

ASS. REC. BY:

REF: SMR/Kenneth

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / (P) / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Lim Tanof 961K

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

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 NoLum 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: 06.24Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: Hyundai / Hyundai C.G. 1580Colour: M.P. White A/C: Insured / Std / NI / NASp. Reading: 581 T/Radio: Insured / Std / NI / NAEng/No: 20447C/No: KMH4B811VRU0711106Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD / ARim orTyre Size: F: 205/65R16

R: \_\_\_\_\_

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

TOYO / YOKO or KumhoFront 8 mmR/Bal. 8 mmL/Bal. 8 mmD.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 orO/S Frt

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

Date / Time Action / Instruction

o/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

/Time, File Return to?

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

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

Transportation

S - RS. \$

Fees

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
					\$ 4,267.00
	Cost plus 20%				\$ 853.40
	Less				\$ 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](mailto:sdmund@LTM.sg)  
Co. Reg No. 199307277D GST Reg No. M2-0019086-0

This document must not be reproduced, in whole or in part, or disclosed to third party or parties without prior written consent of Lim Tan Motor Pte Ltd

NOT Withheld  
Return By paint  
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]*



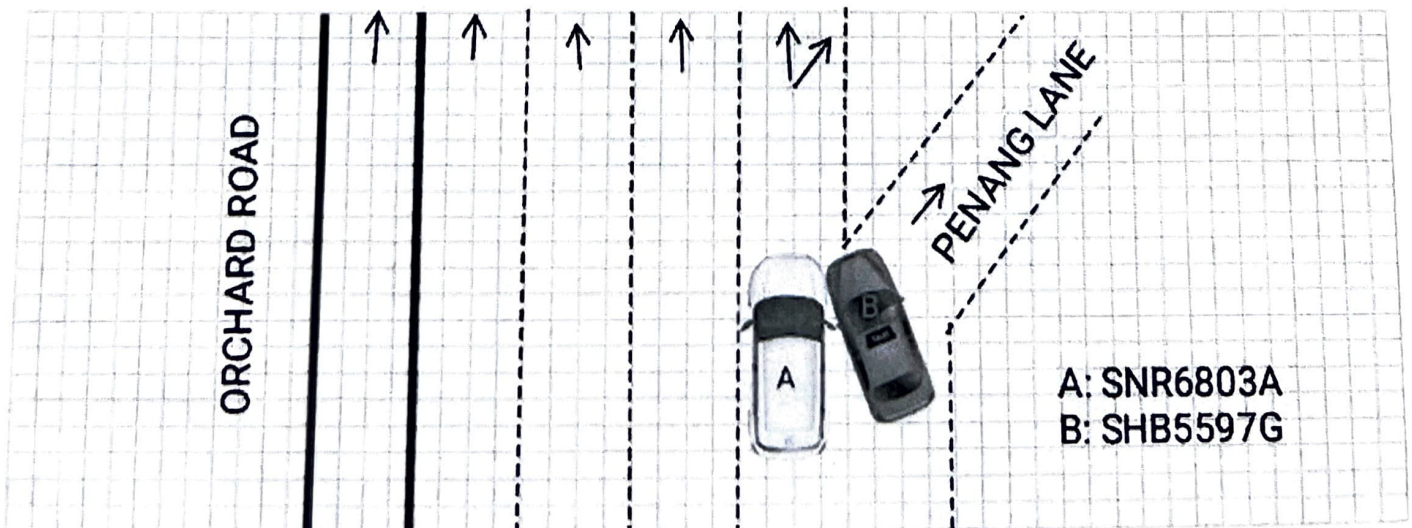
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

30/08/2024  
1400hrs



A: SNR6803A  
B: SHB5597G