

(08/11/23)

ASS. REC. BY:

REF:

CS/HC22008101/Dry<sup>3</sup>**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. \_\_\_\_\_

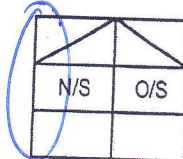
Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Veh No: SLJ 470 G Yr Regn: Nov / 2016Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Corolla Altis C.C. 1598Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 371021 T/Radio: Insured / Std / NI / NAEng/No: 12RY345859C/No: MR053REH104B62023Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/55 R16R: " "

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

TOYO / YOKO or

Giti

Front

Rear

R/Bal. S mm R/Bal. S mmL/Bal. S mm L/Bal. S mmD.O.A. 13/12/2021 D.O.I. 23/08/2022Survey held at Teamwork Pte UbiDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orH/S Robin

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

Date / Time	Action / Instruction
	Iname 8MJ 1657S
06/09/22	Iname 2/S 2,1021- with 3 days of work.
	Full GIA report uploaded in VIEWS. Accident in Dec 2021. Damage same as at time of inspection.

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

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

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format : \_\_\_\_\_

Lump Sum / I.B.I. (\$) \_\_\_\_\_

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

## 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	13/12/2021 16:15 (SGT)
Date of Accident	13/12/2021 14:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	1 LORONG LIPUT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ470G
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Company Reg No	200406722Z
Email Address	khiertthii@rosetlimo.com
Mobile Phone No	(Phone) +65-90284096
Alternative Phone No	+65-90284096

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	COROLLA ALTIS CLASSIC 1.6 CVT
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 hire
Transmission	Auto
CC	1598

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5124311472
Cover Note Number	01/11/2021 TO 31/10/2022

#### DRIVER

Name of Driver	YEO SENG KOK
NRIC No	S1677862A



Date Of Birth	21/09/1964
Occupation	Outdoor
Date Of Driving Pass	04/01/1990
Driving experience	31 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90284096
Alt. Phone Number	-
Email Address	khierthii@rosetlimo.com
Address	APT BLK 307 BUKIT BATOK STREET 31 #11-113 (S) 650307
Address complement	-
Postcode	-
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 - Change/cross lane
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### 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

REFER WITH ATTACHED.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ1657S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
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	YEO SENG KOK
Gender	Male
Phone No	(Phone) +65-90284096
Address	APT BLK 307 BUKIT BATOK STREET 31 #11-113 (S) 650307
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLJ470G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

**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 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.



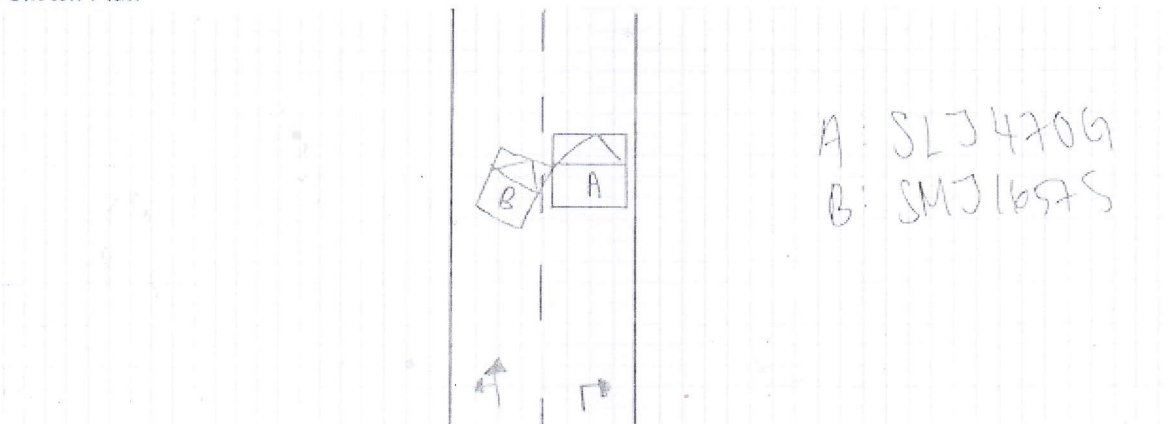
Policyholder's Signature / Date & Time

13/12/21  
15.05  
*[Signature]*

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



Witnessed by Reporting Centre Personnel

**Sketch Plan**

**Describe Circumstances of the Accident**

On the stated date and time, I was along I wrong input dropping off my passenger, after I dropped my passenger, ~~vehicle~~ vehicle B tried to overtake me while I was moving off and collided onto the left portion of my vehicle.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

13/12/21  
15.05



Witnessed by Reporting Centre Personnel





Pte Ltd



TeamWork Garage Pte Ltd

53 Ubi Avenue 1 #01-23/24 Spore 408934

Paya Ubi Industrial Park

Tel : 6844 2475

E-mail : claims@teamworkgarage.com

ROC number : 201015366H

## REPAIR PERFORMANCE INVOICE

Vehicle number SLJ470G

Make / Model TOYOTA ALTIS

Chassis number MR053REH104562028

Accident date 13/12/21

Reference 2112-20

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 subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:  
Date:

Qty Particulars

Unit Price - SGD \$

PARTS REPLACEMENT - LIST ITEMS		
1	REAR DOOR LH <i>my</i>	1389.15 X
1	REAR DOOR MOULDING LH <i>su</i>	88.22 X
1	REAR DOOR REGULATOR LH <i>HH</i>	268.40 X
1	REAR DOOR TAPE LH <i>HH</i>	53.13 X
1	REAR DOOR WEATHERSTRIP LH <i>su</i>	191.00 X
1	REAR FENDER LH <i>my</i>	1218.20 X
1	REAR BUMPER <i>cut / mostly broken</i>	648.45 ✓
1	REAR BUMPER RETAINER LH <i>su</i>	116.00 X
1	REAR WHEEL HUB W BEARING <i>HH</i>	1015.70 X
1	REAR SHOCK ABSORBER LH <i>HH</i>	231.30 X
1	FRONT DOOR LH <i>my</i>	1389.15 X
1	FRONT DOOR MOULDING LH <i>su</i>	88.22 X
1	FRONT DOOR REGULATOR LH <i>HH</i>	268.40 X
1	FRONT DOOR TAPE LH <i>HH</i>	53.13 X
1	FRONT DOOR WEATHERSTRIP LH <i>su</i>	191.00 X
1	FRONT FENDER LH <i>Double</i>	1218.20 ✓
1	FRONT FENDER EMBLEM - VTI <i>Hec</i>	85.60 X ✓
1	FRONT FENDER INNER SHIELD LH <i>HH</i>	183.50 X
1	FRONT KNUCKLE ARM LH <i>HH</i>	1152.20 X
1	FRONT KNUCKLE ARM BEARING LH <i>HH</i>	389.40 X
1	FRONT BUMPER <i>su</i>	619.52 X
1	FRONT BUMPER RETAINER LH <i>HH</i>	72.20 X
1	FRONT HEADLAMP LH <i>HH</i>	2627.50 X
		13557.57
	Less 25 %	3389.39
	Subtotal	10168.18
	Balance C/F	10168.18
PARTS REPLACEMENT - SPECIAL NETT ITEMS		
1 SET	REAR BUMPER CLIP <i>Hec</i>	30.00 15/-
1 SET	FRONT BUMPER CLIP <i>HH</i>	30.00 X
1	RIM LH <i>my</i>	450.00 X
1 SET	FRONT FENDER INNER SHIELD CLIP <i>HH</i>	50.00 X
	Subtotal	560.00
	Balance C/F	10728.18
LABOUR AND MISCELLANEOUS CHARGES		
1	CHECK WIRING AND LIGHTING SYSTEM	100.00 HH
2	REMOVE FRONT DOOR TRIMS & GARNISHES	200.00 HH
3	REMOVE REAR DOOR TRIMS & GARNISHES	200.00 HH
4	COMPUTERIZE AND CHECK WHEEL ALIGNMENT	150.00 HH
5	REMOVE & REPLACE REAR UNDERCARRIAGE	150.00 HH
6	REMOVE & REFIT REVERSE SENSOR	150.00 40/-
7	PANEL BEATING ON AFFECTED AREAS	1400.00 800/-
8	SPRAY PAINTING ON AFFECTED AREAS	1400.00 800/-
9	APPLY ANTI RUST ON AFFECTED AREAS	100.00 40/-
	Subtotal	3850.00
	Grand total	14578.18

581.90

645.10

1312.60

984.45

15.00

1680.00

2679.45

45 2100/-

23/08/2022 e 1100w

Hec 3 days.

1 year

Check part prices.

Check GFA photos.