

ASS. REC. BY: Sun Pin.

REF:

CS/CTI20005731/Qyf3.

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. _____

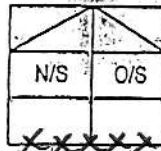
Sum Insured: _____ Excess: _____

(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: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLA 2344Y Yr Regn: 25/02/2016Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Toyota Altis 1.6 CRT c.c 1598.Colour: Silver. A/C: Insured / Std / NI / NASp. Reading: 344285 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MRO53REH104538634Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NII / S/Rim / STD A/Rim orTyre Size: F: 205/55 R16R: 205/55 R16

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

TOYO / YOKO or 3Firenza

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 30/04/2020D.O.I. 14/05/2020

Survey held at

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

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

Date / Time Action / Instruction

MV: 51,000

PV: 42,724

NV: 8,000.

Not yet Repair 20/6

US \$4000/- (Red \$3334 - 95, 45%)

Date/Time, File Pass to? ☐ : Prel. Report1) ☐ : Final Report

Date/Time, File Return to?

2) 6/8/20 Typist

Report Format:

Lump Sum / L.E.R. \$4000/-Days Of Repair: 5Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. SI

Police

Others

TOTAL

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

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	05/05/2020 10:22
Date Of Accident	30/04/2020 16:50
Exact Location Of Accident	WOODLANDS AVE 7 TOWARDS ADMIRALTY MRT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA2344Y
Insured/Policyholder	
Name Of Registered Owner	LION CITY RENTALS PTE LTD
Co Reg No	2XXXXX621K
Email Address	RENTALS@LIONCITYRENTALS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-31381884
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA AXIO-1.5 X (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRER
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 CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	20-ML000134-R00
Cover Note Number	

Driver

Name of Driver	
NRIC No	
Date Of Birth	
Occupation	OUTDOOR
Date Of Driving Pass	
Driving Experience	16 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) -
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address

Postcode

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 RAINING

Road Surface WET

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? NO

Was any other material or property damaged? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name WOODLANDS EAST N.P.C

Police Station Address ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBC9057M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

SKETCH PLAN

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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:

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

SKETCH PLAN

Woodland Ave 7



A = SLA 23449

B = GBC 9057M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

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

Policyholder's Signature
Date & Time:



[Signature]

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

[Signature]

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

[Signature] SHINAZ

Lion City Rentals Pte Ltd
60 JALAN LAM HUAT CARROS Center S(737869)
Main +65 62524991

Attn: China TaiPing Insurance (S) Pte Ltd
 Date: 11/05/2020

ESTIMATE

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:

VEHICLE NO. SLA2344Y
 CHASSIS NO : MR053REH104538634
 MAKE / MODEL : Toyota Altis Corolla Classic 1.6CVT
 DATE OF ACCIDENT : 30/04/2020
 MILEAGE: 344285 km
 YOUR INSURED VEHICLE NUMBER : GBC9057M

	<u>PARTS DESCRIPTION</u>	<u>QTY</u>	<u>UNIT PRICE</u>	<u>LIST PRICE</u>
1	Rear bumper / CRU	1	\$ 600.30	\$ 600.30
2	Rear boot / PD	1	\$ 920.30	\$ 920.30
3	Rear end panel / PD	1	\$ 980.00	\$ 980.00
4	Rear boot weatherstrip / CRU	1	\$ 250.00	\$ 250.00
5	Rear boot TOYOTO logo / N/A	1	\$ 88.00	\$ 88.00
6	Rear boot ALTIS emblem / N/A	1	\$ 68.00	\$ 68.00
7	Rear boot TOYOTO emblem / N/A	1	\$ 60.00	\$ 60.00
8	R/R taillamp / CRU	1	\$ 880.00	\$ 880.00
9	R/R taillamp reflector / CRA	1	\$ 680.00	\$ 680.00
	R/L taillamp \$880 / CRA			\$ 4,526.60
	R/L taillamp reflector \$680 / CRA			\$ 1,131.65
				\$ 3,394.95

SPECIAL NETT

1	Rear bumper clips / N/A	\$ 100.00
	Reverse sensor \$260 / short	\$ 260
	Special Nett Total S\$:	\$ 100.00

LABOUR CHARGES

1	To labour charge for removing out rear boot, end panel and rear bumper out to facilitate repairs and replacement of damaged parts	\$ 1,000.00
2	To respray rear boot, rear bumper and end panel	\$ 1,000.00
3	Towing fee X	\$ 50.00
	LABOUR TOTAL S\$:	\$ 2,000.00
	TOTAL S\$:	\$ 6,626.60
	7% GST	\$ 463.86
	GRAND TOTAL S\$:	\$ 7,090.46

Repair day - 5 days.

L/S/

After paint photo

Sun Pin (Hale)

14/05/2020

TP without prejudice.