ASS. REC. BY: REF: LIP /

C

Kenneth

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s My Car

of 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.

N/S O/S

Bal. or Market Value: $166k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SND 3992E Yr Regn: 12, 21

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

Make: Toy Noah c.c 1797

Colour M.Black A/C: Insured / Std / NI / NA

Sp.Reading 187591 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZWR80 - 0510582

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Firenza

Front			Rear		
R/Bal.	7	mm	R/Bal.	7	mm
L/Bal.	7	mm	L/Bal.	7	mm

D.O.A. 10/9/24 D.O.I. 16/9/2024

Survey held at

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

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

Date / Time	Action / Instruction
18/9	LL Sup & 420 Conv (red, $12450.99, 74%)

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

1) : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: : Site Insp ($) $ + RS. $I

: Interview ($) Photos

Tech Invs ($) Others

Weekend ($)

TOTAL

Report Format :

Lump Sum / I.B.I: ($)

Not Authorised
1 Pc @ $420.00
Recovery After Paint
5 days

MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z
Address: 60 JALAN LAM HUAT,CARROS CENTRE #05-68 S737896
HP: 93911482

Estimation

Date: 16/9/2024
Vehicle: SND3992E
Make / Model: TOYOTA NOAH

No.	Description	Unit	Unit Price	Amount
	Parts Replacement:			
1	REAR BUMPER	1	$ 798.20	$ 798.20
2	REAR BUMPER SIDE RETAINER	2	$ 171.45	$ 324.40
3	REAR BUMPER TOWING COVER	1	$ 45.00	$ 45.00
5	TAILGATE 1812.70	1	$ 2,110.25	$ 2,110.25
6	TAILGATE INNER TRIM	1	$ 589.00	$ 589.00
7	TAILGATE "HYBRID SYNERGY DRIVE LOGO"	1	$ 141.10	$ 141.10
8	373.40 TAILGATE WEATHERSTRIPE	1	$ 391.05	$ 391.05
9	TAILGATE LOCK	1	$ 512.00	$ 512.00
10	183.20 TAILGATE WINDSCREEN MOULDING (SET)	1	$ 387.00	$ 387.00
11	TAILGATE DETECTOR	1	$ 287.00	$ 287.00
12	TAILGATE BUZZER	1	$ 198.00	$ 198.00
13	TAILAMP LOWER GARNISH	2	$ 398.00	$ 796.00
14	REAR FENDER INNER TRIM	2	$ 1,124.00	$ 2,248.00
15	REAR END PANEL (OUTER)	1	$ 689.20	$ 689.20
16	REAR END PANEL (INNER)	1	$ 685.00	$ 685.00
17	168.20 REAR END PANEL TOP GARNISH	1	$ 391.45	$ 391.45
18	REAR FLOOR PANEL	1	$ 2,489.00	$ 2,489.00
19	REAR FLOOR PANEL TOP BOARD SET	1	$ 1,241.00	$ 1,241.00
20	REAR FLOOR PANEL TOP TOOLS GARNISH	1	$ 412.00	$ 412.00
	TOTAL PART			**$ 14,734.65**
	LIST DOWN	25%		**$ 3,683.66**
	AFTER LIST DOWN			**$ 11,050.99**
	S/N			
1	REAR NUMBER PLATE	1	$ 50.00	$ 50.00
2	REAR BUMPER REVERSE SENSOR	1	$ 220.00	$ 220.00
3	REAR BUMPER CLIP	1	$ 50.00	$ 50.00
4	TAILAGTE WINDSCREEN SEALANT	1	$ 80.00	$ 80.00 40SN
5	TAILAGTE WINDSCREEN INNER SEAL	1	$ 80.00	$ 80.00 30SN
6	TAILGATE INNER TRIM BOARD CLIPS SET	1	$ 50.00	$ 50.00
7	REAR FENDER INNER TRIM BOARD CLIP SET	2	$ 50.00	$ 100.00
8	REAR END PANEL SEALANT	1	$ 120.00	$ 120.00 30SN
9	REAR END PANEL TOP GARNISH CLIP	1	$ 30.00	$ 30.00
10	REAR TOP MAT	1	$ 300.00	$ 300.00
	TOTAL SPECIAL NETT			**$ 1,080.00**
	Labour to: REAR			
1	REMOVE AND REFIX REAR WINDSCREEN GLASS	1	$ 300.00	$ 300.00 120L
2	CHECK AND RESET FAULT CODE LIGHT ON HYBRID BATTERY	1	$ 500.00	$ 500.00
3	REMOVE AND REFIT REAR WINDSCREEN GLASS	1	$ 150.00	$ 150.00
4	REMOVE AND REFIT REAR SEAT ,UPHOLTERY	1	$ 300.00	$ 300.00 60L

6	REMOVE AND REFIT REAR REVERSE SENSOR	1	$ 120.00	$ 120.00
9	REMOVE AND REFIT TAILGATE MECHANISM	1	$ 150.00	$ 150.00
10	TO CHECK ELECTRICAL WIRING	1	$ 200.00	$ 200.00
12	REAR CHASSIS REALIGNMENT	1	$ 200.00	$ 200.00
13	PANEL BEATING ON AFFECTED AREA	1	$ 1,400.00	$ 1,400.00
14	SPRAY ON AFFECTED AREA	1	$ 1,200.00	$ 1,200.00
				$ 4,520.00

5 o'l
6 o'l
2 o'l
X
6 o'l
6 o'l

Parts Replacement Amount	**$ 12,130.99**
Total Amount for Labour	**$ 4,520.00**
Total Amount	**$ 16,650.99**

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 witholding 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	11/09/2024 12:52 (SGT)
Reported by	Actual Driver
Date of Accident	10/09/2024 15:00 (SGT)
Exact Location of Accident	Bukit Chagar, 80300 Johor Bahru, Johor, Malaysia
Additional Location Information	-
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND3992E

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	Toyota
Model	Noah
Variant	HYBRID 7-SEATER 1.8X CVT
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	1797
Vehicle Fuel	-
First Regisration 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-MAA00603-R00

DRIVER

Name of Driver	CHUA YEW LOON (CAI YOULUN)
NRIC No	SXXXX228I
Date Of Birth	14/04/1975
Occupation	Outdoor
Driving Pass Date	20/02/2018
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	6 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80788187
Alt. Phone Number	-
Email Address	accident@lumens.sg
Address	137 PETIR ROAD #07-436
Address complement	-
Postcode	670137
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	Collision - Head to Rear
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 THE 10/09/2024 AT ABOUT 15:00HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER (SND3992E) ALONG JOHOR CAUSEWAY TOWARDS WOODLANDS CHECKPOINT EN-ROUTE JOHOR BHARU, AS MY VEHICLE WAS STATIONARY ALONG JOHOR CAUSEWAY FOR THE TRAFFIC CONDITIONS WAS HEAVY SHORTLY AFTER, I FELT AN IMPACT ON MY REAR AND REALISED VEHICLE B BEARING REGISTRATION NUMBER (SJS9432J) THAT WAS BEHIND OF ME I ACCIDENTALLY VEHICLE B ROLLED FORWARD SLIGHTLY TOUCH ONTO VEHICLE A REAR BUMPER PORTION OF VEHICLE A. NO INJURIES WERE PRESENTED DURING THE COURSE OF COLLISION.

ATTACHMENT(S)

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	SJS9432J
Vehicle Manufacturer	Kia
Vehicle Model	CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4DR
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SAYUTI BIN ABDUL GANI
NRIC No	SXXXX023I
Contact Number	(Phone) +65-98180213
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including 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 involvedisclosure 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.

LUMENS PTE LTD UEN 201420961R

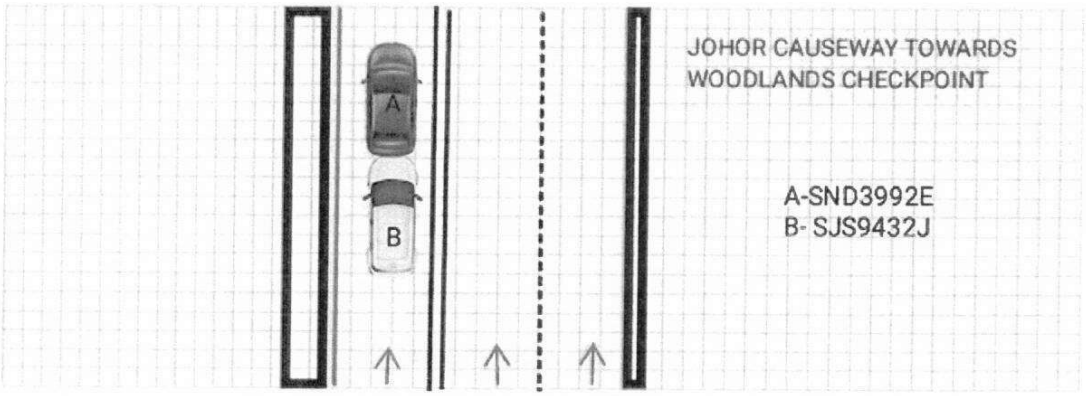
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

10/09/2024 – 17:30HRS



SKETCH PLAN #2

Describe Circumstances of the Accident

ON THE 10/09/2024 AT ABOUT 15:00HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER (SND3992E) ALONG JOHOR CAUSEWAY TOWARDS WOODLANDS CHECKPOINT EN-ROUTE JOHOR BHARU, AS MY VEHICLE WAS STATIONARY ALONG JOHOR CAUSEWAY FOR THE TRAFFIC CONDITIONS WAS HEAVY SHORTLY AFTER, I FELT AN IMPACT ON MY REAR AND REALISED VEHICLE B BEARING REGISTRATION NUMBER (SJS9432J) THAT WAS BEHIND OF ME I ACCIDENTALLY VEHICLE B ROLLED FORWARD SLIGHTLY TOUCH ONTO VEHICLE A REAR BUMPER PORTION OF VEHICLE A. NO INJURIES WERE PRESENTED DURING THE COURSE OF COLLISION.

Declaration

I/We declare the foregoing particulars are true in every respect.

LUMENS PTE LTD UEN 201436361K

Policyholder's Signature / Date & Time

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

10/09/2024 – 17:30HRS

Witnessed by Reporting Centre Personnel