

CS/CTI.2101381/EV93

ASSIGNMENT

From: Date:

Estimated Cost:

OD/TP WS/TP PERIOD RES EVAL INV INV

To inspect Vehicle No:

at Workshop m/s

of

Insured: GBC 8146X

Policy No. DMCVSNW00109682004

Claims No. SNM21D206295/C02/IRENE

Sums Insured: Excess:

(Gillan's Record)

Make of Veh:

(Policy Condition)
 Remarks: The vehicle had obtained no
 reply at the time of inspection.



Del. or Market Value: _____
 IDAC Accident Report _____ Consistent? : Yes or No
 DIA / PR Seen _____ Consistent? : Yes or No
 Est. Repairs: _____ days Rep.: Yes or No
 Cum Sum: _____ % 3 Vol.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: _____

Vch/No: SLL 3050E Yr Regn: 21/2/17
 Type: ☒ M/Car / ☐ M/Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /
 Truck / Trailer or _____
 Make: Honda Vezel C.B. 1496
 Colour: Blue A/O: ☐ Insured / ☐ S/D / ☐ N / ☐ N
 Sp. Reading: 36710.7 TIRadio: ☐ Insured / ☐ S/D / ☐ N / ☐ N
 Eng/No: _____
 Chassis No: R431213989
 Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt
 Steering: ☒ In Order / ☐ Jammed / ☐ Locked / ☐ Burnt or
 Brakes: ☒ In Order / ☐ Jammed / ☐ Locked / ☐ Burnt or
 Mod: ☒ Nil / ☐ B/Rim / ☐ STD A/Rim or
 Tyre Size: P1 215/60R16
 RI: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSV / PIR / SUMI /
 TOYO / YOKO or RYDANZ

Front
R/Bal, 5 mm
L/Bal, 5 mm
D.O.A. 2/11/21
Survey held at Lion City
Des. p/ Damages / Frt / Rear / O/S / H/S / U/C / Replier of
The U/C / Chassis frame / Body structure affected due to collision

Date / Time	Action / Instruction
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28/2/22	LS \$2050 confirmed by email (Red 2972,59%)
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1	Prall, Report
2	Final Report

Days Of Repair: 4

Resurvey No. of Trips:

Survey Fee
Transportation

28/2/22-typist

Add Fee:

☐	Site Insp	(\$ _____)
☐	Interview	(\$ _____)
☐	Truck, hrs	(\$ _____)
☐	VVespinal	(\$ _____)

) S. 173. S.
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argument form : Merimen

WV: 11/21/19 \$2050

Lion City Rentals Pte Ltd
CARROS CENTER
60 JALAN LAM HUAT #04-35/36 S(737869)
Main +65 62524991

Ms China Taiping Insurance (Singapore) Pte Ltd
Date: 03/11/2021
Attn : MOTOR CLAIMS DEPT

ESTIMATE

VEHICLE NO. SLL3050E
CHASSIS NO : RU3123989
MAKE / MODEL : Honda Vezel 1.5 X CVT
DATE OF ACCIDENT : 02/11/2021
YOUR INSURED VEHICLE NUMBER : GBC8146X
MILEAGE : 367107 km

Steve (LKK)
9/11/21 3.00pm
WL AL
L/S
My AL
4 days

<u>PARTS DeSCRIPTION</u>		<u>QTY</u>	<u>UNIT PRICE</u>	<u>LIST PRICE</u>
1	Rear tailgate <i>00</i>	1PC	\$ 1,450.00	\$ 1,450.00
2	Rear end panel <i>?</i>	1PC	\$ 830.00	\$ 830.00
3	Rear end panel top garnish <i>?</i>	1PC	\$ 155.00	\$ 155.00
1	Rear bumper <i>00</i>	1PC	\$ 955.00	\$ 955.00
			LIST TOTAL S\$:	\$ 3,390.00
			20.00% DISCOUNT S\$:	\$ 678.00
				\$ 2,712.00

SPECIAL NETT

1	Rear bumper clips <i>1pc</i>	1 SET	\$ 80.00	<i>30</i>
2	End panel top garnish clips <i>?</i>	1 SET	\$ 80.00	
3	Reverse sensor <i>shorted</i>	1PC	\$ 490.00	<i>200</i>
		Special Nett Total S\$:	\$ 650.00	

LABOUR CHARGES

1	To labour charge for removing rear tailgate, rear end panel, rear bumper out to facilitate repairs and replacement of damaged parts	\$ 900.00	<i>400</i>
2	To respray rear talgate, end panel and spare tyre panel	\$ 600.00	<i>440</i>
3	To remove and install rear tailgate glass	\$ 160.00	<i>120</i>
		LABOUR TOTAL S\$:	\$ 1,660.00
		TOTAL S\$:	\$ 5,022.00
		7% GST	\$ 351.54
		GRAND TOTAL S\$:	\$ 5,373.54

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:

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	03/11/2021 11:25 (SGT)
Date of Accident	02/11/2021 13:20 (SGT)
Exact Location of Accident	Sin Ming Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL3050E
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	+65-62525525

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
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 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	21-MM000072-R00
Cover Note Number	-

DRIVER

Name of Driver	TAN CHWEE BOON
NRIC No	SXXXX042G

Date Of Birth	14/01/1966
Occupation	Outdoor
Date Of Driving Pass	18/09/1991
Driving experience	30 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91091755
Alt. Phone Number	-
Email Address	lcrarc@lioncityrentals.com.sg
Address	114A Fernvale Road #10-252 Singapore 791494
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC8146X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

SKETCH PLAN

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.
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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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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



B - GBC 8146 X

A - SLL 3050E

Sin Ming Ave

Describe Circumstances of the Accident

ON NOV 2 2021 AROUND 1315 HRS. I AM DRIVING
ALONG SIN MING AVE. CAME TO A TRAFFIC LIGHT
ALL CAR STOP. AND SUDDENLY VEHICLE GBC B146X
~~DRIVEN~~ BY ~~BANK~~ BANK BY CAR B.

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