

ASS. REC. BY:

Steve

CS/SMR 22009719/Erg3

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: SHB 1551P

Policy No. _____

Claims No. TAX/09/22/2060

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLR 8119C Yr Regn: 29/8/17Type: M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Mazda 3 c.o. 1496Colour: Blue A/C: Insured / Std / Nil / NASp. Reading 107996 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: JM6BN72A840167426

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/55R16R: 11

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

TOYO / YOKO or Harmonic

Front _____ Rear _____

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 24/9/22 D.O.I. 4/10/22Survey held at Lion City

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

Rear LH

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

Date / Time	Action / Instruction
	<u>MR-7015</u>
1/12/22	Lump Sum \$5300 confirmed by email (Red 7543.52, 58%)

Date/Time, File Pass to?

☐ : Prelim. Report☐ : Final Report

Date/Time, File Return to?

1) _____

2) 1/12/22-typistReport Format: TPLump Sum / L.S. (\$) \$5300Days Of Repair: 10Resurvey No. of Trip: 2Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL



LION CITY RENTALS PTE LTD
4 Jalan Besut S(619557)

MS First Capital Insurance Ltd

Date : 3 Oct 2022

Attn : MOTOR CLAIMS DEPT

ESTIMATE

VEHICLE NO. : SLR8119C
 CHASSIS NO : JM6BN22A8H0162426
 MAKE / MODEL : Mazda 3
 DATE OF ACCIDENT: 24 Sep 2022
 YOUR INSURED VEHICLE NUMBER : SHB1551P

	<u>PARTS DISCRIPTION</u>	<u>QTY</u>	<u>UNIT PRICE</u>	<u>LIST PRICE</u>
1	Rear bumper / CRV	1	\$1,280.00	\$1,280.00
2	Rear bumper side retainer / BR ?	1/2	\$196.00	\$196.00
3	Rear bumper side reflector / ?	1/2	\$160.00	\$160.00
4	Rear LHS taillamp / BR	1	\$840.00	\$840.00
5	LHS rear fender fuel cap / BT	1	\$210.00	\$210.00
6	LHS rear door X R	1	\$1,100.00	\$1,100.00
7	LHS rear fender / OD	1	\$780.00	\$780.00
8	LHS rear fender inner liner / CRV	1	\$298.00	\$298.00
9	LHS rear shock absorber ?	1	\$598.00	\$598.00
10	LHS rear control arm ?	1	\$372.00	\$372.00
11	LHS rear wheel bearing ?	1	\$238.00	\$238.00
LIST TOTAL S\$:				\$6,072.00
20.00% DISCOUNT S\$:				\$1,214.40
				\$4,857.60

	<u>SPECIAL NETT</u>		
1	LHS Rear alloy sports rim / CRV	1PC	\$980.00
2	LHS rear door rubber X	1PC	\$180.00
3	Rear bumper clips / NC	1 SET	\$20.00 ✓
4	LHS Rear fender inner shield clips / NC	1SET	\$60.00 10 ✓
5	Rear windscreen sealant / NC	1PC	\$80.00 40 ✓
Special Nett Total S\$:			\$1,320.00

LABOUR CHARGES

- rear bumper side reflector, rear lhs taillamp, rear lhs door, rear lhs fender out to facilitate repairs and replacement & repair LH rocker
- 1 panel of damaged parts \$1,500.00 1000
- 2 To spray Rear LH door, Rear LH fender, Rear bumper \$1,000.00 800
- 3 Remove and transfer rear LH door mechanism \$300.00 X
- 4 To remove and install rear LH door glass \$180.00 X

LABOUR TOTAL S\$:	\$2,980.00
TOTAL S\$:	\$9,157.60
7% GST	\$641.03
GRAND TOTAL S\$:	<u>\$9,798.63</u>

Steve CLKK)

4/12/22, 11:30am

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10 dys

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	26/09/2022 14:55 (SGT)
Reported by	Driver
Date of Accident	24/09/2022 12:30 (SGT)
Exact Location of Accident	16 Ah Hood Rd, Singapore 329982
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8119C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LION CITY RENTALS PTE LTD
Company Reg No	2XXXXX621K
Email Address	lcrarc@lioncityrentals.com.sg
Mobile Phone No	(Phone) +65-97653865
Alternative Phone No	(Office) +65-62525525

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MN000277-R00

DRIVER

Name of Driver	MUHAMMAD SHAFIQ BIN MOHAMED RAZALI
NRIC No	SXXXX819E
Date Of Birth	18/11/1997
Occupation	Outdoor

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

15/08/2016

6 YEARS AND 1 MONTH

Male

(Phone) +65-97653865

-

lcrarc@lioncityrentals.com.sg

331 TAMPINES STREET 32 #03-452

-

520331

No

Hirer

No

-

-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

Collision - Major/Minor Rd

Clear

Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Translator's name

Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

No

2

Yes

Yes

Yes

3

No

-

-

-

-

-

PASSENGER 1

Name

Gender

UNKNOWN

Female

PASSENGER 2

Name

Gender

UNKNOWN

Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Traffic Police

(Phone) +65-65470000

(Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NUMBER T/20220925/7023

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

No



Accident report SJ0G229Q001A

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB1551P
Vehicle Manufacturer	MG
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD SHAFIQ BIN MOHAMED RAZALI
Gender	Male
Phone No	(Phone) +65-97653865
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLR8119C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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.



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**FLASH ACCIDENT
REPORTING OFFICER**

FRO SUFIYAN



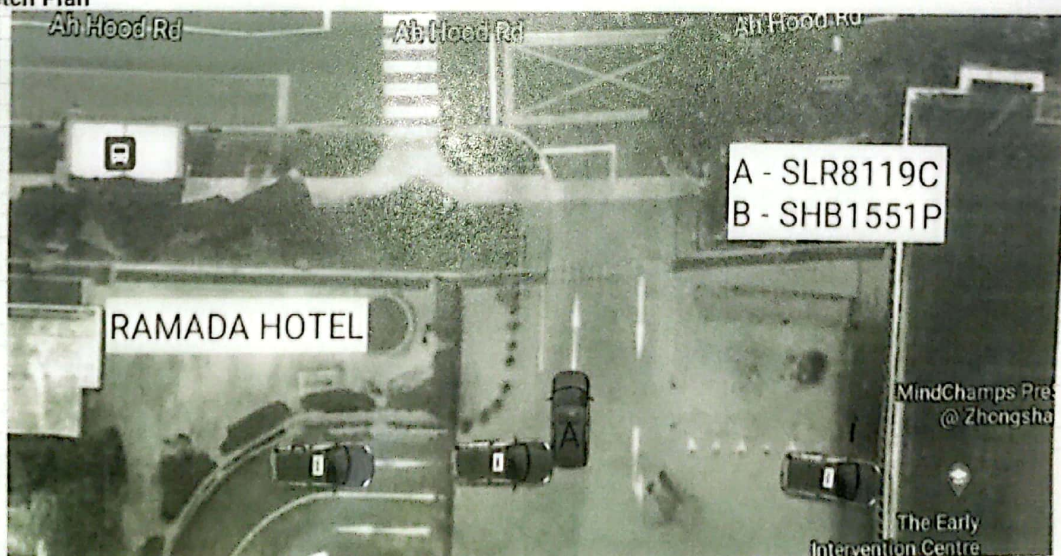
Policyholder's Signature / Date & Time

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

25/09/2022 2230HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT NUMBER T/20220925/7023

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

25/09/2022 2230HRS

FLASH ACCIDENT
REPORTING OFFICER

FRO SUFIYAN



Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE

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



T/20220925/7023

1 of 4

Report No. T/20220925/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/09/2022 16:35		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD SHAFIQ BIN MOHAMED RAZALI			Address: 331 TAMPINES STREET 32 #03-452 SINGAPORE 520331		
ID Type / ID No.: NRIC NO / S9741819E			Contact No.: Home/Office: Mobile: 97653865		
Nationality: SINGAPORE CITIZEN			Email: SHAFIQ_18@HOTMAIL.COM		
Sex: Male	Age: 24	Date of Birth: 18/11/1997	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/09/2022 12:30	Type of Location: Roundabout
Location: AH HOOD ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHB1551P	Car	MG		Green	Totally Damaged	0
SLR8119C	Car	MAZDA		Blue	Seriously Damaged	2



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**SINGAPORE
POLICE FORCE**

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



T/20220925/7023

2 of 4

Report No. T/20220925/7023

CONTINUATION OF REPORT

Details of Vehicle Insurance		Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company	22-MN000277-R00	25/02/2022	24/02/2023
SLR8119C	TOKIO MARINE INSURANCE SINGAPORE LTD.			

Details of Person Involved		Use of Pedestrian Crossing: NA	
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		ID No.	S9741819E
Name	MUHAMMAD SHAFIQ BIN MOHAMED RAZALI	Contact No.	97653865
Related Vehicle	SLR8119C (Car)	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL		
Date	24/09/2022	Date	25/09/2022
No. of Days granted Medical Leave	14	Degree of	Serious
Passenger		ID No.	NIL
Name	Unknown Passenger	Contact No.	NIL
Related Vehicle	SLR8119C (Car)	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL		
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger		ID No.	NIL
Name	Unknown Passenger	Contact No.	NIL
Related Vehicle	SLR8119C (Car)	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL		
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20220925/7023

3 of 4

Report No. T/20220925/7023

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

CONTINUATION OF REPORT

Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

I was driving grab picking up the passenger at the hotel lobby. Afterwards heading to the exit, a green taxi from the basement carpark hit the side of my car. The impact was hard and i was conveyed to the hospital by ambulance. The police also arrived at the scene. I was admitted for the day thus making the report the following day on 25/8. Given 14 days mc and 42 days light duty.



**SINGAPORE
POLICE FORCE**

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



T/20220925/7023

4 of 4

Report No. T/20220925/7023

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 / TP1B /
ROIZMAN BIN MOHAMED POSARI
Contact No.: 65476131

This report is lodged at Tampines East NPP Kiosk 1
NP155

Signature Of Informant:

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

Date/Time:
25/09/2022 16:35

Classification Of Case:



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