

ASS. REC. BY:

REF:

MSG/

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.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

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:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

R:

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

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.A.

Survey 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

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trlp:

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech Invs (\$)

☐

: Weekend (\$)

Survey Fee:

Transportation

S + RS. SI

: Fuel

: Others

TOTAL

Report Format :

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

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	18/07/2024 10:01 (SGT)
Reported by	Actual Driver
Date of Accident	17/07/2024 15:55 (SGT)
Exact Location of Accident	Stamford Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX7780E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FOCUS RENTALS PTE LTD
Company Reg No	2XXXXX450G
Email Address	accident@lumens.sg
Mobile Phone No	(Phone) +65-96355760
Alternative Phone No	(Office) +65-98875600

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	1798

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MFL0004186_02

DRIVER

Name of Driver	TAY KWEE SHEN(ZHENG GUISHEN)
NRIC No	SXXXX061J
Date Of Birth	21/12/1979
Occupation	Outdoor

Driving Pass Date	19/10/2000
Driving experience	23 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96355760
Alt. Phone Number	-
Email Address	accident@lumens.sg
Address	BLK 469B SENGKANG WEST WAY #12-616
Address complement	-
Postcode	792469
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 - Change/cross lane
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 1707/2024 AT ABOUT 15:55HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER (SMX7780E) ALONG STAMFORD ROAD EN-ROUTE 2 STAMFORD ROAD TOWARDS STEVENS ROAD SEND PASSENGER FOR WORK PURPOSE, I WAS TRAVELLING ON LANE 4 GOING STRAIGHT ALONG STAMFORD ROAD SHORTLY AFTER, I FELT AN IMPACT ON MY FRONT RIGHT SIDE BUMPER PORTION OF VEHICLE A WHEN VEHICLE B BEARING REGISTRATION NUMBER (FBV1679X) THAT WAS COMING FROM LANE 3 SUDDENLY CUT INTO MY LANE AND COLLIDED ONTO VEHICLE A FRONT RIGHT SIDE BUMPER PORTION. 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	FBV1679X
Vehicle Manufacturer	Yamaha
Vehicle Model	Fz150
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MR DANIEL
NRIC No	SXXXX784Z
Contact Number	(Phone) +65-87487580
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 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

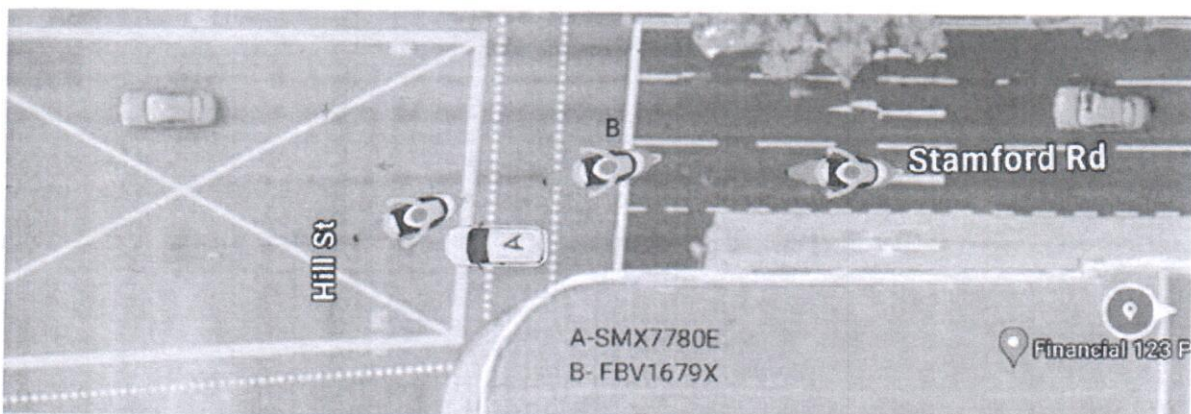
[Handwritten signature]

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

18/07/2024 -- 00:30HRS



Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON THE 1707/2024 AT ABOUT 15:55HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER (SMX7780E) ALONG STAMFORD ROAD EN-ROUTE 2 STAMFORD ROAD TOWARDS STEVENS ROAD SEND PASSENGER FOR WORK PURPOSE, I WAS TRAVELLING ON LANE 4 GOING STRAIGHT ALONG STAMFORD ROAD SHORTLY AFTER, I FELT AN IMPACT ON MY FRONT RIGHT SIDE BUMPER PORTION OF VEHICLE A WHEN VEHICLE B BEARING REGISTRATION NUMBER (FBV1679X) THAT WAS COMING FROM LANE 3 SUDDENLY CUT INTO MY LANE AND COLLIDED ONTO VEHICLE A FRONT RIGHT SIDE BUMPER PORTION. NO INJURIES WERE PRESENTED DURING THE COURSE OF COLLISION

Declaration

We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time

[Handwritten Signature]

Driver's Signature (If driver is not the policyholder) / Date & Time
18/07/2024 -- 00:30HRS



Witnessed by Reporting Centre Personnel



MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z

Address: 60 JALAN LAM HUAT, CARROS CENTRE 05-68 S737896

HP: 93911482

Estimation

Date: 2/8/2024

Vehicle: SMX7780E

Make / Model: TOYOTA PRIUS

Not authorized
1/Rep & 2750k
Running After Rain
3 days

No.	Description	Unit	Unit Price	Amount
Parts Replacement:				
1	FRT BUMPER <i>633.31</i>	1	\$ 879.00	\$ <i>879.00</i>
2	FRT BUMPER SIDE RETAINER RH	1	\$ 45.00	\$ <i>45.00</i>
3	FRT BUMPER SIDE GARNISH RH	1	\$ 112.00	\$ <i>112.00</i>
4	FRT BUMPER LOWER <i>301.90</i>	1	\$ 512.00	\$ <i>512.00</i>
5	FRT BUMPER TOWING COVER <i>2930</i>	1	\$ 112.00	\$ <i>112.00</i>
6	HEADLAMP RH	1	\$ 2,591.00	\$ <i>2,591.00</i>
7	FRONT FENDER RH	1	\$ 698.00	\$ <i>698.00</i>
9	FRONT FENDER EMBLEM RH	1	\$ 52.00	\$ <i>52.00</i>
TOTAL PART				\$ 5,001.00
LIST DOWN				\$ 1,250.25
AFTER LIST DOWN				\$ 3,750.75
SPECIAL NETT				
1	FRT BUMPER CLIP SET	1	\$ 50.00	\$ <i>50.00</i>
TOTAL AMOUNT				\$ 50.00
LABOUR				
1	CHECK WIRING	1	\$ 100.00	\$ 100.00
3	REALIGN HEADLAMP	1	\$ 120.00	\$ 120.00
4	PANEL BEAT	1	\$ 600.00	\$ 600.00
5	SPRAY PAINTING	1	\$ 600.00	\$ 600.00
TOTAL AMOUNT				\$ 1,420.00
Parts Replacement Amount			\$ 7,595.00	
Total Amount for Labour			\$ 1,840.00	
Total Amount			\$ 9,435.00	

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

Signature:

Date: