

ASS. REC. BY: Steve

REF:

CS/CTI22002942/Eqy3

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. SNM22D202114/C02

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
X	

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SNB 2074 Yr Regn: 28/7/21Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____ 1798

Make: Toyota Prius c.c. 1997Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 60520 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FY 003091932Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/60R15

R: _____

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

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 4 mm R/Bal. 4 mmL/Bal. 4 mm L/Bal. 4 mmD.O.A. 25/3/22 D.O.I. 30/3/22Survey held at Borneo

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear LH

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

MV-135K

01/04/22@4.51pm revised to Irene Tay via Merimen.

We will be advising our Principal a cost of repair of \$2675.00 (P/P before GST) with 3 days of repair, subject to their approval. (Red \$3353.80 56%)

Date/Time, File Pass to?

☐ : Prel. ReportDays Of Repair: 3Resurvey No. of Trip: 1

01/04 Typist

☐ : Final Report

Date/Time, File Return to?

2) _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech, Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Repair Format: MER-TPLump Sum / I.B.F. (\$ 2675)



Borneo Motors

Inchcape

Co. Reg No. : 196700086Z
GST Reg No. : MR-8500000-9
No. 2 PANDAN CRESCENT
SINGAPORE 128462, Tel no. : 6631 1188



TOYOTA

Steve CLKK)

30/3/22, 10.30am

ml PL
P/P

ly B/Ly

3 dys

ESTIMATE

Account Details	Account No.	Customer Details
THIRD PARTY CLAIM	S1000020 / TPCLAIM	M/S Lumens Auto Pte Ltd
	Document No. 0	22 Sin Ming Lane #01-74 Midview City Singapore 573969
	Document Date 28/03/2022	Mobile: 83221830

Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2020	ZVW50R	AHXEBW Q8	28/07/2021	SNB0207U	0	14138	66TP/SNB0207U/280321

Chassis No.	Engine No.	Terms	SA / Counter	Vehicle In	Collected On
JTDKB3FU003091932	2ZR2G92623	60	Shashitharan	--/--/----	0.00 --/--/---- 0.00

L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount
1	Z	BP-GRAB-DS SUNDRIES - FLASH ARRIVE: DD/MM/YY 0000HR TP VEH NO.:SFW5977G ACC DATE:25/03/202 2TOW IN:16:00HRS 28/03/22 DATE-IN: DATE SURVEY: NO OF REPAIR DAYS: BY: AUTHORISED ON:				50 100.00
2	B	BP-LAB2 DRILL HOLE AND INSTALL REVERSE SESNOR				180.00
3	B	BP-MECH2 RESET ECU UPON COMPLETION OF REPAIR				180.00
4	B	BP-LAB2 REPL ACC AFF PARTS AND PANEL STRAIGHTEN AND REALIGN ACC AFF AREA				720 2160.00
5	B	BP-RES2 RESRPAY ACC AFF AREA				590 1770.00
6	1	U52023-47030 REINFORCEMENT	1.00	353.10		353.10
7	2	U52576-47060 RETAINER, RR BUMPER	1.00	140.50		140.50
8	3	U52159-47927 COVER, RR BUMPER	1.00	515.10		515.10
9	4	U52169-47070 COVER, RR BUMPER, X	1.00	23.40		23.40
10	5	S52161-0K040 PIECE,RR BUMPER	10.00	4.30		43.00
11	6	U52453-47900 GUARD, RR BUMPER, - CUT	1.00	396.90		396.90
12	7	U52592-47080 SEAL, RR BUMPER	1.00	125.40		125.40
13	8	U81920-47030 REFLECTOR ASSY, - CUT	1.00	41.40		41.40

For & on behalf of	Customer's Signature	Charge Summary	Total
Borneo Motors (Singapore) Pte Ltd			6,028.80
the Repairer of the following:	Please acknowledge receipt of vehicle	Parts 1,638.80	GST 7.00% 422.02
• To resurvey before/after spray painting		Labour 4,390.00	Less 0.00
• To display damaged part(s) during resurvey		Sublet 0.00	
• Parts prices are subject to confirmation		Lubrication/Fluid 0.00	
• Third party survey is on a "Without Prejudice" basis		Others 0.00	
• No illegal modification(s) is allowed			Amount Due 6,450.82
• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company			

Acknowledged by Repairer

Signature:

Date:

Customer Copy

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	26/03/2022 15:38 (SGT)
Date of Accident	25/03/2022 21:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE TO SENGKANG EAST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB207U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LUMENS 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	Prius
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	India International Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D20MFLOOO5826-01
Cover Note Number	-

DRIVER

Name of Driver	ANG SIO BOON
NRIC No	SXXXX864B

Date Of Birth	17/11/1971
Occupation	Outdoor
Date Of Driving Pass	30/01/2008
Driving experience	14 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87781765
Alt. Phone Number	-
Email Address	ANDY.QUEL@LUMENS.SG
Address	BLK 2,CHOA CHU KANG DR, #13-01
Address complement	-
Postcode	688238
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

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 SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

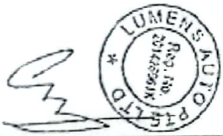
Vehicle Registration Number	SFW5977G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	(Phone) +65-97821596
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

1. This Form must be completed by the Policyholder and/or the Authorised Driver.
 2. 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.
 3. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 4. Any false reporting may be referred to the Police for investigation.
 5. 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.
 6. 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.
 7. 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.
 - (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

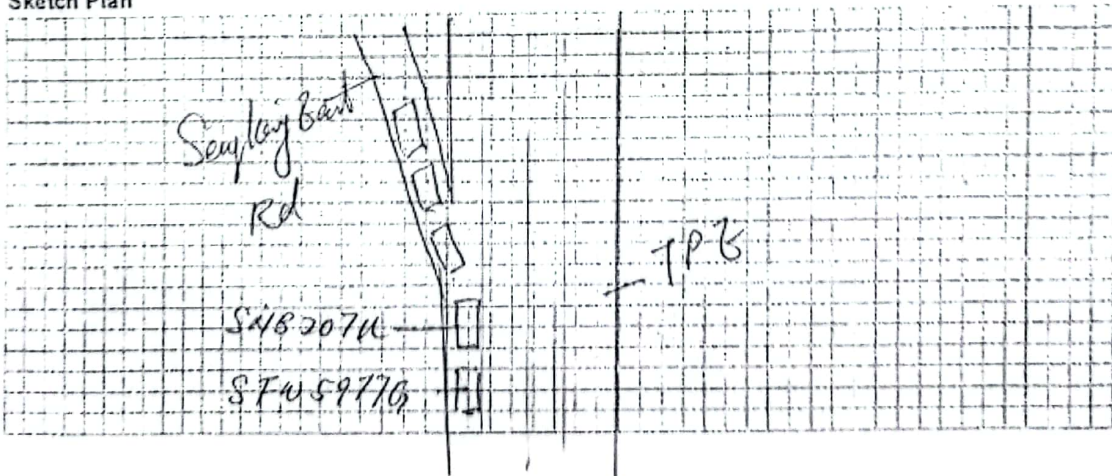
[Signature]

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 was driving along PTE towards
Penf kang 3rd rd, when vehicle in front
brake, I follow to brake, vehicle B
behind just hit onto my rear.

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

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