

ASS. REC. BY:

Steve

REF:

CS/MSG20908297/ESF3

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Report: 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:

SMH 8695X

Yr Regn:

13/2/19

Type:

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

Truck / Trailer or

Make:

Honda Fit Hybrid

c.c. 1496

Colour:

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

N/A

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

GPS1337403

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/R in / STD A/R in or

Tyre Size:

F:

185/55R15

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

6/8/20

D.O.I.

12/8/20

Survey held at

My Car

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

MV- 72,090
PV- 35,697
NK- 36,393

Date/Time, File Pass to?

☐

: Prelim. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Form:

Lump Sum / U.C. /



MY CAR CONSULTANT PTE LTD

Reg no.: 2016058782

Address: 53 Ubi Ave 1 #01-33 Paya Ubi Industrial Park Singapore 408934

HP: 98888885

Steve (LKK)

Estimation
12/8/20, 2.07pm
LIS

Estimation

Date:

7/8/2020

Vehicle:

SMH8695X

Make / Model:

HONDA FIT HYBRID

Chassis No:

GP5-1337403

Ry AL 12 days

No.	Description	Unit	Unit Price	Amount
Parts Replacement:				
1	TAILGATE / DD	1	\$ 880.20	\$ 880.20
2	TAILGATE STOPPER X	2	\$ 28.50	\$ 57.00
3	TAILGATE INNER LOCK / BT	1	\$ 167.30	\$ 167.30
4	TAILGATE DAMPER X	2	\$ 159.00	\$ 318.00
5	TAILGATE HINGE X	2	\$ 41.00	\$ 82.00
6	TAILGATE STRICKER X	1	\$ 55.60	\$ 55.60
7	TAILGATE WEATHERSTRIP / CRV	1	\$ 99.20	\$ 99.20
8	TAILGATE INNER TRIM BOARD / DEF	1	\$ 486.60	\$ 486.60
9	TAILGATE OUTER CHROME MOULDING ?	1	\$ 336.20	\$ 336.20
10	TAILGATE WINDSCREEN MOULDING / NEC	1	\$ 145.00	\$ 145.00
11	TAILGATE EMBLEM / NEC	1	\$ 68.00	\$ 68.00
12	TAILGATE EMBLEM 'FIT' / NEC	1	\$ 62.00	\$ 62.00
13	TAILGATE EMBLEM 'HYBRID' / NEC	1	\$ 82.00	\$ 82.00
14	TAILGATE DETECTOR ?	1	\$ 88.20	\$ 88.20
15	TAILGATE KEY DETECTOR X	1	\$ 62.00	\$ 62.00
16	TAILGATE REFLECTOR X	2	\$ 295.00	\$ 590.00
17	REAR NUMBER PLATE LAMP X	2	\$ 54.00	\$ 108.00
18	REAR BUMPER / DD	1	\$ 512.00	\$ 512.00
19	REAR BUMPER SIDE RETAINER / BR	2	\$ 58.30	\$ 116.60
20	REAR BUMPER REFLECTOR	2	\$ 82.00	\$ 164.00
21	REAR BUMPER SIDE GARNISH ?	2	\$ 79.00	\$ 158.00
22	REAR BUMPER DIFFUSER / DD	1	\$ 182.00	\$ 182.00
23	TAILAMP / CUT / BR	2	\$ 442.00	\$ 884.00
24	TAILAMP PANEL ?	2	\$ 275.00	\$ 550.00
25	REAR FENDER (RH) / DD	2/1	\$ 659.00	\$ 1,318.00
26	REAR FENDER COWLING ?	2	\$ 159.00	\$ 318.00
27	REAR FENDER QUARTER GLASS MOULDING / DEC	2/1	\$ (RH) 141.00	\$ 282.00
28	REAR FENDER INNER TRIM / DEF	2	\$ 270.00	\$ 540.00
29	REAR END PANEL / DD	1	\$ 421.00	\$ 421.00
30	REAR END PANEL TOP GARNISH / CRV	1	\$ 130.20	\$ 130.20
31	REAR FLOOR PANEL ?	1	\$ 891.20	\$ 891.20
32	REAR FLOOR PANEL TOP BOARD / DEF	1	\$ 554.70	\$ 554.70
33	REAR FLOOR PANEL TOP BOARD SPONGE X	1	\$ 498.00	\$ 498.00
34	REAR SPARE TYRE BOLT X	1	\$ 19.50	\$ 19.50
35	REAR HYBRID BATTERY SYSTEM SET ?	1	\$ 16,000.00	\$ 16,000.00
36	EXHAUST SILENCER X	1	\$ 468.00	\$ 468.00
37	EXHAUST PIPE HEAT SHIELD X	1	\$ 114.30	\$ 114.30
38	EXHAUST PIPE SILENCER MOUNTING X	2	\$ 32.00	\$ 64.00

				\$ 27,872.80	
			Less 20%	\$ 5,574.56	
			Total	\$ 22,298.24	
	S/Nett items:				
1	TAILGATE INNER TRIM BOARD CLIPS SET / APC	1	\$ 50.00	\$ 50.00	30 20
2	TAILGATE WINDSCREEN SEALANT / APC	1	\$ 80.00	\$ 80.00	60
3	TAILGATE WINDSCREEN INNER SEAL / APC	1	\$ 100.00	\$ 100.00	30
4	TAILAMP CLIPS SET X	1	\$ 30.00	\$ 30.00	
5	TAILAMP SEALANT X	2	\$ 50.00	\$ 100.00	
6	REAR NUMBER PLATE WITH CASING X	1	\$ 50.00	\$ 50.00	
7	REAR BUMPER CLIP SET / APC	1	\$ 80.00	\$ 80.00	30
8	REAR FENDER SEALANT / APC	2	\$ 200.00	\$ 200.00	30
9	REAR FENDER SIDE INNER TRIM CLIPS SET / APC	1	\$ 50.00	\$ 50.00	30
10	REAR FENDER QUARTER GLASS SEALANT / APC	2	\$ 50.00	\$ 100.00	20
11	REAR END PANEL TOP GARNISH CLIP SET / APC	1	\$ 30.00	\$ 30.00	10
12	REAR END PANEL SEALANT / APC	1	\$ 150.00	\$ 150.00	30
13	REAR FLOOR PANEL INSULATOR / APC	1	\$ 250.00	\$ 250.00	30
14	REAR FLOOR PANEL SEALANT / APC	1	\$ 200.00	\$ 200.00	30
15	REVERSE CAMERA X	1	\$ 350.00	\$ 350.00	
16	REVERSE SENSOR SET / OR	1	\$ 250.00	\$ 250.00	200
				\$ 2,070.00	
	Labour to:				
1	SPRAY PAINTING ON AFFECTED AREAS	1	\$ 2,200.00	\$ 2,200.00	1000
2	PANEL BEATING ON AFFECTED AREAS	1	\$ 1,800.00	\$ 1,800.00	1300
3	TO CHECK ELECTRICAL WIRING	1	\$ 80.00	\$ 80.00	30
4	TO REMOVE AND REFIT REVERSE SENSOR	1	\$ 150.00	\$ 150.00	30
5	REMOVE AND REFIX REAR UPHOLSTERY	1	\$ 400.00	\$ 400.00	50
6	REMOVE AND REFIT REAR WINDSCREEN	1	\$ 120.00	\$ 120.00	50
7	REMOVE AND REFIT TAILGATE MECHANISM	1	\$ 150.00	\$ 150.00	50
8	CHECK AND TEST FOR WATER LEAKAGE	1	\$ 50.00	\$ 50.00	30
9	REMOVE AND REFIX FUEL TANK TO FACILIATE REPAIR	1	\$ 200.00	\$ 200.00	X
10	REMOVE AND REFIX REAR FENDER QUATER GLASS	2	\$ 50.00	\$ 100.00	30
11	CHECK AND RESET FAULT CODE LIGHT ON	1	\$ 250.00	\$ 250.00	X
12	RESETTING HYBRID SYSTEM AND PROGRAMM ECU	1	\$ 600.00	\$ 600.00	300
13	CONDUCT WHEEL ALIGNMENT	1	\$ 120.00	\$ 120.00	X
14	TO RESPRAY UNDERCOATING	1	\$ 100.00	\$ 100.00	30
15	APPLY ANTI RUST ON AFFECTED AREAS	1	\$ 120.00	\$ 120.00	30
				\$ 6,440.00	
			Parts Replacement Amount	\$ 24,368.24	
			Total Amount for Labour	\$ 6,440.00	
			Total Amount	\$ 30,808.24	

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 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 08/08/2020 10:06
Date Of Accident 06/08/2020 22:35
Exact Location Of Accident ALONG TELOK KURAU RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH8695X
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 HONDA
Model FIT HYBRID
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 MOHAMED SHARIFF SHAJAHAN
NRIC No SXXXX087Z
Date Of Birth 18/06/1975
Occupation OUTDOOR
Date Of Driving Pass 01/02/2006
Driving Experience 14 YEARS AND 6 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-98067860
Fax Number
Contact Number
Email Address NOEMAIL

Address APT BLK 365C UPPER SERANGOON ROAD #07-1082
Postcode 533365
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 -
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? YES
Was any injured conveyed to hospital by ambulance? NO
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) 2
Passenger 1 NAME: : LALUTA
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name TRAFFIC POLICE DIVISION HQ
Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT, REF NO: T/20200807/7016

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: VIDEO FOOTAGE WITH OWNER
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1:

Vehicle Registration Number SLJ8358X
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver GOH THONG OO
NRIC/Passport Number
Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SMH8695X

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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:

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1240 / 6453 7944
(Claims Section)

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

Accident Sketch Plan

SKETCH PLAN

Teetole Kurma Rd

Car A = 3NHB615X

Car B = 5LJB358X

East Coast Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please 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: 07/08/2020
17:00pm

CITY AUTO PTE LTD

Blk B Sin Ming Road
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