

ASS. REC. BY:

REF: PCZ /Kenneth

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.

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

Bal. or Market Value: 873k

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 02 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMN 8397AYr Regn: 08, 19Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: ToyColour: M. GreySp. Reading: 196641

Eng/No: _____

C/No: MR 2B23F330183676Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt or _____Brake: In order / Jammed / Leaked / Burnt or _____Mod: NII / S/Rim / STD / R/Rim or _____

Tyre Size: F: _____

R: _____

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

TOYO / YOKO or _____

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 11/7/21

Survey held at _____

Rear

R/Bal. 8 mmL/Bal. 8 mmD.O.I. 13/7/2021Des. 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

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. SI _____

Fees _____

Others _____

TOTAL

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

MS FIRST CAPITAL INSURANCE LTD

NO. 36
ROBINSON RD #16-01
CITY HOUSE
SINGAPORE 068877

Contact : -

Not Withheld
17 Pgs @
Recovery After Repair
2 days
Fax No. : 65073849

Estimate : QUOT202107-000345(00)

Date : 12/07/2021

Vehicle No. : SMN8397A

Make/Model : TOYOTA VIOS 1.5 E (AUTO)

Mileage (km) : 0

Chassis No. : MR2B23F3301183676

Accident Date : 11/07/2021 00:00:00

Claim No. : YN9201H

Reference : JO202107-0450

Policy No. : 20-ML000510-R00

S/No	Particular	Quantity	Unit Price	Amount S\$
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LIST ITEMS :

1	Front bumper	1.0	495.70	CM 495.70 ✓
2	Front bumper retainer	2.0	100.40	200.80 ✓
3	Front bumper reinforcement	1.0	399.50	R 399.50 X
4	Front bumper lower grille	1.0	269.50	SL 269.50 X
5	LH Fog Lamp	1.0	277.83	277.83 ?
6	LH fog lamp cover	1.0	93.75	GM 93.75 ✓
7	Front LH fender	1.0	763.50	R 763.50 X
8	Front LH fender inner shield	1.0	222.80	PA 222.80 X
9	Front LH fender inner shield clip	10.0	2.60	NA 26.00 X
10	Bumper clip	12.0	4.50	NA 54.00 ✓
List Total :				2,803.38
25% Discount S\$				700.83
				2,102.55

LABOUR :

- To check wiring and lighting	1.0	40.00	40.00	15h
-To knock jackout damaged parts, panel beating, welding, align, refix and to renew accident parts	1.0	400.00	400.00	200h
- Spray painting on affected & replace parts	1.0	500.00	500.00	200h
			940.00	

E. & O.E

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

Total S\$ 3,042.55

GST 7% S\$ 212.98

Amount Due S\$ 3,255.53

Acknowledged by Repairer

Signature:

Date:

for CITY AUTO PTE LTD

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 Submission 12/07/2021 11:29 (SGT)
Date of Accident 11/07/2021 23:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information CARPARK OF GEYLANG LORONG 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN8397A
INSURED/POLICYHOLDER
Is company? Yes
Name Of Registered Owner LUMENS AUTO PTE LTD
Company Reg No 2XXXXX961K
Email Address BRUCE@LUMENS.COM.SG
Mobile Phone No (Phone) +65-87781765
Alternative Phone No +65-87781765

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
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 1500

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number 20ML000510R00
Cover Note Number -

DRIVER

Name of Driver CHELLASAMY VELLADURAI
NRIC No SXXXX663H

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. 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;

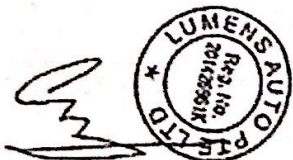
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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

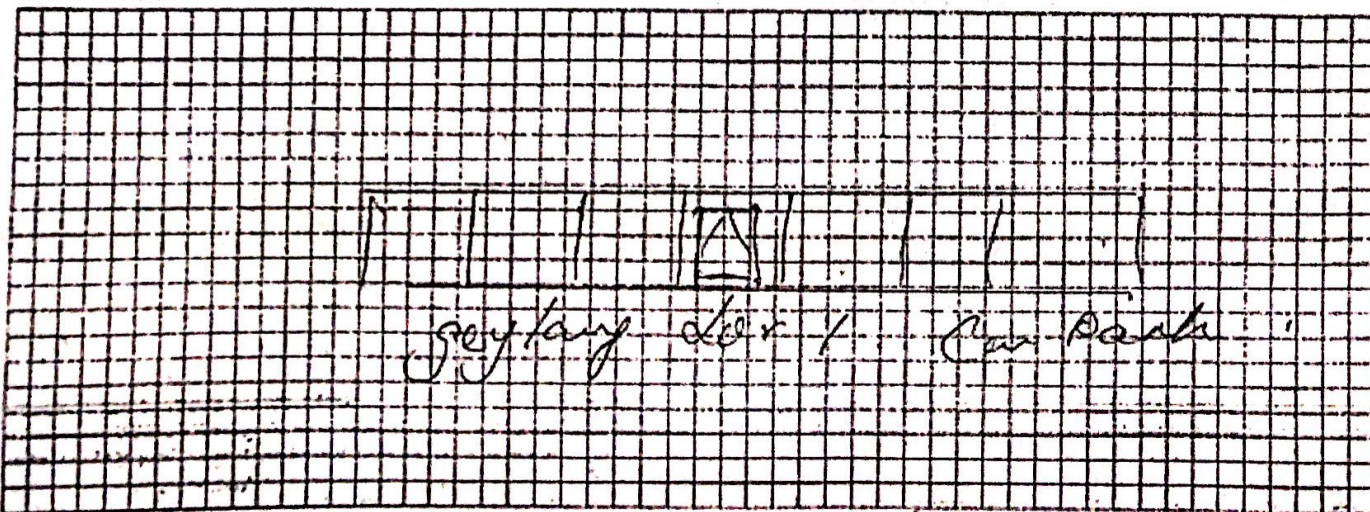
Singapore 575643

Tel: 6453 1235 Fax: 6453 7944

(Claims Section)

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident


I ~~to~~ park my vehicle at Jeylax Lor 1
Can Park. The next morning I saw
my car front portion was damaged
and I saw a note on my front
windscreen stated that VN9201H
had hit onto my car


Declaration

I/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
#01-68/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453-1235 Fax: 6453-7944
Witnessed by:  (Claims Section)
Personnel