model	Civic
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	ADELENE HO
Contact Number	(Phone) +65-91918091
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2



## 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 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. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

**VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER**

MUHAMMAD SUMARDI BIN MOHD AFFANDI

Policyholder's Signature  
Date & Time:

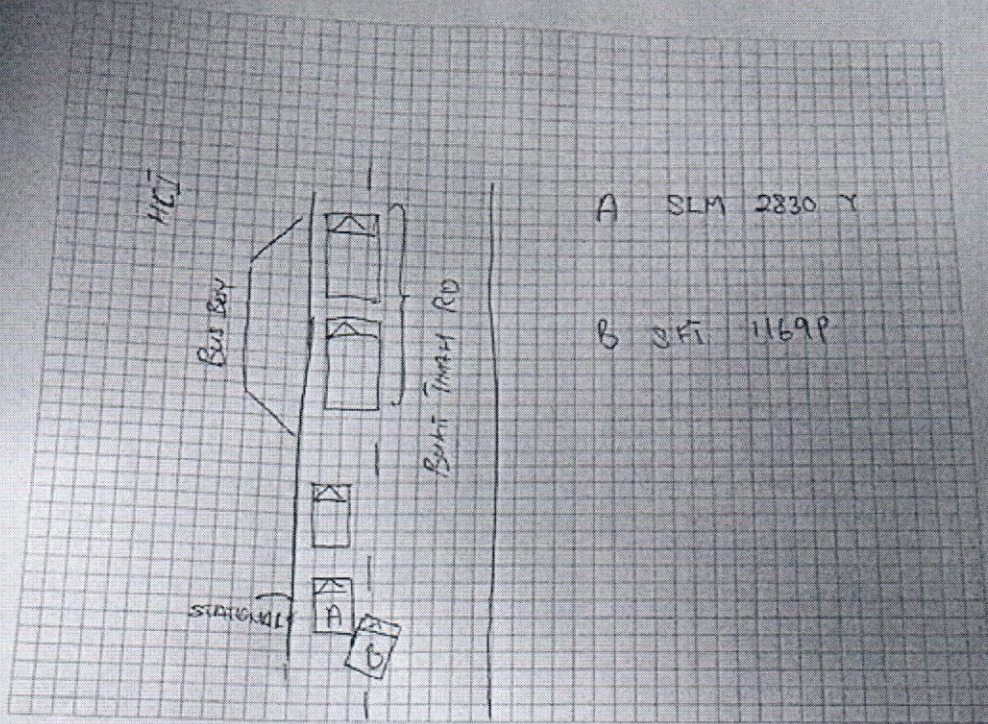
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



ACCIDENT DIAGRAM

Ver. Jun2022



Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer  
Muhammad Sumardi Bin Mohd Attendi  
Witnessed by Reporting Centre  
Personnel

AJAX MARS PTE LTD



## SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle SLM2830Y was stationary a few meter from the bus bay outside HCI with the hazards light indicate to drop off my daughter . While my vehicle was stationary, suddenly I felt an impact coming from the right rear side of my vehicle and discover that the 3rd party vehicle SFT1169P had scraped onto my vehicle. I managed to take some photos and exchange contact details with the 3rd party, no injuries was involved at the scene.

## DECLARATION

I/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:

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
MUHAMMAD SUMARDI BIN MOHD AFFANDI  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIA/RC SketchPlanForm\_V3

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ComfortDelGro Engineering

205 Braddell Road S(579701)

**ACCIDENT REPAIR ESTIMATES**

Our Ref:

Type of Claim : TPVehicle No. : SLM2830YMake & Model : SUBARU OUTBACKYear of Manufacture : 2016Chassis No. : JF2BS9KC2GG043086Ins Company : ECICSEngine No. : FB25Y458360

Excess : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Date of Accident : 13.07.2022Time of Accident : 07:05

Suggested Days of Repair : \_\_\_\_\_

In-house Vehicle Assessor

**Repair Estimates**Case Owner : Johari BH

Signature : \_\_\_\_\_

Parts (a) Cost / List Price Items \$ 1,665.20Plus/Less 10% \$ 166.52Total of Cost / List \$ 1,831.72(b) Nett Price Items \$ -

Less \_\_\_\_\_

Total of Nett Item \_\_\_\_\_

(c) Special Nett Items \$ -Total Parts Cost (Appendix A) \$ 1,831.72Labour (Appendix B) \$ 2,040.00Total Repair Cost \$ 3,871.72

Contact No

**Frt Counter Operation**

63837103 - Patrick Tia

[PatrickTia@sparkcarcare.com](mailto:PatrickTia@sparkcarcare.com)

63837730 - Brenda Ng

[BrendaNg@sparkcarcare.com](mailto:BrendaNg@sparkcarcare.com)

63837466 - Rohani

[RohaniM@sparkcarcare.com](mailto:RohaniM@sparkcarcare.com)**Workshop Operation**

63837656 - Ngo Toh Wee

[Ngotw@sparkcarcare.com](mailto:Ngotw@sparkcarcare.com)

63838115 -

63837362 -

The above total will be subjected to 7% G.S.T.

Name of Surveyor : KennethCompany : LKKSurvey conducted on : 26/8/22 at \_\_\_\_\_**Remarks By Surveyor**(a) The repair of this vehicle is ☒ authorized / is not authorized until further notice.(b) Recommended Days of Repair : 02 day(s)(c) Resurvey : Required / ☒ Not Required

(d) Excess : \$ \_\_\_\_\_

(e) Signature of surveyor : Lc Date: 26/8/22



# Spark Car Care

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road S (579701)  
Tel: 63837168 / 63837466 Fax: 62815767

## Spare Parts

Vehicle No : SLM2830Y Case Owner : Johari BH

Make & Model : SUBARU OUTBACK Year Manufacture : \_\_\_\_\_

Chassis No : JF2BS9KC2GG043086 Engine No : FB25Y458360

Sales Order : \_\_\_\_\_ Supplier : \_\_\_\_\_

Order By : \_\_\_\_\_ Type of Claim : TP

S/No	Part Description	QTY	Cost Price	List Price	Nett Price	S/N	Disposit Surveyo
1	REAR BUMPER	1	<i>Bul/m</i>	\$ 595.00			✓
	REAR BUMPER SIDE RETAINER RH	1	<i>Sn</i>	\$ 36.00			X
3	REAR BUMPER CLIPS = \$2.90	10	<i>na</i>	\$ 29.00			✓
4	RERA BUMPER REINFORCEMENT	1	<i>n</i>	\$ 396.00			X
5	REAR END PANEL	1	<i>n</i>	\$ 259.20			X
6	REVERSE SENSOR	1SET	<i>n</i>	\$ 350.00			X
7							
8							
9							
10							
11							
12							
13							
14							
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16							
17							
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28							
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30							

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:

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.



Tel: 63837168 / 63837466 Fax: 62815767

*Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.*