

Steve

REF:

REF: CS/SMR22000777/ET#3

ASSIGNMENT

	N/S	O/S

[illegible]

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

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

FIRST CAPITAL PTE LTD

Date 17.01.2022

Attn : MOTOR CLAIMS DEPT

ESTIMATE

VEHICLE NO. SLP4883R

CHASSIS NO : JTDKB3FU403559399

MAKE / MODEL : TOYOTA/PRIUS HYBRID 1.8 CVT

DATE OF ACCIDENT : 14.01.2022

YOUR INSURED VEHICLE NUMBER : SMB5022P

YEARS: 2017

	PARTS DESCRIPTION	QTY	UNIT PRICE	LIST PRICE
1	FRONT BUMPER / BR (photo)		\$ 499.00	\$ 499.00
2	FRONT BUMPER RETAINER LH / BR		\$ 89.00	\$ 89.00
3	FOGLAMP LH		\$ 920.00	\$ 920.00
4	FRONT FENDER LH / DD		\$ 935.00	\$ 935.00
5	FRONT FENDER UNDER-DUST COVER LH		\$ 210.00	\$ 210.00
6	FRONT FENDER HYBRID EMBLEM LH / APC		\$ 45.00	\$ 45.00
7	FRONT DOOR LH X MY COUNTRY DD		\$ 1,450.00	\$ 1,450.00
8	ROCKER PANEL LH X MY COUNTRY CR4		\$ 780.00	\$ 780.00
LIST TOTAL				\$ 4,928.00
25% DISCOUN				\$ 1,232.00
				\$ 3,696.00

SPECIAL NETT

1	FRONT BUMPER CLIPS / APC	40	\$ 30	40.00
2	FRONT FENDER UNDER-DUST COVER CLIPS	40	\$	40.00
TOTAL				\$ 80.00

LABOUR:

1	TO DISMANTLE FRT DAMAGE PARTS, CUT AND WELD FRT SUPPORT PANEL, KNOCK, STRAIGHTEN AND RESHAPE O/S FRT CHASSIS FRAME AND REPLACE RECOMMENDED PARTS.	\$ 1,000.00	400
2	TO PUTTY & SPRAY PAINTING ON FRT AFFECTED AREAS	\$ 1,000.00	500
3	TO REMOVE, REARRANGE ELECTRICAL WIRING, CHECK LIGHTING & RESET HEADLAMP FOCUSING	\$ 180.00	30

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 TOTAL S\$:	\$ 2,180.00
TOTAL S\$:	\$ 5,876.00
7% GST	\$ 411.32
GRAND TOTAL S\$:	\$ 6,367.32

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	15/01/2022 11:41 (SGT)
Date of Accident	14/01/2022 18:00 (SGT)
Exact Location of Accident	Bideford Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP4883R
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	Prius
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	1800

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	21-MM000074-R00
Cover Note Number	-

DRIVER

Name of Driver	PHUA MING JIUM FRANK
NRIC No	[REDACTED]

Date of Birth	[REDACTED]
Occupation	Outdoor
Date of Driving Pass	[REDACTED]
Driving experience	[REDACTED]
Gender	Male
Mobile Number	(Phone) +65 [REDACTED]
Alt. Phone Number	[REDACTED]
Email Address	[REDACTED]
Address	[REDACTED]
Address complement	-
Postcode	521613
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 - Change/cross lane
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NA
Gender	Female

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 PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB5022P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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
Sketch Plan

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

Witnessed by Reporting Centre Personnel



A-SLP4223K
B-SMB5022F

Describe Circumstances of the Accident

On 14 January 2022 at around 1800 hours, I was driving at Orchard Turn towards Bedford Road. The traffic light was red waiting to turn green. After the traffic light turned green my car SLPA463R was moving when another vehicle SM85022P turning from behind and his right rear hit and glide through my left side of the car. My passenger was on board felt a sudden impact and shock. However, no one was injured.

Declaration

We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time

[Signature]

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

Witnessed by Reporting Centre Personnel