



MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z
 Address: 53 Ubi Ave 1 #01-33 Paya Ubi Industrial Park Singapore 408934
 HP: 98888885

Steve (LKK)

Estimation
 28/4/20, 11.45am
 3 days
 LIS - MAL MY

Date: 2704/2020
 Vehicle: SMG5892T
 Make / Model: TOYOTA PRIUS
 Chassis: JTDZS3EU60J036381

No.	Description	Unit	Unit Price	Amount
Parts Replacement:				
1	REAR BUMPER / CRU	1	\$ 630.54	\$ 630.54
2	REAR BUMPER SIDE RETAINER LH / UR	1	\$ 113.60	\$ 113.60
3	REAR BUMPER SIDE RETAINER RH / UR	1	\$ 113.60	\$ 113.60
4	REAR BUMPER REINFORCEMENT / X	1	\$ 350.50	\$ 350.50
5	REAR BUMPER BRACKET LH / X	1	\$ 115.30	\$ 115.30
6	REAR BUMPER BRACKET RH / X	1	\$ 115.30	\$ 115.30
7	REAR BUMPER LIP / CUT	1	\$ 728.90	\$ 728.90
8	REAR BUMPER REFLECTOR LH / X	1	\$ 80.60	\$ 80.60
9	REAR BUMPER REFLECTOR RH / X	1	\$ 80.60	\$ 80.60
10	REAR END PANEL / X R	1	\$ 660.20	\$ 660.20
11	REAR END PANEL TOP GARNISH / X	1	\$ 225.10	\$ 225.10
12	REAR KEYLESS SENSOR / UR	1	\$ 169.50	\$ 169.50
13	REAR KEYLESS SENSOR WIRE HARNESS / X	1	\$ 438.60	\$ 438.60
				\$ 3,822.34
			Less 25%	\$ 955.59
			Total	\$ 2,866.76
S/Nett items:				
1	REAR REVERSE SENSOR / M	1 SET	\$ 250.00	\$ 250.00
2	REAR BUMPER CLIP / MC	1 SET	\$ 80.00	\$ 80.00
3	REAR END PANEL GARNISH CLIP / X	1 SET	\$ 30.00	\$ 30.00
4	FLOOR PANEL SEALANT / X	1	\$ 50.00	\$ 50.00
5	END PANEL SEALANT / X	1	\$ 50.00	\$ 50.00
6	MISCELLANEOUS / X	1	\$ 200.00	\$ 200.00
				\$ 660.00
Labour to:				
1	TO CHECK ELECTRICAL WIRING	1	\$ 80.00	\$ 80.00
2	TO REMOVE AND REFIT REVERSE SENSOR	1	\$ 150.00	\$ 150.00
3	TO RESPRAY UNDERCOATING	1	\$ 100.00	\$ 100.00
4	APPLY ANTI RUST ON AFFECTED AREAS	1	\$ 120.00	\$ 120.00
5	SPRAY PAINTING ON AFFECTED AREAS	1	\$ 600.00	\$ 600.00
6	PANEL BEATING ON AFFECTED AREAS	1	\$ 600.00	\$ 600.00
				\$ 1,650.00
			Parts Replacement Amount	\$ 3,526.76
			Total Amount for Labour	\$ 1,650.00
			Total Amount	\$ 5,176.76

200
30
70
70
X
70
400
400

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:

Parts Replacement Amount	\$ 3,526.76
Total Amount for Labour	\$ 1,650.00
Total Amount	\$ 5,176.76

ASS. REC. BY: Steve

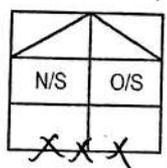
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ASSIGNMENT

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: _____

Veh No: SMG 5892T Yr Regn: 26/12/18
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Prius c.c. 1797
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 115977 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDZSJE46J036381
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 225/60R16
 R: "

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.



BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front 5 mm Rear 5 mm
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 4/4/20 D.O.I. 28/4/20
 Survey held at My Car Consultant
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 3 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

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

Date / Time	Action / Instruction
	<u>MV-100K</u>

Date/Time, File Pass to? : Preli. Report
10/06/05 Typist : Final Report
 Date/Time, File Return to?

Days Of Repair: 3
 Resurvey No. of Trip: 2

Survey Fee: _____
 Transportation: _____
 S + RS, SI _____
 Photos _____
 Others _____
 TOTAL _____

Add Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech. Invs (\$) _____
 : Weekend (\$) _____

Report Format : TP
 Lump Sum / L.S. (\$) 1900

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 Authorised 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 Report 06/04/2020 10:55
Date Of Accident 04/04/2020 14:55
Exact Location Of Accident JUNCTION OF BUKIT TIMAH ROAD AND CAVENAGH ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG5892T
Insured/Policyholder
Name Of Registered Owner LUMENS AUTO PTE LTD
Co Reg No 2XXXXX961K
Email Address OPERATIONS@LUMENS.SG
Mobile Phone No
Alternative Phone No OFFICE-87781765

Vehicle Particulars

Manufacturer TOYOTA
Model PRIUS PLUS
Exact Purpose for which vehicle was being used at time of accident
Are you claiming under your own insurance policy for repair to your vehicle? NO
If No, Please state action to be taken THIRD PARTY
Vehicle Category PRIVATE HIRE

Insurance Company

Name of Insurance Company TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage THIRD PARTY
Fleet Policy YES
Policy Number 19-MK000822-R00
Cover Note Number

Driver

Name of Driver AUGUSTINE ASHLEY SANTHANAM
NRIC No SXXXX585C
Date Of Birth 03/02/1987
Occupation OUTDOOR
Date Of Driving Pass 18/06/2007
Driving Experience 12 YEARS AND 9 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-87762713
Fax Number
Contact Number
EMail Address NOEMAIL

Address APT BLK 620 BUKIT PANJANG RING ROAD #18-820
Postcode 670620
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle -
 -
Insurance Company of Driver's Own Vehicle -
 -
 -

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 this accident? NO
Number of vehicles (including own vehicle) involved in the accident 2
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance?
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 3
Passenger 1 NAME: : PASSENGER
 GENDER: : MALE
Passenger 2 NAME: : PASSENGER
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name TAMPINES NORTH NPP
Police Station Address ROAD: 461 TAMPINES ST 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFM2286P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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 Authorised 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 centre 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

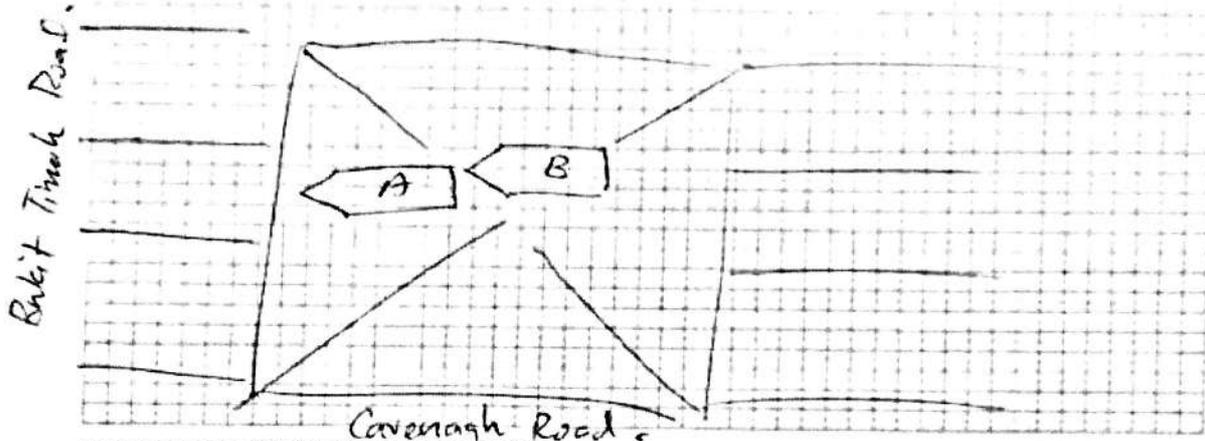
Date & Time: 4/4/20

CITY AUTO PTE LTD
Blk 8 ... Road
#01-58/60/62 Sun Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

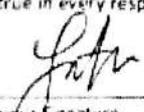
BMW 5EM 2286P hit the back of the car at the junction of Bukit Timah Road and Cavenagh Road. Other driver did not stop despite me signalling to driver to stop. She drove off. I stopped at the ESSO station to check for damage and make sure the passengers were ok.

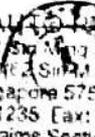
DECLARATION

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



 Policyholder's Signature
 Date & Time:


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


 CITY AUTO LIFE LTD
 Blk 8, Singapore Road
 #01-58/60/61 Singapore Ind Est
 Singapore 575643
 Tel: 6453 7235 Fax: 6453 7944
 (Claims Section)
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: