

ASS. REC. BY:

Taufikh

REF:

CS / INC 200 / 2929 / T. 193.

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. MT/1081705-002

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SLW 3996T

Yr Regn:

2018, Feb

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

Truck / Trailer or

Make:

Toyota Prius Hybrid c.c 1797

Colour:

Green

A/C: Insured / Std / NI / NA

Sp. Reading:

28263.4

T/Radio: Insured / Std / NI / NA

Eng/No:

ZVW400 27664

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 205/60R16

R:

u 4

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

TOYO / YOKO or

CST

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A.

D.O.I. 24/11/20.

Survey held at

Prime Auto.

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

Frt 7 N/S

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

Date / Time

Action / Instruction

30/11/20@1.23pm Taufikh finalised with Alice LS \$900, 2 days (Red \$518.03, 37\$)

Date/Time, File Pass to?

☐

Preli. Report

1) 30/11 Typist

☐

Final Report

Date/Time, File Return to?

2)

Rep. Form:

TP

Lump Sum / 1000

900

Days Of Repair:

2

Resurvey No. of Trip:

1

Add Fee:

☐

Site Insp (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$



Prime Auto Claims Service Pte Ltd

GST Reg. No : 201606560M
6 Benoi Place Singapore 629927
Tel: 6861 0908 Fax: 6515 2948

Date: 23.11.2020

NTUC Income Insurance Co-operative Ltd
73 Bras Basah Road #05-01
NTUC Trade Union House
Singapore 189556

Attn: Motor Claims Dept

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:

**RE: ESTIMATE COST OF REPAIR TO VEHICLE ~~SLW3996T TOYOTA PRIUS ALPHA~~
1.8 HYBRID (2018)**

To Supply

1) 1pc	Front bumper	\$	585.00 <i>den</i>
2) 1pc	Front bumper left side retainer	\$	65.70 <i>x</i>

Sub total parts	\$	650.70
Less: 25% discount	\$	162.67
	\$	488.03

To supply S.Nett Parts

1) 1set	Front bumper clips	\$	30.00 <i>ny</i>
Sub total S.Nett Parts		\$	30.00

L/charges

1)	To repair left front fender. Remove front bumper. Replace the above necessary parts. Align & adjust front bumper.	\$	400.00 <i>250</i>
2)	To putty, respray painting front bumper & left front fender. To polish.	\$	500.00 <i>400</i>

Sub total L/charges	\$	900.00
Estimated Grand Total	\$	1,418.03

Tanphik 97415749
WP' 24/11/2020 3pm
Comp sum
Resurvey after repair 2 days
Tanphik C lkk autocon

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 30/01/2020 11:57
 Date Of Accident 23/01/2020 19:50
 Exact Location Of Accident STEVENS ROAD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE:

Vehicle Registration Number SLW3996T
Insured/Policyholder
 Name Of Registered Owner BEST MOTOR LEASING & LIMOUSINE SERVICES PTE LTD
 Co Reg No 2XXXXX366W
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-68628878

Vehicle Particulars

Manufacturer TOYOTA
 Model PRIUS ALPHA HYBRID-1.8 S CVT (A)
 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

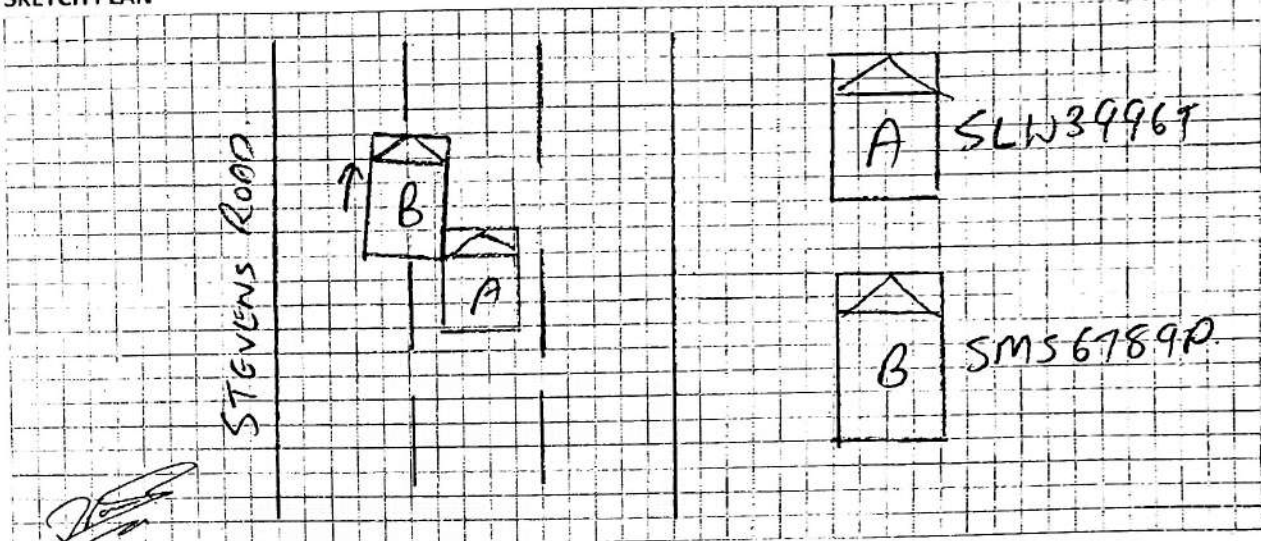
Insurance Company

Name of Insurance Company TOKIO MARINE INSURANCE SINGAPORE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy YES
 Policy Number 19-MK000836-R00
 Cover Note Number

Driver

Name of Driver MATHI VANAN
 NRIC No SXXXX954J
 Date Of Birth 20/11/1971
 Occupation OUTDOOR
 Date Of Driving Pass 04/11/1994
 Driving Experience 25 YEARS AND 2 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-86136625
 Fax Number
 Contact Number
 EMail Address NOEMAIL

SKETCH PLAN



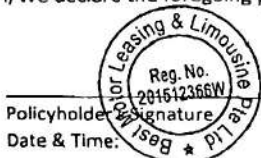
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No. T/20200124/2014.

[Handwritten signature]

DECLARATION

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



Policyholder's Signature
Date & Time:

[Handwritten signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 30/1/2020
0924 HRS

[Handwritten signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20200124/2014

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20200124/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/01/2020 09:12	Vide Report No.:	Station Diary No.: 44
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Informant's Particulars

Name of Informant: MATHI VANAN			Address: APT BLK 454 CHOA CHU KANG AVENUE 4 #12-113 SINGAPORE 680454		
ID Type / ID No.: NRIC NO / S7139954J			Contact No.: Home/Office: Mobile: 86136625		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 20/11/1971	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: Driver			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 23/01/2020 19:50	Type of Location: Straight Road
Location: Along Road 1 STEVENS ROAD Just after Scott Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLW3996T	Car	TOYOTA	PRIUS ALPHA HYBRID 1.8S CVT	Grey	Slightly Damaged	1
SMS6789P	Car	TOYOTA	NOAH HYBRID 1.8X CVT	Purple	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20200124/2014

2 of 3

Police Station Of Origin:
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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20200124/2014

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MATHI VANAN	ID No.	S7139954J
Related Vehicle	SLW3996T (Car)	Contact No.	86136625
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Wong Wei Yang	ID No.	S8923026H
Related Vehicle	SMS6789P (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 23/01/2020 at about 1950hrs, I was driving along Steven Road in V1 (SLW3996T) on the middle lane.

While I was driving straight, V2 (SMS6789T) suddenly cut onto my lane. This resulted a collision between V1 and V2.

After the accident, Both of us exchanged particular and left the vicinity.

My vehicle suffered from several dent and scratches on the front bumper.

I wish to state that the driver of V2 was driving dangerously on the road thus causing the accident to happen.

I am lodging this report for record purpose.



**SINGAPORE
POLICE FORCE**



T/20200124/2014

3 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20200124/2014

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Sgt 2 SIAU JING YANG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Contact No.:

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

24/01/2020 09:12

Classification Of Case: