

ASS. REC. BY:

REF:

AK / 21004059/Kr

Kenneth

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: 04 days Res.: Yes or NoLum Sum: 1-B1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMP 24287Yr Regn: 09, 19Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyc.c. 1798Colour: M. White

A/C: Insured / Std / NI / NA

Sp. Reading: 201438

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTD7S3E440J048044Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: NII / S/Rlm / STD A/Rlm orTyre Size: FRONT 205/50R15REAR 165/140

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mmR/Bal. 8 mmL/Bal. 9 mmL/Bal. 8 mmD.O.A. 29/3/21D.O.I. 31/3/2021

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or151 O/S

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

1)

Date/Time, File Return to?

☐ : Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. SI

Fines

Others

TOTAL

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

Report Format :

Lump Sum / I.B.I.: (\$ _____)



CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE #01-60/62, SIN MING ROAD, SINGAPORE 575643
TEL: 6453 1235, 6452 0850 FAX: 6453 7944
24hrs Towing Services Tel 9823 9898
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

AIG ASIA PACIFIC INSURANCE PTE. LTD

NO. 78
SHENTON WAY #07-16
SINGAPORE 079120

Contact : -

Fax No. : 6880 4838

*Not Authorized
Performing Repair*

Estimate : QUOT202103-000998(00)

Date : 30/03/2021

Vehicle No. : SMP2428Z

Make/Model : TOYOTA PRIUS PLUS (AUTO)

Mileage (km) : 0

Chassis No. : JTDZS3EU40J048044 (H/04/2019)

Accident Date : 29/03/2021 00:00:00

Claim No. : SLP4588T

Reference : JO202103-1240

Policy No. : 20-ML000510-R00

S/No	Particular	Quantity	Unit Price	Amount S\$
LIST ITEMS :				
1	Front bumper	1.0	556.40	556.40
2	Front bumper retainer	2.0	68.20	136.40
3	Front bumper air duct - RH	1.0	129.10	129.10
4	Front bumper sponge	1.0	79.60	79.60
5	Front bumper reinforcement	1.0	656.90	656.90
6	RH headlamp	1.0	2,526.40	2,526.40
7	RH LED lamp	1.0	617.00	617.00
8	Emblem - Hybrid	1.0	54.70	54.70
List Total :				4,756.50
25% Discount S\$				1,189.11
				3,567.39

LABOUR :

- To check wiring and lighting
- To knock jackout damaged parts, panel beating, welding, align, refix and to renew accident parts
- Spray painting on affected & replace parts

1.0	60.00	60.00
1.0	500.00	500.00
1.0	500.00	500.00
		1,060.00

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:

Total S\$: 4,627.39

GST 7% S\$: 323.92

Amount Due S\$: 4,951.31

[Signature]
for CITY AUTO PTE LTD

SC1R213U0002 / City Auto Pte Ltd
ENTRY DATE & TIME: 30/03/2021 10:01 (SGT)
SUBMITTED BY: Jason Quak
VERSION: 1 (30/03/2021 10:01 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. This report is simply 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. 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 Submission 30/03/2021 10:01 (SGT)
Date of Accident 29/03/2021 14:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information BLK 122, OUTSIDE BUKIT BATOK POLYCLINIC CP
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP2428Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LUMENS AUTO PTE LTD
Company Reg No 2XXXXX961K
Email Address bucee@lumen.sg
Mobile Phone No (Phone) +65-87781765
Alternative Phone No (Office) +65-87781765

VEHICLE PARTICULARS

Manufacturer Toyota
Model PRIUS PLUS
Variant -
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 - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1798

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number 20-ML000510-R00
Cover Note Number -

DRIVER

Name of Driver NG CHIEW LENG
NRIC No SXXXXZ71C

Accident report SC1R213U0002

SINGAPORE ACCIDENT STATEMENT

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DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP2428Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LUMENS AUTO PTE LTD
Company Reg No 2XXXXX961K
Email Address bruce@lumens.sg
Mobile Phone No (Phone) +65-87781765
Alternative Phone No (Office) +65-87781765

VEHICLE PARTICULARS

Manufacturer Toyota
Model PRIUS PLUS
Variant -
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 - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1798

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number 20-ML000510-R00
Cover Note Number -

DRIVER

Name of Driver NG CHIEW LENG
NRIC No SXXXX271C

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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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 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.
8. Consent under the Personal Data Protection Act (PDPA)

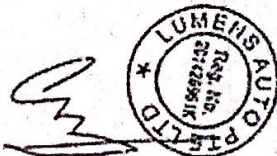
I understand, acknowledge, agree and consent that:

(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.



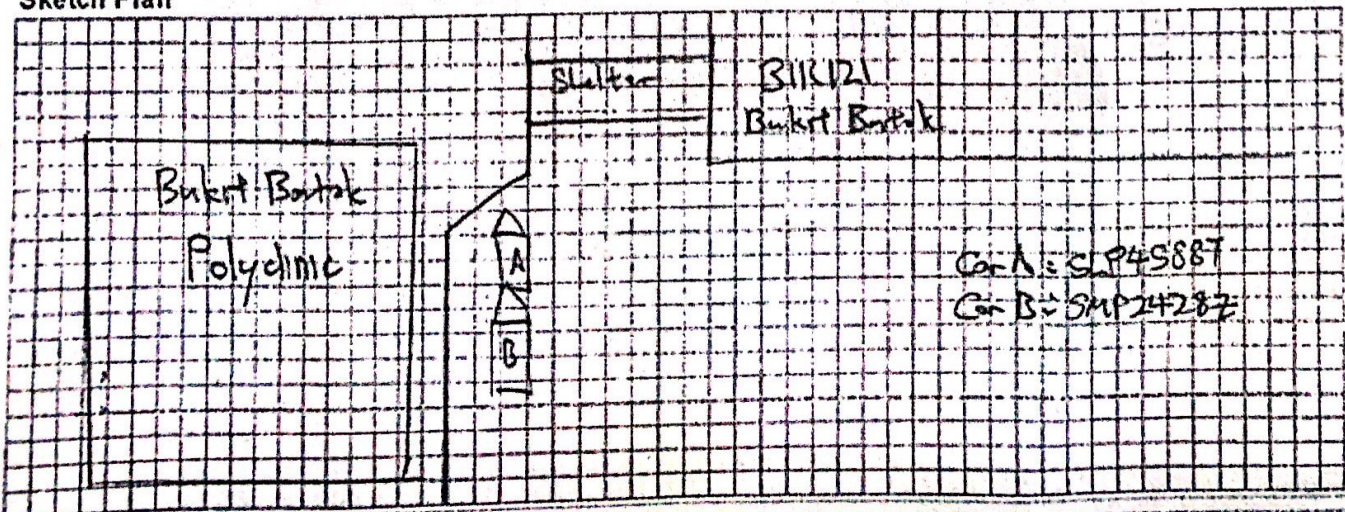
Policyholder's Signature / Date & Time

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 1731 Fax: 6453 7944
(Claims Section)

Witnessed by Reporting Centre Personnel

Sketch Plan





Describe Circumstances of the Accident

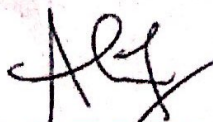
On the 29th of March 2021, I was in B1K122 Bulat Patrol carpark alighting my passengers outside the Bulat Patrol Polyclinic. As I was stationary, I noticed 3rd party vehicle bearing SLP4588T, was ~~was~~ reversing and did not notice me. I then blared my horn in an attempt to warn him but it was too late and he collided into me. We then got down and exchanged particulars. I am lodging this report for claims purposes.

Declaration

We declare 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 PTE LTD
Blk 8 Sin Ming Road
#01-58/60/61 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Witnessed by Reporting Centre Personnel