

ASS. REC. BY:

REF:

SMR/

CS/SMR24090033/Knp3e2 (SNR 6803A)

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SNR 6803A

Yr Regn:

06, 24

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

Truck / Trailer or

Make:

Hyundai HON

C.G.

1580

Colour

M.P. White

A/C:

Insured / Std / NI / NA

Sp. Reading

581

T/Radio:

Insured / Std / NI / NA

Eng/No:

20447

C/No:

KMH4B811VRU0711106

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: 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.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

23/8/24

D.O.I.

4/9/2024

Survey held at

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

O/S Rn

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

Date / Time

Action / Instruction

Kenneth confirmed part by parts \$3072.80 and 2 days
(red, \$2757.6, 47%)

o/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

/Time, File Return to?

Days Of Repair:

2

Resurvey No. of Trip:

Survey Fee:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Transportation

S - RS. SI

: Fines

: Others

rt Format :

Sum / I.B.I. (\$

TOTAL

ESTIMATE TO REPAIR

VEHICLE NO. SNR 6803 A
MAKE : HYUNDAI
MODEL : SX2 KONA 1.6 GDI HEV
YEAR : 2024
CHASSIS NO : KMHBB811VRU071106

SURVEYOR NAME :
DATE OF SURVEY :
TIME OF SURVEY :

DATE : 04.09.2024
DATE OF ACCIDENT : 23.08.2024
THIRD PARTY REF SHB 5597 G
THIRD PARTY REF MS FIRST CAPITAL INSURANCE LTD
6 RAFFLES QUAY
#42-01 HONG LEONG BUILDING
Singapore 048581

Qty	Parts Description/ Labour	Type	Unit Price	Nett Item Amt	Amount
1 pc	Front bumper				\$ 726.00
1 pc	Front bumper lower				\$ 1,100.00
1 pc	Front bumper sensor				\$ 225.00
1 pc	Right head lamp				\$ 2,216.00
	Cost plus 20%				\$ 4,267.00
	Less				\$ 853.40
					\$ 5,120.40
	To putty and spray paint				\$ 300.00
	To check front wiring & focus headlight				\$ 30.00
	Labour charges				\$ 380.00
TG/BN	TOTAL				\$ 5,830.40

Lim Tan Motor Pte Ltd
Blk 176 Sin Ming Drive #03-09 Sin Ming Autocare Singapore 575721
Tel: 65-64520893 Fax: 65-64589127 Email: sdmund@LTM.sg
Co. Reg No. 199307277D GST Reg No. M2-0019086-0

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Not authorized
Running B4 painting
\$3072.80 2 days

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:

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 30/08/2024 15:56 (SGT)
Reported by Actual Driver
Date of Accident 23/08/2024 21:30 (SGT)
Exact Location of Accident Orchard Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNR6803A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LUMENS PTE LTD
Company Reg No 2XXXXX961K
Email Address accident@lumens.sg
Mobile Phone No (Phone) +65-87781765
Alternative Phone No (Office) +65-87781765

VEHICLE PARTICULARS

Manufacturer Hyundai
Model SX2 KONA 1.6 GDI HEV
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 1580
Vehicle Fuel -
First Registration Date -
Chassis no -
Effective Date/Time of Ownership -

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number 23-MAA00605-R00

DRIVER

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.



[Signature]



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

30/08/2024
1400hrs

