ASS. REC. BY: Kenneth

REF: AG/210104261kp

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s City Auto

of _____

Insured: _____ 961K

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 Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 09 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 3145T Yr Regn: 07, 18

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Wagon

Make: Toy Noah c.c 1797

Colour Dk. Black A/C: Insured / Std / NI / NA

Sp.Reading 170971 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZWR80 · 0392451

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: Rydanz 195/65R15

R: Westlake

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	7 mm	R/Bal.	9 mm
L/Bal.	7 mm	L/Bal.	9 mm
D.O.A.	11/10/21	D.O.I.	12/10/2021

Survey held at _____

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
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

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

Survey Fee: _____

Transportation: ___ $ + RS ___ SI

Parking _____

Others _____

TOTAL _____

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

Estimate : QUOT202110-000347(00)

AIG ASIA PACIFIC INSURANCE PTE. LTD
NO. 78
SHENTON WAY #07-16
SINGAPORE 079120

Contact : -

Fax No. : 6880 4838

Not Authorise
Liaise &
Resurvey after paint today

Date : 11/10/2021
Vehicle No. : SMN3145T
Make/Model : TOYOTA NOAH
Mileage (km) : 0
Chassis No. : ZWR800392451
Accident Date : 11/10/2021 00:00:00
Claim No. : GBK330R
Reference : JO202110-0468
Policy No. : 21-MM000792-R00

S/No	Particular	Quantity	Unit Price	Amount S$
	LIST ITEMS :			
1	Tailgate	1.0	1,812.00	A 1,812.00 ✓
2	Tailgate lock	1.0	712.70	R 712.70 ✗
3	Tailgate emblem - hybrid synergy drive	1.0	58.90	N 58.90 ✓
4	Rear bumper	1.0	581.20	R 581.20 ✗
5	Rear Bumper clips	10.0	2.50	N 25.00 ✓
	List Total :			3,189.80
	25% Discount S$			797.44
				2,392.36
	SPECIAL NET :			
1	Rear windscreen glass sealant	1.0	40.00	N 40.00 ✓
2	Reverse sensor	1.0	250.00	R 250.00 ✗
	SPECIAL NET Total S$:			290.00
	LABOUR :			120
	To remove and install rear windscreen glass	1.0	150.00	150.00
	To install reverse sensor.	1.0	40.00	40.00 ✓
	-To knock jackout damaged parts, panel beating,welding, align, refix and to renew accident parts	1.0	600.00	600.00 350
	- Spray painting on affected & replace parts	1.0	600.00	600.00 400
				1,390.00

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

E & O E

Acknowledged by Repairer
Signature:
Date:

Total S$:	4,072.36
GST 7% S$:	285.07
Amount Due S$:	4,357.43

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 witholding 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	11/10/2021 15:27 (SGT)
Date of Accident	11/10/2021 11:53 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG EUNOS LINK ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN3145T

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LUNENS AUTO PTE LTD
Company Reg No	2XXXXX961K
Email Address	KOKHOW.TAY@LUMENS.SG
Mobile Phone No	(Phone) +65-87781765
Alternative Phone No	+65-87781765

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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	1800

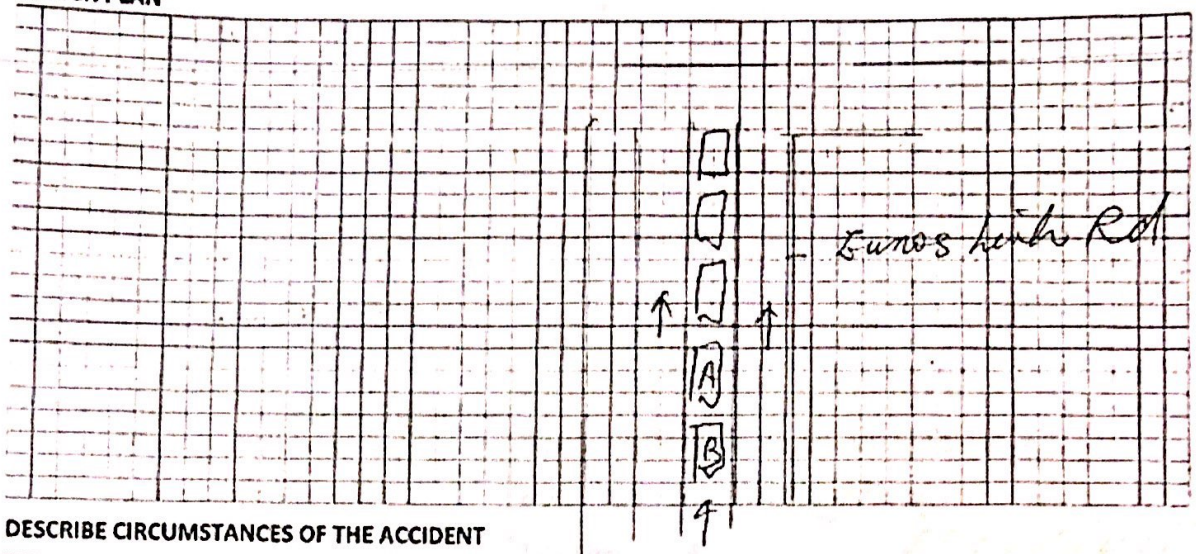
INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	21-MM000792-R00
Cover Note Number	-

DRIVER

Name of Driver	HONG TONG LIM
NRIC No	SXXXX318J

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stop at traffic Junction Eunos Link Rd, Vehicle B suddenly hit onto my rear portion

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state.

( ) Claim Own policy ( ) Claim Third Party ( ) Claim OD/TP at other workshop ( ) Reporting Only

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
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1335 Fax: 6453 7944

Reporting Centre Personnel's Signature
Name: (Claims Section)
NRIC/FIN No.: