

ASS. REC. BY:

REF: FC21

ASS. REC. BY:

REF: CT21

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/s Optima

of 2184

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.

N/S	O/S

Bal. or Market Value: \$49k

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 3-4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SNM 3435A Yr Regn: 06, 17

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

Make: Toy Prius c.c. 1497

Colour: Dark Black A/C: Insured / Std / Nil / NA

Sp. Reading: 323050 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: JTDKD3B3701597007

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 / RIM or

Tyre Size: F: 185/65R15

R: Yoko

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

TOYO / YOKO or

Front 4 mm Rear 7 mm

R/Bal. 4 mm R/Bal. 7 mm

L/Bal. 4 mm L/Bal. 7 mm

D.O.A. 23/8/24 D.O.I. 27/8/2024

Survey held at

Des. of Damages: Rear O/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to? : Prell. Report : Final Report

Date/Time, File Return to?

Days Of Repair: _____ Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	
\$ - RS. SI	
Others	
TOTAL	

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

Report Format : _____
ump Sum / I.B.I: (\$ _____)

Date: 26/08/2024
Vehicle No: SNM3435A
Model: TOYOTA PRIUS C 1.5 HYBRID
Chassis: JTDKD3B3701597227-2017
Reg. Year: 2017

Not Authored
1/ Sep 8

Third Party Insurer: CHINA TAIPING
Third Party Veh No: SNP9346T
Date of Accident: 23/08/2024
Estimator: TING AN
Surveyor:

Accuracy After Repair
3-4 days

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR TAILGATE	1		R \$900.00 X
2	REAR TAILGATE "TOYOTA" EMBLEM	1		na \$80.00 X
3	REAR TAILGATE "PRIUS C" EMBLEM	1		na \$75.00 X
4	REAR TAILGATE "HYBRID" EMBLEM	1		na \$80.00 X
5	REAR TAILGATE WEATHERSTRIP	1		R \$285.80 X
6	REAR TAIL LAMP RH	1		\$530.20 7
7	REAR TAIL LAMP BRACKET RH	1		\$75.60 7
8	REAR BUMPER	1		R \$848.70 7
9	REAR BUMPER REINFORCEMENT	1		\$590.60 7
10	REAR BUMPER SIDE BRACKET RH	1		D17 \$85.40 7
11	REAR END PANEL	1		R \$556.80 X
12	REAR END PANEL UPPER COVER	1		R \$115.20 X
13	REAR FENDER RH	1		REPAIR
SUB TOTAL				\$4,223.30
LESS 25%				-\$1,055.83
PARTS TOTAL				\$3,167.48

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR WINDSCREEN SEALANT	1		na \$80.00 X
2	REAR BUMPER CLIPS	1		na \$50.00 ✓
3	REAR BUMPER REVERSE SENSOR	1		na \$300.00 2000
4	REAR END PANEL JOINT SEALANT	1		na \$100.00 X
5	REAR END PANEL UPPER COVER CLIPS	1		na \$40.00 X
S/N TOTAL				\$140.00

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

Head office

6 Kung Chong Road Singapore 159143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554500
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1993

Signature:

Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind. Park 2A #01-06 Singapore 568047
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011



Date: 26/08/2024
Vehicle No: SNM3435A
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Chassis: JTDKD3B3701597227-2017
Reg.Year: 2017

Third Party Insurer: CHINA TAIPING
Third Party Veh No: SNP9346T
Date of Accident: 23/08/2024
Estimator: TING AN
Surveyor:

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST REAR ACCIDENT AREAS & ETC.	\$1,000.00	250/
LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR TAILGATE, REAR BUMPER, REAR END PANEL, REAR FENDER RH & ETC.	\$1,000.00	400/
LABOUR CHARGES TO REMOVE & REINSTALL REAR TAILGATE INNER MECHANISM & ETC. BACK TO ORIGINAL OPERATIONS.	na \$120.00	X
LABOUR CHARGES TO REMOVE & REFIX REAR WINDSCREEN GLASS, REAR WINDSCREEN SEALANT & ETEC.	na \$150.00	X
LABOUR CHARGES TO REMOVE & REPLACE REAR BUMPER REVERSE SENSOR & ETC.	\$120.00	50/
TO DAIGNOSIS FAULT CODE & ETC.	na \$200.00	X
TO CHECK WIRING & ELECTRICAL SYSTEM.	\$120.00	15/
	<u>LABOUR TOTAL</u>	<u>\$2,710.00</u>

TING AN	TOTAL	\$6,017.48
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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 First Submission	26/08/2024 15:15 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/08/2024 22:19 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN BULOH PERINDU
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNM3435A

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	98 LEASING VENTURES PTE LTD
Company Reg No	202315218H
Email Address	loanapp.dwiauto@gmail.com
Mobile Phone No	(Phone) +65-88188998
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1497
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	JTDKD3B3701597227
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company
Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd.
DMHCSNA0001192400

DRIVER

Henneth

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 SNP9346T
Vehicle Manufacturer Mazda
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver QIN MING
Contact Number (Phone) +65-86309456
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 -
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? -
Were seat belts worn? No
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

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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

[Signature] 26/08/24

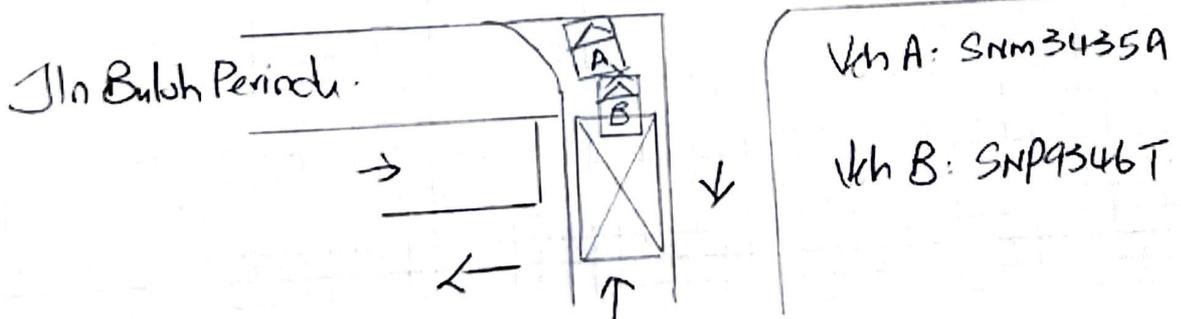
Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan

EAST WEST ROAD.





**SINGAPORE
POLICE FORCE**



T/20240826/7028

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20240826/7028

CONTINUATION OF REPORT

Driver			
Name	YUSOFF BIN MOHAMMAD	ID No.	S7501858D
Related Vehicle	SNM3435A (Motor car)	Contact No.	90227921
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight
Driver			
Name	QIN MING	ID No.	NIL
Related Vehicle	SNP9346T (Motor car)	Contact No.	86309456
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

On 23/08/24@2219hrs, I was stationary at Jalan Buloh Perindu waiting for traffic on the main road to clear to turn out. Suddenly, I felt an impact from the rear. I alighted & realised Vehicle.B(SNP9346T) front portion has collided onto my Vehicle.A(SNM3435A) rear portion. Took photos and exchange particulars. I felt unwell due to accident & went to see doctor today.