

ASS. REC. BY:

REF: 0121

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

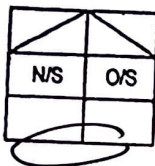
Sum Insured: _____ Excess: _____

(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 Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 05 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: SKU 81515 Yr Regn: 00, 15

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

Truck / Trailer or (m)

Make: Honda City c.c. 1497

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 217449 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MRHGM 65706 P000041

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Rlm or

Tyre Size: F: P.S 175/65R15

R: Dun

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

TOYO / YOKO or

Front

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 25/10/22

Survey held at

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prell. Report

: Final Report

1) Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation

\$ - RS. \$

Fixtures

Others

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

TOTAL

Report Format :

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

0428.28

金興(興)汽車私人有限公司

K. KIM HIN AUTO PTE LTD

160 Sin Ming Drive #02-18/19/20

Sin Ming AutoCity

Singapore 575722

Tel: 6452 7018 (5 Lines) Fax: 6458 3895

Not At Home

11 Ruy 8

Heavy Star Paint

5 days

TP CHINA
(IN)

No. : 32800

Date : 27-Oct-2022

PAGE : 1

Vehicle Insured : SGN 3400 C
Accident Date : 25-Oct-2022

Our Ref : 022350 (CHINA) / ANGIE

SINGAPORE SAFETY DRIVING CENTRE LTD
Singapore

ESTIMATED COST OF REPAIR FOR HONDA CITY V 1.5 MT (1497cc)(2015) SKU6151S

1 pc rear bumper		463.70	✓
2 pcs rear bumper side retainer - (LH/RH)	o/s D/O	@ S\$ 16.50 33.00	LP
10 pcs rear bumper clips		35.00	✓
2 pcs taillamp assy (LH/RH)		@ S\$ 235.70 471.40	?
1 pc bootlid		522.50	✓
1 pc bootlid lock		125.70	✓
1 pc bootlid logo		17.90	✓
1 pc bootlid 'CITY'		18.30	✓
1 pc bootlid 'IVTEC'		18.30	✓
1 pc bootlid outer chrome		102.10	X
5 pcs bootlid outer chrome clips - (square)		@ S\$ 5.60 28.00	X
2 pcs bootlid lamp (LH/RH)		@ S\$ 95.50 191.00	?
1 pc rear end panel		380.80	✓
1 pc rear end panel top garnish		69.60	✓
1 pc spare tyre top board		62.40	X
		2,539.70	
		Less 20% : -507.94	
		2,031.76	
1 pc rear bumper sticker(accessory)		150.00	sn ✓
2 pcs bootlid '3' & '4' reflective sticker		@ S\$ 10.00 20.00	sn ✓
1 pc bootlid '64826060' sticker		80.00	sn
To remove, cut out damaged parts, panel beating, welding, align,		800.00	600

0,428.28

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:

Con't Page 2 ...

Vehicle Insured : SGN 3400 C
Our Ref : 022350

Page : 2
No. : 32800

To remove and refit rear upholstery trimming, roof lining, seats, speaker board in order to facilitate repairing works	180.00 <i>60c</i>
To apply undersealing	80.00 <i>60c</i>
To putty and respray on affected portions.	900.00 <i>720c</i>
To focus taillamps. To check rear wiring and lighting operation.	50.00 <i>20c</i>
Total :	<u>S\$ 4,291.76</u>

Singapore Dollars Four Thousand Two Hundred and
Ninety One and Cents Seventy Six Only

Note: Amount quoted above is subject to prevailing GST at time of tax invoice.

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 26/10/2022 20:56 (SGT)
Reported by Owner
Date of Accident 25/10/2022 13:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information TRAFFIC JUNCTION WOODLANDS AVE 8
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKU6151S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SINGAPORE SAFETY DRIVING CENTRE LTD
Company Reg No 1XXXXX427W
Email Address HAFIZ@SSDCL.COM.SG
Mobile Phone No (Phone) +65-64826060
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model City
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 Commercial vehicle
Transmission Manual
CC 0

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5114139806

DRIVER

Name of Driver RAKIBUZZAMAN MOHAMMAD
Passport No/FIN GXXXX450X
Date Of Birth 07/08/1991
Occupation Indoor

Color
Category
Name of Driver
NIC No
Contact Number
Address
Postcode
Insurance Company
Nature Of Damage
Details of Damage
No. of Damaged Parts

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

25/10/2022
0 MONTH
Male
(Phone) +65-90853471
-
HAFIZ@SSDCL.COM.SG
BLK 27 WOODLANDS SECTOR 1 #02-70
-
-
No
LEARNER
No
-
-

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) 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 INSTRUCTOR
Gender Male

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 SKETCH PLAN

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 SGN3400C
Vehicle Manufacturer Toyota
Vehicle Model Corolla
Vehicle Variant -

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 willful 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.

SINGAPORE SAFETY DRIVING CENTRE LTD
 2, Woodlands Industrial Park E4
 Singapore 757387
 Tel: 6482 8060 Fax: 6482 8808
 Co. Reg. No. 198303427W

RS 26/10 @ 4:10pm

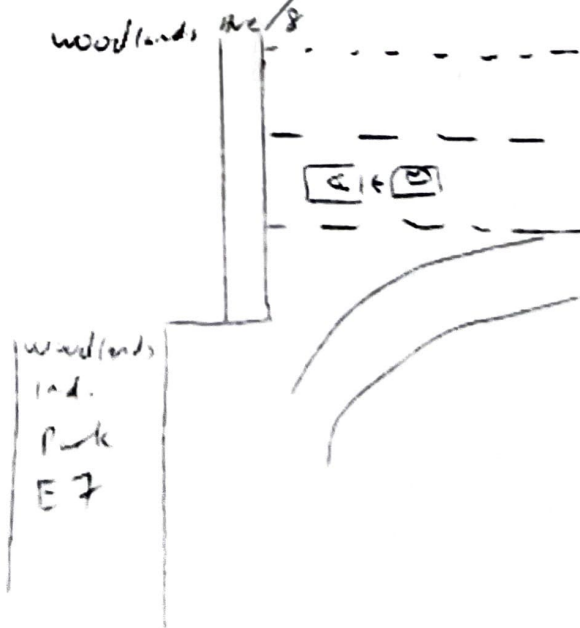


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 25th October at about 1345 hours, I move off when the traffic light change green. Suddenly, car behind hit the boot of my car, causing damage as stated.

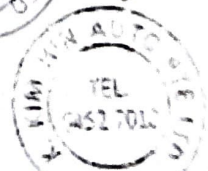
Declaration

We declare the foregoing particulars are true in every respect.

SINGAPORE SAFETY DRIVING CENTRE LTD
2, Woodlands Industrial Park E4
Singapore 757387
Tel: 6482 6060 Fax: 6482 8808
Co. Reg. No. 198303427W



26/10
@ 4:10pm



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel