

ASS. REQ. BY

Sten

/REPT

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No:

at Workshop no:

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.



Est. or Market Value:

IDAO Accident Report

Consistent? : Yes or No

GIA / PR Sent

Consistent? : Yes or No

Est. Repair:

days

Res.: Yes or No

Cum Sum:

%

3 Vol.: Yes or No

QA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLM5810

Yr Regn:

20/3/17

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

Truck / Trailer or

Make:

Toyota Sienna

CB 1496

Colour:

Red

A/O: Insured / Std / NI / N

Sp. Reading

83534

TIRadio: Insured / Std / NI / N

Eng/No:

C/No:

NHPT/MT66857

Gen. Condi: Good / Fair / Poor / Bught

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

Mod: Nil / 3 Rim / STD 4 Rim or

Tyre Size:

185/60R15

RI

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

TOYO / YOKO or

RYOANIZ

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

13/10/21

Lim CH

D.O.A.

21/10/21

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / VIC / Roof/Top or

Rear RH

The 'U/S' / chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

MR-68K

Time/Time, File, Review



: Prelim. Report



: Final Report

Time/Time, File, Review

Days Of Repair:

Resurvey No. of Trips:

Survey Fee:

Transportation

S + RS, SI

Fees

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$



: VV&land (\$

Time/Time, File, Review

Time/Time, File, Review

Lion City Rentals Pte Ltd
CARROS CENTER
60 JALAN LAM HUAT #04-01 S(737869)
Main +65 62524991

WZ PL
L/S
My My
5 days

Steve (LKK)
21/10/21, 19.30pm

Ms: China Taiping Insurance (Singapore) Pte Ltd
Date: 20/10/2021
Attn : MOTOR CLAIMS DEPT

ESTIMATE

VEHICLE NO. SLM581D
CHASSIS NO : NHP1707066057
MAKE / MODEL : Toyota Sienta Hybrid 1.5X CVT
DATE OF ACCIDENT: 13/10/2021
YOUR INSURED VEHICLE NUMBER: PZ880A
MILEAGE: 83534 km

	<u>PARTS DESCRIPTION</u>	<u>QTY</u>	<u>UNIT PRICE</u>	<u>LIST PRICE</u>
1	Rear bumper <i>/ CRU</i>	1PC	\$1,257.83	\$1,257.83 <i>750/-</i>
2	Rear bumper RH retainer <i>/ OR</i>	1PC	\$67.05	\$67.05 <i>-</i>
3	Rear bumper RH seal <i>X nn</i>	1PC	\$104.40	\$104.40
4	Rear bumper RH support <i>X nn</i>	1PC	\$88.05	\$88.05
5	Rear bumper RH extension <i>/ CUT</i>	1PC	\$216.00	\$216.00 <i>186.70/-</i>
6	R/R taillamp <i>/ CUT</i>	1PC	\$550.00	\$550.00 <i>467/-</i>
7	R/R fender <i>/ OR</i>	1PC	\$924.00	\$924.00 <i>-</i>
8	R/R fender outer protector <i>X nn</i>	1PC	\$120.00	\$120.00
9	R/R fender inner liner <i>X nn</i>	1PC	\$234.00	\$234.00
LIST TOTAL S\$:				\$3,561.33 <i>2394.75</i>
25.00% DISCOUNT S\$:				\$890.33 <i>-25%</i>
				\$2,671.00 <i>1796.06</i>

SPECIAL NETT

1	Rear bumper clips <i>- nlc</i>	1 SET	\$80.00 <i>80/-</i>
2	R/R wheel cap <i>X nn</i>	1 SET	\$260.00
Special Nett Total S\$:			\$340.00

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:

LABOUR CHARGES

1	To labour charge for removing rear bumper, rear fender (RH) and end panel out to facilitate repairs and replacement of damaged parts	\$800.00	709
3	To respray rear end panel, rear bumper and rear fender(RH)	\$700.00	440
4	To conduct a standard of operating procedures post repairs scan test as a requirements upon completion of collision repairs	\$300.00	30
5	To deactivate and active high voltage battery as a safety precautions	\$300.00	x
TOTAL S\$:		\$3,311.00	1170
7% GST		\$231.77	
GRAND TOTAL S\$:		<u>\$3,542.77</u>	

P-1796.06

N-30

L-1170

2996.06

L/S-2396.84

=2400

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	15/10/2021 10:27 (SGT)
Date of Accident	13/10/2021 18:00 (SGT)
Exact Location of Accident	Quality Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM581D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LION CITY RENTALS PTE LTD
Company Reg No	2XXXXX621K
Email Address	lcrarc@lioncityrentals.com.sg
Mobile Phone No	(Phone) +65-62525525
Alternative Phone No	(Office) +65-62525525

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
Variant	HYBRID
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	21-MM000194-R00
Cover Note Number	-

DRIVER

Name of Driver	KEI MENG KEVIN
NRIC No	[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED] FIVE AND 7 MONTHS
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
No
Hirer
No

SKETCH PLAN

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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.

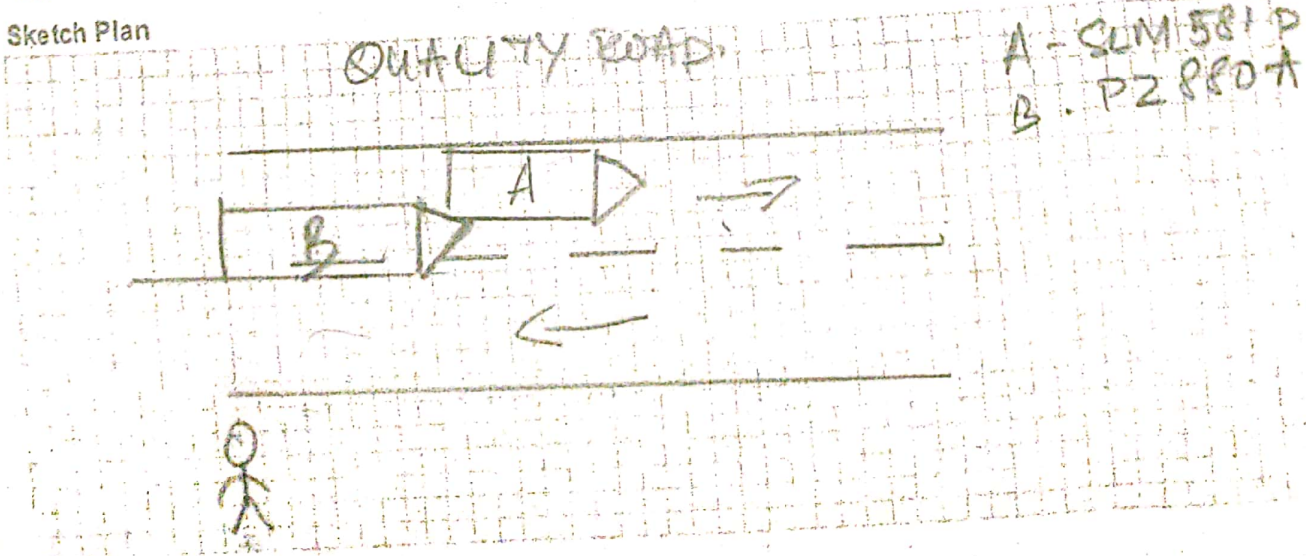


Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On Oct 13 approx 6 pm I was going to pick up a passenger along Quality Road. As I had entered Quality Road on the opp side at pick up point. I had to do a U-turn in order to pick up my passenger. As I was about to negotiate the U-turn, bus no 22 P20A sped from behind and couldn't brake in time resulting in the minor collision.

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

Witnessed by Reporting Centre Personnel