

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop n/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SLR 2493K Yr Regn: 4/8/17
 Type: M.Cat / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Florida Verel c.c. 1498
 Colour: Silver A/C: Insured / Std / Nil / NA
 Sp. Reading: 908867 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: RU31276986
 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: 9.5/65R15
 R: _____

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.
 Bsl. or Market Value: _____
 IDAC Accident Report: _____ 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

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Pirella
 Front Rear
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 6/6/22 D.O.I. 19/10/22
 Survey held at Lion City
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
Rear RH
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>MY-75K</u>

Date/Time, File Pass to? ☐ : Preli. Report
☐ : Final Report
 Date/Time, File Return to?

Days Of Repair: _____
 Resurvey No. of Trip: _____

Survey Fee:
 Transportation: _____
 S + RS. \$
 Price
 Others
 TOTAL

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Report Format: _____
 Lump Sum / L.S. (\$ _____)



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

Singapore Police Force

Date : 12 Oct 2022

Attn : MOTOR CLAIMS DEPT

Steve (LKK)

19/10/22, 2.00pm

m n

PIP, M AL Y

ESTIMATE

2 Lys

VEHICLE NO. : SLR2493K
CHASSIS NO : GP71038809
MAKE / MODEL : Vezel Hybrid
DATE OF ACCIDENT: 6 Jun 2022
YOUR INSURED VEHICLE NUMBER : QX571R

PARTS DISCRIPTION		QTY	UNIT PRICE	LIST PRICE
1	Rear bumper X R	1PC	\$829.60	\$829.60
2	Rear RH side bumper X m	1PC	\$48.18	\$48.18
3	Rear RH wheel arch X R	1PC	\$287.20	\$287.20
LIST TOTAL S\$:				\$1,164.98
20.00% DISCOUNT S\$:				\$233.00
				\$931.98

SPECIAL NETT			
1	Rear bumper clips X m	1 SET	\$80.00
Special Nett Total S\$:			\$80.00

LABOUR CHARGES			
To labour charge for removing rear bumper, rear rh side bumper, rear rh wheel arch out to facilitate repairs and replacement of damage			
1	parts.	\$800.00	200
To respray rear bumper, rear rh side bumper, rear rh wheel arch			
2		\$800.00	500
To deactivate and active high voltage hybrid battery as safety			
3	precautions	\$300.00	30
To apply rustproofing on all damaged parts			
4		\$200.00	X

LABOUR TOTAL S\$:	\$2,100.00
TOTAL S\$:	\$3,111.98
7% GST	\$217.84
GRAND TOTAL S\$:	\$3,329.82

PIP - \$730

Auto Consultants hence notify
Repairer of the following:
resurvey before/after spray painting
display damaged part(s) during resurvey
parts prices are subject to confirmation
third party survey is on a "Without Prejudice" basis
illegal modification(s) is allowed
supplementary item(s) must be resurveyed and
subject to final approval from Insurance Company

inowledged by Repairer

nature:

is:

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 GfA Records Management Centre established by the General Insurance Association of Singapore (GfA) 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	07/06/2022 16:44 (SGT)
Date of Accident	06/06/2022 16:50 (SGT)
Exact Location of Accident	Middle Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR2493K
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) +65-62525525
Alternative Phone No	(Office) +65-62525525

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	22-MN000213-R00
Cover Note Number	-

DRIVER

Name of Driver	KANNAN S/O KRISHNASAMY
NRIC No	SXXXX389C

Date Of Birth	07/01/1969
Occupation	Outdoor
Date Of Driving Pass	23/01/1997
Driving experience	25 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86081178
Alt. Phone Number	-
Email Address	lcrarc@lioncityrentals.com.sg
Address	BLK 698C HOUGANG STREET 52 #07-33
Address complement	-
Postcode	533698
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapor Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO. T/20220606/2098

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	QX571R
Vehicle Manufacturer	Hyundai
Vehicle Model	Avante
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	JUN XI
Contact Number	(Phone) +65-93864571
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 situated 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

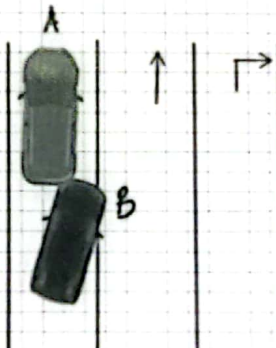
Witnessed by Reporting Centre Personnel

Sketch Plan

A. SLR 2493K

B. QX 571R

MIDDLE RD



Describe Circumstances of the Accident

REFER TO POLICE REPORT.

Declaration

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



7/8

Policyholder's Signature / Date &

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

07/06/2022 / 1215 hrs

Witnessed by Reporting Centre Personnel

THX



**SINGAPORE
POLICE FORCE**



T/20220606/2098

1 of 3

Report No. T/20220606/2098

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/06/2022 18:18	Vide Report No.: A/20220606/0091	Station Diary No.: 135
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Informant's Particulars

Name of Informant: KANNAN S/O KRISHNASAMY			Address: APT BLK 698C HOUGANG STREET 52 #07-33 SINGAPORE 533698	
ID Type / ID No.: NRIC NO / S6900389C			Contact No.: Home/Office: Mobile: 86081178	
Nationality: SINGAPORE CITIZEN			Email: JUZZLIMO@GMAIL.COM	
Sex: Male	Age: 53	Date of Birth: 07/01/1969	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: PRIVATE HIRE VEHICLE DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

General Information of the Accident					Type of Location: X-Junction
Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 06/06/2022 16:50		
Location: MIDDLE ROAD					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control:		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	Condition	No of Passenger
QX571R	Car					0
SLR2493K	Car				Slightly Damaged	2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220606/2098

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20220606/2098

CONTINUATION OF REPORT

Driver	
Name	KANNAN S/O KRISHNASAMY
ID No.	S6900389C
Related Vehicle	SLR2493K (Car)
Contact No.	86081178
Hospital/Clinic	NIL
Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL
Date Discharge	NIL
No. of Days granted Medical Leave	NIL
Degree of Injury	NIL

Brief Details.

On 6/6/22 at about 1650hrs, I was driving my vehicle, bearing plate number SLR2493K, on the most left lane along Middle Rd. I was turning left towards Victoria St. I was the third or fourth car. I then heard a loud thud from the rear right side of my vehicle, as if a vehicle had collided with my car. I then saw a police car, bearing plate number QX571R, going straight pass me and stopped right before the next junction. As I was approaching the traffic junction to make my turn, I saw the police car stop with blinkers on. I saw that the officers got out of their vehicle and were looking at the car so I stopped my car near the police car. That was when I was informed that they had collided with my car.

Due to the collision, there were some scratches and graze marks on the rear right side of my car. Shortly after that, traffic police came down and I was then advised to lodge a police report. Nobody was injured.

That is all.

**SINGAPORE
POLICE FORCE**

T/20220606/2098

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Report No. T/20220606/2098

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999

CONTINUATION OF REPORT**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report:

A /
SGT 3 NUR MAISYIRAH BINTE
KASIM

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/06/2022 18:18

Officer In Charge Of Case:

TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476151

Classification Of Case:

NP168