

ASS. REC. BY: Taufik

REF:

SMR

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. _____

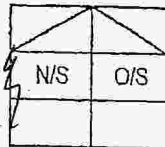
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 854K

IDAC Accident Report _____ 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: SLK 8930M Yr Regn: 2017, Feb

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

Truck / Trailer or

Make: Kia Niro cc 1496

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

Sp. Reading: 358300 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GK 81001398

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/60R15

R: _____

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

TOYO / YOKO or Nyolan 3

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 17/7/23

Survey held at LCR

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

\$ + RS _____ SI

Photos

Others

Rep. Format: _____

Lump Sum / L.B. / L.P. _____



LCR
LION CITY RENTALS

LION CITY RENTALS PTE LTD
4 Jalan Besut S(619557)

FIRST CAPITAL

Date : 14-Jul-23

Attn : MOTOR CLAIMS DEPT

VEHICLE NO. : SLK8930M

CHASSIS NO : GK81001398

MAKE / MODEL : Shuttle

DATE OF ACCIDENT: 19-Apr-23

YOUR INSURED VEHICLE NUMBER : SHB1178J

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:

PARTS DISCRIPTION

			<u>QTY</u>	<u>UNIT PRICE</u>	<u>LIST PRICE</u>
1	FRONT DOOR	RH	1PC	\$ 973.80	\$ ⁶⁷ 973.80
2	REAR DOOR	RH	1PC	\$ 973.80	\$ ^{Ry} 973.80
3	REAR FENDER	RH	1PC	\$ 782.00	\$ ^{Ry} 782.00
				Total	\$ 2,729.60
				Less 20%	\$ 545.92
				Total	\$ 2,183.68

LABOUR CHARGES

1	REMOVE ACCIDENT DAMAGED PARTS IN ORDER TO FACILITATE REPAIRS INCLUDING PANEL BEAT, CUT / WELD, STRAIGHTEN CHASSIS WHERE NECESSARY AND REPLACE ABOVE PARTS.	\$ ⁵⁰⁰ 1,000.00
2	PUTTY AND SPRAY PAINT ALL AFFECTED AREAS (INNER/OUTER)	\$ ⁶⁰⁰ 1,000.00
3	TRANSFER DOOR MECHANISM X 2	\$ ⁶⁰ 360.00
TOTAL		\$ 2,360.00
TOTAL PARTS		\$ 2,403.68
GRAND TOTAL		\$ 4,763.68

Taufik 97495749 / 62563561
wp' 17/7/23 @ 215pm
L/S Resurvey after repair
taufik@lkkauto.com
4days

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	19/04/2023 15:16 (SGT)
Reported by	Actual Driver
Date of Accident	19/04/2023 09:30 (SGT)
Exact Location of Accident	Farrer Rd, Singapore
Additional Location Information	TOWARDS TOA PAYOH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK8930M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LION CITY RENTALS PTE LTD
Company Reg No	2XXXXX621K
Email Address	lcrarc@lioncityrentals.com.sg
Mobile Phone No	(Phone) +65-91287471
Alternative Phone No	(Office) +65-62525525

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	1496

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MFL0002571

DRIVER

Name of Driver	KUA CHENG TEE
NRIC No	SXXXXX381I
Date Of Birth	24/11/1965
Occupation	Outdoor

Date Of Driving Pass	22/09/1987
Driving experience	35 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91287471
Alt. Phone Number	-
Email Address	lcrarc@lioncityrentals.com.sg
Address	BLK 139B LORONG 1A TOA PAYOH #12-54
Address complement	-
Postcode	312139
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	Hit and run / Vandalism / Damaged whilst parked
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	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

ON 19/04/2023 AT ABOUT 0930HRS , I WAS DRIVING VEHICLE A ALONG FARRER RD TOWARDS TOA PAYOH , AT FIRST LANE

AS I TRAVELLING AT THE SAID LOCATION ,VEHICLE B DASH ACROSS FROM HOLLAND RD ,AND EVENTUALLY COLLIDED ONTO MY VEHICLE A AT LEFT PORTION .

I DID SIGNAL THE VRHICLE B DRIVER TO MOVE TO LEFT SIDE , BUT VEHICLE B DOESNT STOP ,AND DROVE OFF FROM THE SCENE .

MY PASSENGER TOOK PHOTO OF VEHICLE B AND WILL BE MY WITNESS OF THIS INCIDENT .

NOBODY WAS INJURED.

NO PARTICULARS EXCHANGED WITH VEHICLE B.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SHB1178J
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)	-

WITNESS DETAILS

WITNESS 1

Name	KATE HSU
Phone	(Phone) +65-80426223
Email	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized 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 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.



[Handwritten Signature]

[Handwritten Signature: Ming]

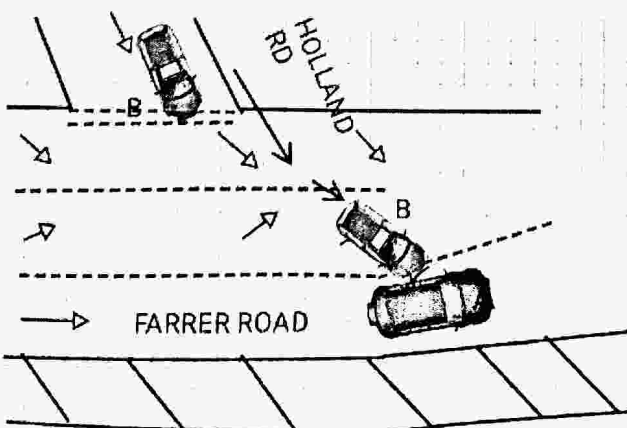
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

19/04/2023-1150HRS



A - SLK8930M
B - SHB1178J

Describe Circumstances of the Accident

ON 19/04/2023 AT ABOUT 0930HRS, I WAS DRIVING VEHICLE A ALONG FARRER RD TOWARDS TOA PAYOH, AT FIRST LANE.

AS I TRAVELLING AT THE SAID LOCATION, VEHICLE B DASH ACROSS FROM HOLLAND RD, AND EVENTUALLY COLLIDED ONTO MY VEHICLE A AT LEFT PORTION.

I DID SIGNAL THE VEHICLE B DRIVER TO MOVE TO LEFT SIDE, BUT VEHICLE B DOESNT STOP, AND DROVE OFF FROM THE SCENE.

MY PASSENGER TOOK PHOTO OF VEHICLE B AND WILL BE MY WITNESS OF THIS INCIDENT.

NOBODY WAS INJURED.
NO PARTICULARS EXCHANGED WITH VEHICLE B.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

19/04/2023-1150HRS

Ming

Witnessed by Reporting Centre Personnel