REF:

ASS. REC. BY: Kenneth | REF: SMR / CS/SMR24080053/Kvp3e2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Vin's

of 08-09 961K

Insured: SHB 1616L

Policy No. _____

Claims No. TAX/07/24/2085

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: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 1.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SNN 6919X Yr Regn: 12, 23

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

Make: Toy Prius c.c 1798

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

Sp.Reading 47364 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDAE3AU603003427

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: _____

R: 195/60R17

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm

D.O.A. 25/7/24 D.O.I. 5/8/2024

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
8/8/24	Final fig $2270.98 confirmed by email (Red 542.34, 19%)
	Submit final fig $2270.97 as system unable to amend

Date/Time, File Pass to?

[ ] : Prell. Report

[ ] : Final Report

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ S - RS. _____ SI

Add Fee: [ ] : Site Insp ($ _____)

[ ] : Interview ($ _____) Parking

[ ] Tech Invs ($ _____) Others

[ ] Weekend ($ _____)

TOTAL _____

Date/Time, File Return to?

eport Format :

mp Sum / I.B.I: ($ _____)

VINS

Vin's Motor Pte Ltd
160 Sin Ming Drive
#03-03 Sin Ming Autocity
Singapore 575722
Tel : 6453 2121 Fax : 6459 9795
GST Registration No. 199906067G

Estimated Cost of Repair

Attention To : **MS First Capital Insurance Ltd**
36 Robinson Road
#16-01 City House
Singapore 068877

Claim Details
Case Ref. No. : TP/082024/7565
Date : 02-08-2024
Accident Date : 25-07-2024

Vehicle Details
Make & Model : TOYOTA PRIUS
Chassis No : JTDAE3AU603003427
Registration No : SNN6919X

Third Party Vehicle Details
Registration No : SHB1616L

S/N	Description	Qty	Amount (S$)
1	REAR BUMPER	1.00	Blu $655.60 ✓
2	REAR BUMPER LOWER PAD	1.00	Rpl $541.70 ✓
3	REAR BUMPER LH REFLECTOR	1.00	Rpr $204.30 ✗
4	REAR BUMPER PARKING SENSOR - ORIGINAL	1.00	$398.40 ?
5	REAR BUMPER LH SIDE RETAINER	1.00	Rpr $198.70 ✗
6	REAR BUMPER REINFORCEMENT	1.00	$497.40 ?
7	REAR BUMPER CLIPS	10.00	Rpr $55.00 ✓
			$2,551.10
	Discount: -25%		($637.78)
			$1,913.32
8	REAR NO. PLATE	1.00	Rpl $40.00 ✓
9	TO REPAIR DAMAGES	1.00	$380.00 300
10	TO SPRAY PAINTING	1.00	$480.00 400
	Subtotal w/o GST:		$2,813.32

Not Authorised
Pending B4 paint
3 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
Sig
D

Issued by Law Qi Zhi

This is a computer-generated document. No signature is required.

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	27/07/2024 12:26 (SGT)
Reported by	Actual Driver
Date of Accident	25/07/2024 16:00 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	AFTER BALMORAL ROAD BEFORE KENG CHIN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNN6919X

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	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	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	23-MAA00601-R00

DRIVER

Name of Driver	SHANKAR DASS S/O RAM SARANGAPANY
NRIC No	SXXXX105Z
Date Of Birth	22/07/1977
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 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 201423901K

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 25/07/2024 1740HRS

Witnessed by Reporting Centre Personnel

Sketch Plan