

(08/103) wef

ASS REC. BY:

REF:

CS/SMR23 005 084/Rcy3

927c

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SNF 8933H

at Workshop m/s MOTURWAY

of 4, 3LW PKWT

Insured:

SMR

Policy No:

Claims No:

Sum Insured:

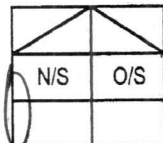
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value:

118k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5

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:

SNF 8933H

Yr Regn: 2022 / JUN

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

Truck / Trailer or

Make:

Sanyang TIVOLI 1.6 D STD c.c 1597

Colour:

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

33331

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KPT30A / USLP325240

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Good / Jammed / Leaked / Burnt or

Brake: Good / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/65R16

R:

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

TOYO / YOKO or

Kumho

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

14/05/23

D.O.I.

08/05/23

Survey held at

MOTURWAY

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

N/S Rear

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

Date / Time

Action / Instruction

REPAIR LIMIT - 40K

26/6/23

Rasul finalised LS \$2500; 5 days with repairer. (Red 5885.08, 70%)

Date/Time, File Pass to?



: Prel. Report



: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

5

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

) \$ + RS \$ SI

) Photos

) Others

TOTAL

Report Format :

TP

Lump Sum / I.B.I.: (\$ 2500)

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	16/05/2023 11:00 (SGT)
Reported by	Actual Driver
Date of Accident	14/05/2023 09:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TOWARDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF8933H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MOTORWAY CAR RENTALS PTE LTD
Company Reg No	927C
Email Address	ARC@MOTORWAY.COM.SG
Mobile Phone No	(Phone) +65-64682200
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Ssangyong
Model	Tivoli
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	1600

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD23V04453 /VPZ /R02

DRIVER

Name of Driver	MUHAMAD SYABIL BIN SALLEH
NRIC No	SXXXX870Z
Date Of Birth	08/01/1998
Occupation	Outdoor

Date Of Driving Pass	01/02/2020
Driving experience	3 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86997041
Alt. Phone Number	-
Email Address	ARC@MOTORWAY.COM.SG
Address	706 WOODLANDS DRIVE 40 #02-38
Address complement	-
Postcode	730706
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)	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 ATTACHED FILE

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	SHB5020D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-

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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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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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

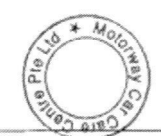
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

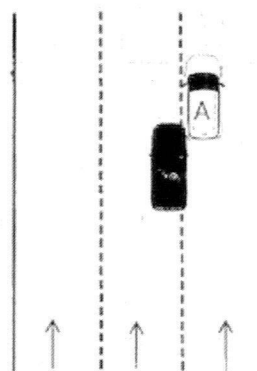

Policyholder's Signature / Date & Time

Sketch Plan


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

14052023 0920HRS


Witnessed by Reporting Centre Personnel



A-SNF8933H
B-SHB5020D

PIE TOWARDS
CHANGI


Describe Circumstances of the Accident


ON 14/05/2023 AT AROUND 0920HRS I VEHICLE A SNF8933H WAS DRIVING ALONG PIE TOWARDS CHANGI I WAS DRIVING ON EXTREME RIGHT LANE THEN CAME THIS VEHICLE B SHB5020D CAME FROM LANE 2 AND HIT SIDE REAR OF LEFT REAR DOOR. NOBODY WAS INJURED AT THE ACCIDENT.

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
14052023 0920HRS


Witnessed by Reporting Centre Personnel

Motorway Car Care Centre Pte Ltd

1094 Lower Delta Road Motorway Building Singapore 169205

Tel: 6468-2200 fax: 6278-5535

GST:200000606-K RCB NO: 200000606-K

M/S : SMRT

TEL:

ATTN: MOTOR CLAIM DEPARTMENT

Your Ref No: SNF8933H

Claim Type: Third Party

Accident Date: 14/05/2023

TP Veh Reg No: SHB5020D

LABOUR \$400 SPRAY PAINT \$450

Resue
Hp 9601068
5 days
L/S
18/05/23 @ 1535
Resy after repair

Estimate No: WQT0000264

Date: 16/05/2023

Policy No:

Veh Reg No: SNF8933H

Make/Model: SSANGYONG TIVOLI

1.6D

Chassis No: KPT30A1USLP325240

Engine No:

Reg. Date:

Estimate Repair Cost to Vehicle No :

NO.	Description	Quant	List Price	Amount
			\$\$	\$\$
1	REAR BUMPER UPPER <i>de</i>	1pc	912.75	912.75
2	REAR DOOR <i>repair</i> LH	1pc	1800.00	1800.00 <i>XR</i>
3	REAR FENDER WHEEL ARCH MOULDING <i>see</i> LH	1pc	135.63	135.63
4	REAR FENDER <i>repair</i> LH	1pc	2868.375	2868.375 <i>XR</i>

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:

QTY

1pc

SPECIAL NETTS

1 REAR BUMPER CLIPS

NA

1048.38 TOTAL 5716.76
10% LESS 10% 571.6755
943.54 TOTAL 5145.08

UNIT PRICE

40.00

LIST PRICE

40.00

TOTAL

40.00

LABOUR CHARGE

1 REMOVE ACCIDENT DAMAGED PARTS IN ORDER TO FACILITATE REPAIRS INCLUDING PANEL BEAT, CUT / WELD, STRAIGHTEN CHASSIS WHERE NECESSARY AND REPLACE ABOVE PARTS.

\$ *800* 1,200.00

2 PUTTY AND SPRAY PAINT ALL AFFECTED AREAS (INNER/OUTER)

\$ *1350* 1,800.00

3 TRANSFER DOOR MECHANISM

\$ *200.00* 200.00

TOTAL

\$ 3,200.00

TOTAL PARTS

\$ 5,185.08

GRAND TOTAL

\$ 8,385.08

943.54
40.00
2150.00
3133.54

20%

= 2506.83

L/S - \$2,500 / 5 days -