

ASS. REC. BY:

REF: LIP/Kenneth

## ASSIGNMENT

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

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

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

OD / TP / WS / TP RES / QD 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: \$186k

IDAC Accident Report: \_\_\_\_\_

Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_

Consistent? : Yes or No

Est. Repairs: 4-5 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No: SND 3992EYr Regn: 12, 21

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

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

Make: Toy NoahC.G. 1797Colour: M. Black

A/C: Insured / Std / NI / NA

Sp. Reading: 187591

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: ZWR 80

.0510582

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rlm / STD / ARM orTyre Size: F: 195/65R15

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

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

TOYO / YOKO or Fire 189

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 10/9/24D.O.I. 16/9/2024Survey held at ✓

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

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

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

Date/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

Report Format :

p Sum / I.B.I: (\$

TOTAL





# 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

Not Notified  
11/9/24  
Penny After Pain  
4-5 days

No.	Description	Unit	Unit Price	Amount
Parts Replacement:				
1	REAR BUMPER	Bu	1	\$ 798.20
2	REAR BUMPER SIDE RETAINER	In	2	\$ 171.45
3	REAR BUMPER TOWING COVER	In	1	\$ 45.00
5	TAILGATE	Bu	1	\$ 2,110.25
6	TAILGATE INNER TRIM	In	1	\$ 589.00
7	TAILGATE "HYBRID SYNERGY DRIVE LOGO"	Ma	1	\$ 141.10
8	TAILGATE WEATHERSTRIPE	Ma	1	\$ 391.05
9	TAILGATE LOCK	Ma	1	\$ 512.00
10	TAILGATE WINDSCREEN MOULDING (SET)	Ma	1	\$ 387.00
11	TAILGATE DETECTOR	In	1	\$ 287.00
12	TAILGATE BUZZER	In	1	\$ 198.00
13	TAILAMP LOWER GARNISH	In	2	\$ 398.00
14	REAR FENDER INNER TRIM	In	2	\$ 1,124.00
15	REAR END PANEL (OUTER)		1	\$ 689.20
16	REAR END PANEL (INNER)	In	1	\$ 685.00
17	REAR END PANEL TOP GARNISH	Ma	1	\$ 391.45
18	REAR FLOOR PANEL	In	1	\$ 2,489.00
19	REAR FLOOR PANEL TOP BOARD SET	In	1	\$ 1,241.00
20	REAR FLOOR PANEL TOP TOOLS GARNISH	In	1	\$ 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	In	1	\$ 50.00
2	REAR BUMPER REVERSE SENSOR	In	1	\$ 220.00
3	REAR BUMPER CLIP	In	1	\$ 50.00
4	TAILGATE WINDSCREEN SEALANT	Ma	1	\$ 80.00
5	TAILGATE WINDSCREEN INNER SEAL	Ma	1	\$ 80.00
6	TAILGATE INNER TRIM BOARD CLIPS SET	In	1	\$ 50.00
7	REAR FENDER INNER TRIM BOARD CLIP SET	In	2	\$ 50.00
8	REAR END PANEL SEALANT		1	\$ 120.00
9	REAR END PANEL TOP GARNISH CLIP	In	1	\$ 30.00
10	REAR TOP MAT	In	1	\$ 300.00
TOTAL SPECIAL NETT				\$ 1,080.00
Labour to: REAR				
1	REMOVE AND REFIX REAR WINDSCREEN GLASS		1	\$ 300.00
2	CHECK AND RESET FAULT CODE LIGHT ON HYBRID BATTERY	In	1	\$ 500.00
3	REMOVE AND REFIT REAR WINDSCREEN GLASS	Repair	1	\$ 150.00
4	REMOVE AND REFIT REAR SEAT ,UPHOLTERY		1	\$ 300.00

X  
X  
✓  
40JN  
30JN  
X  
X  
✓  
X  
1201  
X  
X  
601



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
			<b>Parts Replacement Amount</b>	<b>\$ 12,130.99</b>
			<b>Total Amount for Labour</b>	<b>\$ 4,520.00</b>
			<b>Total Amount</b>	<b>\$ 16,650.99</b>

501  
601  
201  
X  
7  
600

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	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
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#### 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 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-MAA00603-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.
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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.



Policyholder's Signature / Date & Time

Sketch Plan

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

10/09/2024 - 17:30HRS



Witnessed by Reporting Centre Personnel

