

ASS. REC. BY:

REF:

MSG/

## 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:

IDAC Accident Report

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03

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:

PMX 7780E Yr Regn: 01, 21

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

Truck / Trailer or

Make:

Toyota Privs C.C. 1798

Colour

M. P. White A/C: Insured / Std / NI / NA

Sp. Reading

240253 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU-503092977

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / Rm or

Tyre Size:

F: 195/65R15

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

) \$ - RS. SI

) P. 1/2

) Others

)

Report Format :

ump 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:

2/8/2024

Vehicle:

SMX7780E

Make / Model:

TOYOTA PRIUS

Not with hold  
1 Day &  
Return After Pain  
3 days

No.	Description	Unit	Unit Price	Amount
Parts Replacement:				
1	FRT BUMPER	1	\$ 879.00	\$ 879.00 ✓
2	FRT BUMPER SIDE RETAINER RH	1	\$ 45.00	\$ 45.00 x
3	FRT BUMPER SIDE GARNISH RH	1	\$ 112.00	\$ 112.00 ✓
4	FRT BUMPER LOWER	1	\$ 512.00	\$ 512.00 ✓
5	FRT BUMPER TOWING COVER	1	\$ 112.00	\$ 112.00 ✓
6	HEADLAMP RH	1	\$ 2,591.00	\$ 2,591.00 ✓
7	FRONT FENDER RH	1	\$ 698.00	\$ 698.00 x
9	FRONT FENDER EMBLEM RH	1	\$ 52.00	\$ 52.00 ✓
TOTAL PART				\$ 5,001.00
LIST DOWN		25%		\$ 1,250.25
AFTER LIST DOWN				\$ 3,750.75
SPECIAL NETT				
1	FRT BUMPER CLIP SET	1	\$ 50.00	\$ 50.00 ✓
TOTAL AMOUNT				\$ 50.00
LABOUR				
1	CHECK WIRING	1	\$ 100.00	\$ 100.00 200
3	REALIGN HEADLAMP	1	\$ 120.00	\$ 120.00 1
4	PANEL BEAT	1	\$ 600.00	\$ 600.00 200
5	SPRAY PAINTING	1	\$ 600.00	\$ 600.00 400
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:



## 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

#### 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



## 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

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

18/07/2024 -- 00:30HRS



Witnessed by Reporting Centre Personnel

