

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.

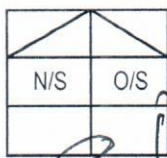
Sum Insured:

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 No

Lum Sum:

1.8.1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

3766

Vehicle: IN / OUT

Date:

Person Contacted:

L1A 867239

Veh No:

SMZ 867A

Yr Regn:

13/03/18Type: M / Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

CA /

Make:

Alfa romeo Giulio c.c 1995

Colour

Black

A/C: Insured / Std / NI / NA

Sp. Reading

61470

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

2AREAENN7H7565603Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/40 R19

R:

255/35 R19BS / DUN / EXNOVA / GY / FS / LIZA / MC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

26/09/22

D.O.I.

30/09/22

Survey held at

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

O/S Rear & Rec

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

Date / Time

Action / Instruction

26/18h.2 impact. have video of folder and scene phs.MP & PSD (Paid to 797232, 90%)
(No Lump sum)

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

) ___ S + RS, ___ SI

) Photos

) Others

TOTAL

Report Format :

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

)

SPECIALISTS MOTOR PTE LTD

Block 3018A, Ubi Road 1, #01-24-26, Singapore 408711

Tel: 67472112 (5 lines) Fax: 67438032

Email: cardoc@singnet.com.sg

Bus. Reg No: 199502604 E GST No: 19-9502604-E

SM/SMZ867A/2209128

28th September 2022

The Manager
Motor Claim Department
MSIG Insurance (Singapore) Pte Ltd
16 Raffles Quay
#24-01 Hong Leong Building
Singapore 048581

Not Authorized
new
mercy
30/9/22
take photo after repair
3 days
p/p \$ 850

Date of Accident : 26th September 2022
Location : Changi North Street 1
Third Party Claim Vehicle No : SMC 1596 X
Repair Cost For Vehicle No : SMZ 867 A Alfa Romeo

Estimate Supply of Parts & Labours

No.	Particulars	Qty	Price	Amounts
1	Rear bumper fascia R	1	2,870.00	\$ 2,870.00 X
2	Rear bumper clips 11	1set	80.00	\$ 80.00 X
3	Rear bumper retainer LH&RH 11	2	125.16	\$ 250.32 X
4	Rear bumper parking sensor 11	2	176.00	\$ 352.00 X
5	Rear bumper diffuser R	1	1,830.00	\$ 1,830.00 X
6	Rear bumper diffuser clips 11	1set	80.00	\$ 80.00 X
				\$ 5,462.32

Labour Charges :-

	Amounts
Knocking, welding, replace, re-align rear bumper fascia, rear bumper lower lip, rear fender RH, tail lamp RH, rear bumper reinforcement beam, rear boot cover, remove & install all damage parts, straighten & re-align body	\$ 1,800.00 300
Spray painting on all affected parts	\$ 900.00 500
Remove & refix rear bumper sensor	\$ 230.00 50
Check all lighting after repairs	11 \$ 50.00 X
Diagnosis & reset	11 \$ 380.00 X
Labour Charge	\$ 3,360.00
Total Amount	\$ 8,822.32

GST will be reflected in the final bills.

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:

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 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 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	27/09/2022 14:45 (SGT)
Reported by	Both
Date of Accident	26/09/2022 18:10 (SGT)
Exact Location of Accident	Changi North Street 1, Singapore
Additional Location Information	CHANGI NORTH STREET 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ867A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MOHAMED NAEEM BIN MAHAMED MANSOR
NRIC No	SXXXX376G
Email Address	naeemmansor@gmail.com
Mobile Phone No	(Phone) +65-91895095
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Alfa Romeo
Model	GIULIA 2.0 SUPER
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	1995

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA593068/1

DRIVER

Name of Driver	MOHAMED NAEEM BIN MAHAMED MANSOR
NRIC No	SXXXX376G
Date Of Birth	31/08/1984
Occupation	Indoor

Date Of Driving Pass	12/01/2004
Driving experience	18 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91895095
Alt. Phone Number	-
Email Address	naeemmansor@gmail.com
Address	7 EASTWOOD DRIVE
Address complement	-
Postcode	486531
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

I WAS WAITING AT A TRAFFIC JUNCTION AT CHANGI NORTH STREET 1. A TOYOTA CAR B (SMC1596X) CAME FROM THE SIDE ROAD, MERGING TO MAIN ROAD. THE CAR B HIT ME ON THE SIDE. AS THE TRAFFIC MOVED UP, I MOVED FORWARD TO ALLOW THE CAR THAT HIT ME TO STOP BEHIND ME. AS I MOVED UP AND STOPPED, THE CAR B HIT ME AGAIN FROM THE BACK.

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	FILE TOO BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC1596X
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

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:

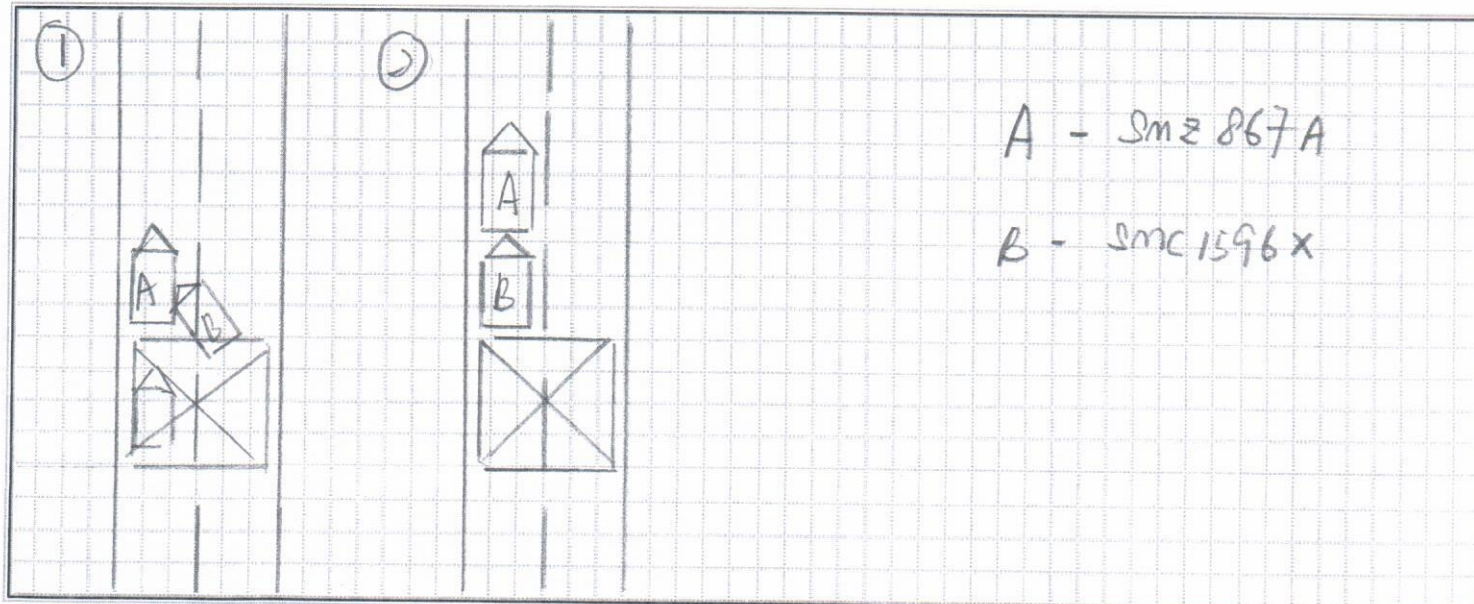
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.

 27/4/22
Policyholder's Signature / Date & Time

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


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

Sketch Plan



A - SMZ 867A


B - SMC 1596X

Describe Circumstance of the Accident


I WAS WAITING AT A TRAFFIC JUNCTION AT CHANGI NORTH STREET 1. A TOYOTA CAR B (SMC1596X) CAME FROM THE SIDE ROAD, MERGING TO MAIN ROAD, THE CAR B HIT ME ON THE SIDE. AS THE TRAFFIC MOVED UP, I MOVED FORWARD TO ALLOW THE CAR THAT HIT ME TO STOP BEHIND ME. AS I MOVED UP AND STOPPED, THE CAR B HIT ME AGAIN FROM THE BACK.

Declaration

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

 27/9/22
Policyholder's Signature / Date & Time

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


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