

ASS. REC. BY:

REF: C12 / 23001966/KP3.

C

Kenneth

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: GZ 6869B

Policy No. DMCVSNW00086302213

Claims No. SNM23D201287/C02/LEWLC

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: 04 days Res.: Yes or No

Lum Sum: 1.B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLR 45308 Yr Regn: 08, 17

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

Truck / Trailer or (A)

Make: Hig Airo c.c. 1580

Colour: M. Red A/C: Insured / Std / NI / NA

Sp. Reading: 87035 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAEC81CVT.5096605

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or

Front

R/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 16/2/23

Survey held at

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

O/S Frt

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

Date / Time Action / Instruction

23/3 11:00 AM @ 2600 Car (red 4113.80, 61%)

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

Date/Time, File Return to?

Days Of Repair: 4

Resurvey No. of Trip: 2

Survey Fee:

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

Transportation

S - RS. SI

F. 15

Others

Report Format: Merimen

Lump Sum / L.B.: (\$2600)

3/5/23-typist

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	16/02/2023 18:08 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/02/2023 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF DEFU AVE 1 & HOUGANG AVE 7
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR4530Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN PEI SHAN
NRIC No	S7820886D
Email Address	audreytanps@gmail.com
Mobile Phone No	(Phone) +65-98898480
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	NIRO HYBRID 1.6 GDI DCT SUNROOF
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1580

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2002596392

DRIVER

Name of Driver	TAN PEI SHAN
NRIC No	S7820886D
Date Of Birth	18/07/1978
Occupation	Indoor

Date Of Driving Pass	26/09/2007
Driving experience	15 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98898480
Alt. Phone Number	-
Email Address	audreytanps@gmail.com
Address	BLK 675B YISHUN AVENUE 4 #12-780
Address complement	-
Postcode	762675
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 - 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)	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

REFER TO 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	GZ6869B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MUTHUKRISHNAN KRISHNAKUMAR
Passport No/FIN	G6873545P

Contact Number	(Phone) +65-84507594
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.


Policyholder's Signature / Date & Time

16/12/2023

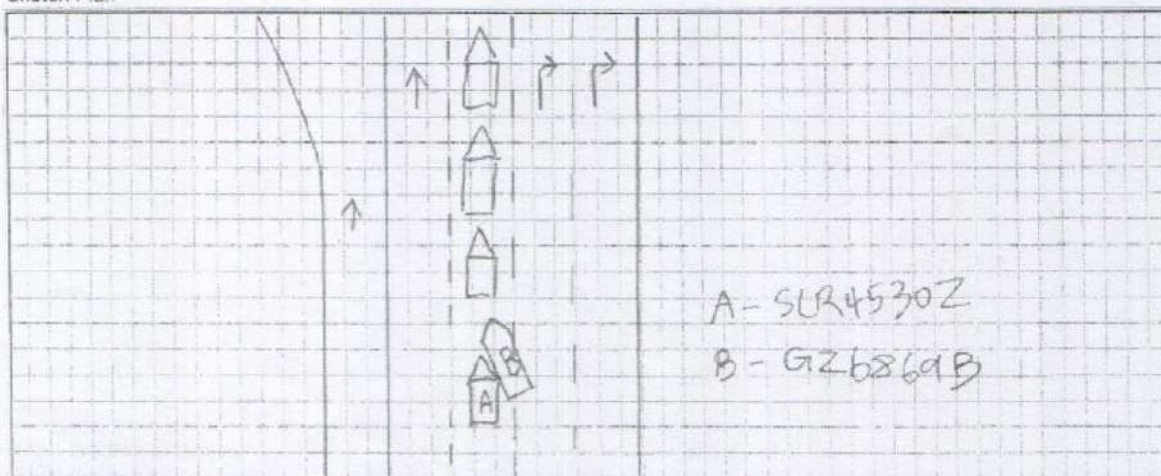
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Kiana



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

Sketch Plan



vJun2022

1

<p>Describe Circumstance of the Accident</p> <p>On 16 Feb 2023 at around 1330hr, I was travelling out from my office at 19 Greenwich Drive for lunch towards Kovan area. My car was driving along Tampines Road and my car stopped at the traffic light Junction of Defu Ave 1 and Honggang Ave 7 for the red light. The weather was clear and I was on the 2nd lane, with car ahead of me.</p> <p>When the traffic light turned green, I waited for the front car to move and then released my brake to move. A truck with company name, GDS Engineering, vehicle plate number G26869B, driver name Muthukrishnan Krishnakumar work permit no. 035299076 suddenly dashed and cut into my lane and collided into my front right, resulting in damages.</p>

Declaration

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

[Signature] 16/2/2023

Policyholder's Signature / Date & Time

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

Kiam



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

IMAGES



T & B MOTOR REPAIRS SERVICES PTE LTD

160 SIN MING DRIVE #08-03 SIN MING AUTOCITY SINGAPORE 575722

Tel No. : 6458 0296 / 6454 8007 Fax No. : 6554 2640

E-Mail : tbmotor@hotmail.sg

Buss. Reg. No. : 199001597D

WITHOUT PREJUDICE

TAN PEI SHAN

3BLK 675B YISHUN AVE 4 #12-780

SINGAPORE 762675

Attention : Motor Claim Department

Not Notarised
Resurvey B4 painting
4 days
1/Prng @ 260dp

Estimate : ES003463

Date : 22/02/2023

Vehicle Num. : SLR4530Z

Make/Model : KIA NIRO

Chassis/Eng# :

Accident Date : 16/02/2023

Claim No. :

Reference :

Policy No. : SP2002596392

S/N	Quantity	Particular	Unit Price	Amount S\$
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		LIST ITEMS :
1.	1	FRONT FENDER R/H
2.	1	FRONT FENDER SIDE GARNISH RH
3.	1	FRONT FENDER INNER SHIELD RH
4.	10	FRONT FENDER INNER SHIELD CLIPS 904
5.	1	FRONT HEADLAMP RH 688
6.	1	FRONT BUMPER
7.	10	FRONT BUMPER CLIPS
8.	1	FRONT BUMPER SIDE RETAINER RH
9.	1	FRONT BUMPER SIDE RETAINER LH
10.	1	FRONT GRILLE
11.	1	SIDE MIRROR R/H (AUTO)
12.	1	FRONT BUMPER (KIA) LOGO

List Total S\$:

10.00% Discount S\$:

635.00	✓
145.00	✓
145.00	X
35.00	X
1,375.00	✓
835.00	✓
35.00	✓
48.00	✓
48.00	X
550.00	X
953.00	X
78.00	✓
4,882.00	
488.20	
4,393.80	

LABOUR :

- 1) REMOVE & REPLAC OF NEW SIDE MIRROR PART
- 2) CHECK & REPAIR WIRING
- 3) SPRAY ANTI-RUST COATING
- 4) SPRAY PAINT ON AFFECTED PORTIONS
- 5) LABOUR CHARGE FOR REPAIRING, ADJUSTING, KNOCKING, WELDING THE DAMAGED PARTS, STRAIGHTEN THE ABOVE

Labour Total S\$:

150.00	X
120.00	2ol
150.00	3ol
900.00	460p
1,000.00	440p
2,320.00	

SingDollars : Six Thousand Seven Hundred Thirteen & Cents Eighty Only

E. & O.E.

Total S\$:

6,713.80

for T & B MOTOR REPAIRS SERVICES PTE LTD

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: