

Kenneth

C721

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. _____

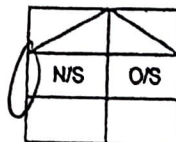
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 05 days Res.: Yes or NoLum Sum: 1.8.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SN E 3041U Yr Regn: 03, 22Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Tag Alfa c.c. 1798Colour: M. Silver A/C: Insured / Std / NI / NASp. Reading: 340P T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR 2B73BE 700008646Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rim / STD / RIM orTyre Size: F: 225/45R17

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 25/3/22D.O.I. 30/3/2022

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop orN/S body

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

2)

Add Fee: ☐ : Site Insp (\$ _____)

Transportation: _____

☐ : Interview (\$ _____)

Fuel (\$ _____)

☐ : Tech Invs (\$ _____)

Others (\$ _____)

☐ : Weekend (\$ _____)

TOTAL

Report Format :

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

Date: 28/03/2022

Vehicle No: SNE3041U

Model: TOYOTA COROLLA ALTIS HYBRID ELEGANCE

Chassis: MR2BZ3BE700008646-2021

Reg.Year: 2022

Third Party Insurer: CHINA TAIPING

Third Party Veh No: SMC5169U

Date of Accident: 25/03/2022

Estimator: TING AN

Surveyor:

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT DOOR LH	1		<i>Pr</i> \$1,335.00 ✓
2	FRONT DOOR INNER TRIM BOARD LH	1		\$1,215.00 ?
3	REAR DOOR LH	1		<i>Pr</i> \$1,134.00 ✓
4	REAR DOOR INNER TRIM BOARD LH	1		<i>Pr</i> \$1,011.00 x
5	REAR DOOR UPPER HINGE LH	1		<i>R</i> \$104.00 x
6	REAR DOOR LOWER HINGE LH	1		<i>R</i> \$125.00 x
7	REAR DOOR CHECKER LH	1		<i>R</i> \$194.00 x
8	REAR DOOR REGULATOR LH	1		\$392.00 ?
9	SIDE SKIRT LH	1	<i>R</i>	<i>Pr</i> \$633.00 x
10	REAR FENDER LH	1		REPAIR
SUB TOTAL				\$6,143.00
LESS 25%				-\$1,535.75
PARTS TOTAL				\$4,607.25

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	FRONT DOOR INNER TRIM CLIPS LH	1		\$50.00 ?
2	REAR DOOR INNER TRIM CLIPS RH	1		\$50.00 ?
3	SIDE SKIRT CLIPS LH	1		<i>Pr</i> \$40.00 x
S/N TOTAL				\$140.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST ACCIDENT AREAS & ETC.

\$1,000.00 *500*

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT FRONT DOOR LH, REAR DOOR LH, SIDE SKIRT LH, REAR FENDER LH & ETC.

\$1,000.00 *800*

LABOUR CHARGES TO REMOVE & REINSTALLED FRONT DOOR INNER MECHANISM & ETC. TO EFFECT REPLACE OF FRONT DOOR LH.

\$120.00 *60*

LABOUR CHARGES TO REMOVE & REINSTALLED REAR DOOR INNER MECHANISM & ETC. TO EFFECT REPLACE OF REAR DOOR LH.

\$120.00 *60*

Head office

8 Kung Chong Road Singapore 159143

Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554500

Tel: (+65) 6484 9919 | Fax: (+65) 6481 1993

Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047

Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011



Date: 28/03/2022
Vehicle No: SNE3041U
Model: TOYOTA COROLLA ALTIS HYBRID ELEGANCE
Chassis: MR2BZ3BE700008646-2021
Reg.Year: 2022

Third Party Insurer: CHINA TAIPING
Third Party Veh No: SMC5169U
Date of Accident: 25/03/2022
Estimator: TING AN
Surveyor:

TO CHECK WIRING & CENTRAL LOCKING SYSTEM & ETC.

\$120.00 2cl

LABOUR TOTAL \$2,360.00

TING AN

TOTAL \$7,107.25

**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 willful 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 claim 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 16:38 (SGT)
Date of Accident	25/03/2022 17:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG TESSENHORN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE3041U
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	Corolla
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	1500

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	21MM000794R00
Cover Note Number	-

DRIVER

Name of Driver	SAW AUNG
NRIC No	SXXXX540B

Add
Pos
Ins
Na
De
No

Date Of Birth	20/03/1960
Occupation	Outdoor
Date Of Driving Pass	02/02/2008
Driving experience	14 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-87781765
Alt. Phone Number	-
Email Address	ANDY.QUEK@LUMENS.SG
Address	BLK458, CLEMENTI AVE 3, #22-588
Address complement	-
Postcode	120458
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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 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	SMC5169U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NEO TUM CHAI
-	SXXXX441D
Contact Number	-
Address	-

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3. Information provided must be as truthful and accurate as possible. Any willful 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. 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.
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.



[Handwritten Signature]

Policyholder's Signature / Date & Time

Driver's Signature / Date & Time

CITY AUTO PTE LTD
 81k 8 Sin Ming Road
 #01-55/60/62 Sin Ming Ind Est
 Singapore 575643
 Tel: 6453 1235 Fax: 6453 7944
 (Claims Section)

Witnessed by Recording Officer

Sketch Plan