

Ass. Ref. BY:

REF:

CS/MSG 2300 5963 / Any3

ASSIGNMENT

From: _____ Date: _____

Estim. Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: **SNA 3419K**

Policy No. **1001774063**

Claims No. **316754**

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: _____ 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: **SNJ73942** Yr Regn: **2023, Feb.**

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

Truck / Trailer or

Make: **Honda Shuttle** c.c. **1456**

Colour **Black** A/C: Insured / Std / NI / NA

Sp. Reading **21704** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **GP72208090**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: **185/60R15**

R: **185/60R15**

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

TOYO / YOKO or

Front

R/Bal. **86** mm

L/Bal. **86** mm

D.O.A. **3/6/23**

Survey held at

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

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

Rear

R/Bal. **86** mm

L/Bal. **86** mm

D.O.I. **13/06/23**

Teamwork

Date / Time

Action / Instruction

17P M816

26/7/23 Adrian confirmed LS \$2000 (red 5219.62, 72%)

COE Expiry :

Estimate given during : Yes ()

1st Survey : No ()

MV :

PV :

Nett :

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) **26/7/23-typist**

Days Of Repair: **4**

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

3 + RS. SI

Photos

Others

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Inve (\$)

Report Format:

Merimen

Report Form / LRP / LS \$2000



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	05/06/2023 15:45 (SGT)
Reported by	Actual Driver
Date of Accident	03/06/2023 19:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HOLLAND ROAD > FARRER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNJ7394Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SKYWAY MOTOR PTE LTD
Company Reg No	199904194N
Email Address	SAM@SKYWAY.COM.SG
Mobile Phone No	(Phone) +65-88551188
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1600

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MFL0004075_01

DRIVER

Name of Driver	TAN HWA MONG JOSEPH
NRIC No	S1550294J
Date Of Birth	13/05/1962
Occupation	Outdoor

Date Of Driving Pass	17/11/1982
Driving experience	40 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92393549
Alt. Phone Number	-
Email Address	TANJOSEPH.62@GMAIL.COM
Address	401 ANG MO KIO AVE 10 #13-607
Address complement	-
Postcode	560401
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	Side Swipe
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 ATTCHMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNA3419K
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)

-
-
-
-
-
-

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 investigation or responding to any enquiries by me;

my communicating my claims, including the issuing 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/shield 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/are 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.

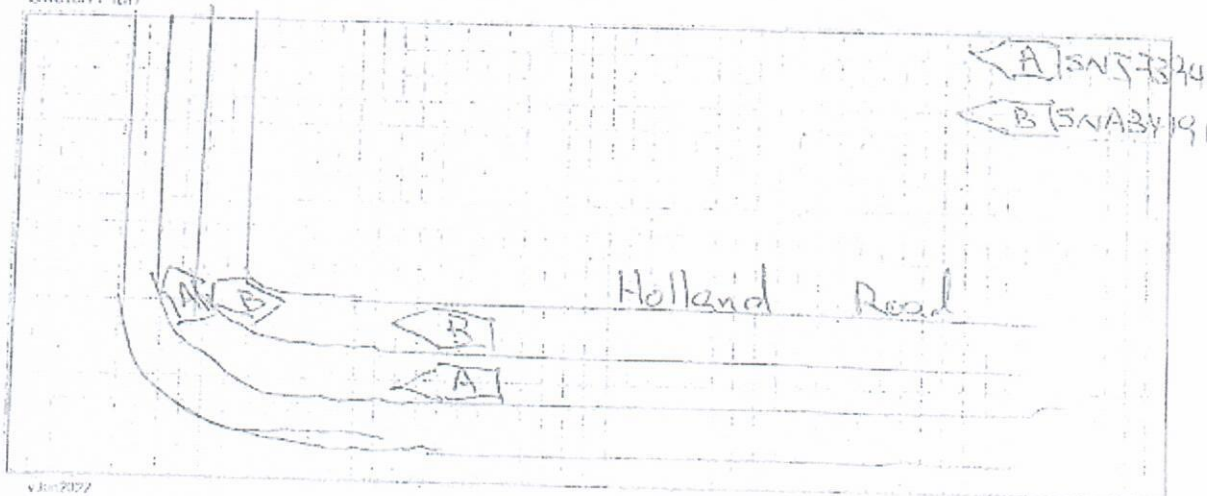


Policyholder's Signature / Date & Time

5/6/2023 1130
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



105 (b) Circumstance of the Accident

On 3 June 2022 at around 7.30pm, I was driving along Holland Road towards Holland Village. I was driving on the center lane, which was a right-turn lane along Farago Road as I was turning right after the lights had turned green. A car had brushed past my car on the right, causing some minor damage to me car.

Declaration

We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time

Agent's Signature (if different from policyholder) (Date & Time)

Witnessed by Reporting Officer's Signature (Name as in MRICAD card)

1/26/2022



Pte Ltd

TeamWork Garage Pte Ltd

53 Ubi Avenue 1 #01-23/24 Spore 408934

Paya Ubi Industrial Park

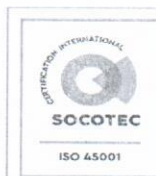
Tel : 6844 2475

E-mail : claims@teamworkgarage.com

Register number : 201015366H

REPAIR PERFORMA INVOICE

TP MS16
Veron



Vehicle number	SNJ7394Z
Make / Model	HONDA SHUTTLE
Chassis number	GP72208090
Accident date	3/6/23
Reference	2306-12

Qty	Particulars	Unit Price - SGD \$
<u>PARTS REPLACEMENT - LIST ITEMS</u>		
1	REAR DOOR RH <i>Detached</i>	841.72 ✓
1	REAR DOOR TAPE RH <i>new</i>	81.60 ✓
1	REAR DOOR LOCK RH <i>new</i>	461.30 +
1	REAR DOOR REGULATOR MOTOR RH <i>Buy 2</i>	302.30 ✓
1	REAR DOOR INNER TRIM BOARD RH <i>new</i>	829.40 +
1	REAR FENDER RH <i>Repair</i>	1066.67 +
1	REAR FENDER INNER SHIELD RH <i>new</i>	189.20 +
1	SIDE SKIRT RH <i>Detached</i>	435.05 ✓
1	REAR WHEEL HUB W BEARING RH <i>3 hole new</i>	325.38 +
1	REAR SHOCK ABSORBER RH	279.40 +
		4812.02
	Less 20%	962.40
	Subtotal	3849.62
	Balance C/F	3849.62
<u>PARTS REPLACEMENT - SPECIAL NETT ITEMS</u>		
1 SET	REAR DOOR INNER TRIM BOARD CLIP <i>3 new</i>	50.00 +
1 SET	REAR FENDER INNER SHIELD CLIP	50.00 +
1 SET	SIDE SKIRT CLIP <i>new</i>	50.00 30
1	REAR RIM RH <i>new</i>	450.00 +
		600.00
	Subtotal	600.00
	Balance C/F	4449.62
<u>LABOUR AND MISCELLANEOUS CHARGES</u>		
S/No		
1	CHECK WIRING AND LIGHTINGS SYSTEM	120.00 30
2	COMPUTERIZE AND CHECK WHEEL ALIGNMENT	200.00 +
3	REMOVE & REPLACE REAR UNDERCARRIAGE	150.00 +
4	REMOVE & REFIT REAR DOOR TRIMS & GARNISHES	150.00 60
5	PANEL BEATING ON AFFECTED AREAS	1000.00 <i>400</i>
6	SPRAY PAINTING ON AFFECTED AREAS	1000.00 600
7	APPLY ANTI-RUST ON AFFECTED AREAS	150.00 50
	Subtotal	2770.00
	Grand total	7219.62

- 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:

Total: 2488.53

L/s: 2K

Adrian C
L/s 13/06/23
04 Dps