

ASS. REC. BY:

REF:

MSG/ 23005423/Kny3

C

Kenneth

## 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:

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:

03 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:

PMX 35214 Yr Regn: 01.21

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

Truck / Trailer or

Make:

Mit Attrage C.C. 1193

Colour

M. Black A/C: Insured / Std / NI / NA

Sp. Reading

191375 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MMB STA 23AMH 003568

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 185/55R15

R:

BS/DUN/EXNOVA/GY/F3/LIZA/MIC/OHTSU/PIR/SUMI/

TOYO/YOKO or

Roadstone

Front

R/Bal.

7

mm

Rear

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

19/5/23

D.O.I.

30/5/2023

Survey held at

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

FR O/S

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

Date / Time

Action / Instruction

1 EST NOT ready

316 112up @ 3000hr Cabal (Red. \$ 3016.80, 50%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

3

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. \$

), Fines

), Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

## 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	19/05/2023 17:35 (SGT)
Reported by	Actual Driver
Date of Accident	19/05/2023 12:22 (SGT)
Exact Location of Accident	Sunset Way, Singapore
Additional Location Information	SUNSET WAY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX3521M
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	IAXIS LEASING & RENTAL PTE LTD
Company Reg No	2XXXXX938C
Email Address	mthamce@gmail.com
Mobile Phone No	(Phone) +65-88705262
Alternative Phone No	+65-96704205

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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	1200

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5117028613-03-000009

#### DRIVER

Name of Driver	TNG WEE LEONG
NRIC No	SXXXX695H
Date Of Birth	31/01/1987
Occupation	Outdoor

Date Of Driving Pass	23/12/2006
Driving experience	16 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88705262
Alt. Phone Number	-
Email Address	mthamce@gmail.com
Address	APT BLK 418 WOODLANDS STREET 41
Address complement	#07-133
Postcode	730418
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 - Head on collision
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	UNKNOWN
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 TO ACCIDENT STATEMENT ATTACHED.

I WAS DRIVING ALONG SUNSET WAY, WHEN SUDDENLY SLL1320P DRIVE OUT AND HIT THE SIDE OF MY CAR.

#### 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	SLL1320P
-----------------------------	----------

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	TNG WEE LEONG
Gender	Male
Phone No	(Phone) +65-88705262
Address	BLK 418 WOODLANDS STREET 41
Address Complement	#07-133
Post Code	730418
Approximate Age Years Old	36
Injuries Sustained	BACKACHE, NECK PAIN
Injured person in which vehicle?	SMX3521M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

**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 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 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.

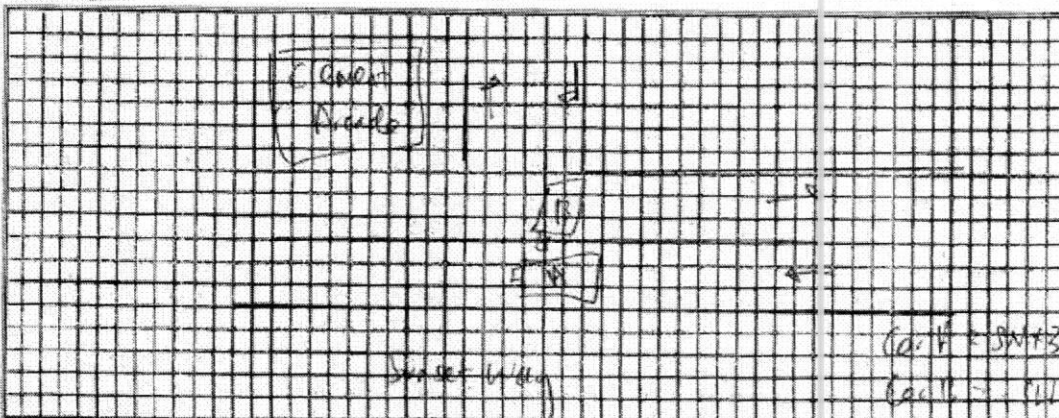
**TAXIS LEASING & RENTAL PTE LTD**  
**ROC: 201821938C**

Policyholder's Signature / Date & Time

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

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

Sketch Plan



1 Jun 2022

Car # = 3N1A3K21M  
 Car # = 3N1A3K21M



Describe Circumstance of the Accident

I was driving along sunset way, when suddenly  
 SLL1320P drive out and hit the side of my car.

Declaration

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

**TAXIS LEASING & RENTAL PTE LTD**  
**ROC: 201821938C**

Policyholder's Signature / Date & Time

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

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

v.06/2022



# Lian Her Motors

Blk 5038 #01-405 Ang Mo Kio Industrial Pk 2 Singapore 569541  
H/P 91082728

Iaxis Leasing & Rental Pte Ltd  
5 Yishun Industrial St 1  
#01-18 North Spring Bizhub  
Singapore 768161

Vehicle No : SMX 3521 M  
Make : Mitsubishi Attrage  
Year : 2019

NOT Notarised  
1/1/2019 @ 3000/-  
Recovery After Rainy  
3 days

Qty	Description	Unit Price	Amount
<b>Estimate Cost Of Repair</b>			
1 pc	Front o/s headlamp assy	1208	\$1,299.00 ✓
1 pc	Front support panel air garnish	photo	\$155.00 ✗
1 pc	Front grille		\$555.00 ✗
1 pc	Front grille emblem		\$55.00 ✗
1 pc	Front grille top garnish		\$155.00 ✗
1 pc	Front no plate garnish		\$195.00 ✗
1 pc	Front bumper		\$703.00 ✓
1 pc	Front bumper reinforcement	photo 345	\$466.00 2
1 pc	Front bumper lower grille	photo	\$155.00 1
1 pc	Front o/s bumper side retainer		\$55.00 1
1 pc	Front o/s bumper chrome moulding - upper		\$105.00 1
1 pc	Front o/s bumper chrome moulding - lower		\$205.00 1
1 pc	Front o/s bumper fog lamp assy	photo	\$279.00 2
1 pc	Front o/s bumper fog lamp garnish	photo	\$85.00 ✓
1 pc	Front windscreen washer tank motor		\$85.00 ✗
1 pc	Front windscreen washer tank	photo	\$105.00 2
			\$4,502.00
Less 10 %			\$450.20
			\$4,051.80

## S. Nett Item

15 pcs Clip

2.00 \$30.00 ✓

## Labour Charges

Remove/renew the above parts including knocking, welding & cutting.

\$900.00 4001

To putty & spray paint on accident affected portion.

\$900.00 4501

balance c/f \$5,881.80

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:

SMX 3521 M

balance b/f \$5,881.80

Labour Charges

To spray anti rust on accident affected portion.

*nn* \$100.00 *X*

Check and reconnect wiring.

\$35.00 *206*

Total \$6,016.80