ASS. REC. BY: Kenneth

REF: LPC/2200374/Ke

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Optima

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMH 7091K Yr Regn: 01, 19

Type: ~~M.Car~~ / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Honda Fit (A) c.c 1317

Colour M. Black A/C: Insured / Std / NI / NA

Sp.Reading 222822 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GP5 - 1336962

Gen. Cond: ~~Good~~ / Fair / Poor / Burnt

Steering: ~~Inorder~~ / Jammed / Leaked / Burnt or _____

Brake: ~~Inorder~~ / Jammed / Leaked / Burnt or _____

Modl : ~~Nil~~ / S/Rim / STD A/Rim or _____

Tyre Size: F: Arivo 185/60R15

R: Arivo

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	8 mm	R/Bal.	4 mm
L/Bal.	8 mm	L/Bal.	4 mm
D.O.A.	8/4/22	D.O.I.	11/4/2022

Survey held at _____

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

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

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

Survey Fee: _____

Transportation: _____ $ + RS. _____ St

Parking: _____

Others: _____

TOTAL _____

OPTIMAWERKZ™
SINGAPORE

OPTIMA WERKZ PTE LTD
Co. Reg. No. 201212455W
www.ow.sg /OptimaWerkz /OptimaWerkz

Date:	08/04/2022		Third Party Insurer:	LONPAC
Vehicle No:	SMH7091U		Third Party Veh No:	GBC4326U
Model:	HONDA FIT HYBRID 1.5		Date of Accident:	07/04/2022
Chassis:	GP51336962-2018		Estimator:	TING AN
Reg.Year:	2019		Surveyor:	

Not Authorised L/Sup & Pursue After Pay 5days

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S$	AMOUNT S$
1	FRONT SIDE MIRROR ASSY LH	1		$715.40
2	FRONT DOOR LH	1		$881.20
3	FRONT DOOR PROTECTIVE STICKER LH	1		$45.90
4	FRONT DOOR INNER TRIM BOARD LH	1		$796.20
5	REAR DOOR LH	1		$765.20
6	REAR DOOR PROTECTIVE STICKER LH	1		$36.20
7	REAR DOOR INNER TRIM BOARD LH	1		$766.10
8	REAR DOOR RUBBER SEAL LH	1		$46.80
9	REAR DOOR UPPER HINGE LH	1		$46.60
10	REAR DOOR LOWER HINGE LH	1		$46.60
11	REAR DOOR CHECKER LH	1		$48.50
12	REAR DOOR REGULATOR LH	1		$191.60
13	REAR FENDER LH	1		$887.80
			SUB TOTAL	$5,274.10
			LESS 20%	-$1,054.82
			PARTS TOTAL	$4,219.28

NO.	SPECIAL NETT	QTY	UNIT S$	AMOUNT S$
1	FRONT DOOR INNER TRIM BOARD CLIPS LH	1		$50.00
2	REAR DOOR INNER TRIM BOARD CLIPS LH	1		$50.00
3	REAR QUARTER GLASS SEALANT LH	1		$70.00
			S/N TOTAL	$170.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE,REPLACE,REFIX & READJUST ACCIDENT AREAS & ETC. — $800.00 (500)

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT FRONT DOOR LH, REAR DOOR LH, REAR FENDER LH & ETC. — $800.00 (650)

LABOUR CHARGES TO REMOVE & REINSTALLED FRONT DOOR INNER MECHANISM & ETC. TO EFFECT REPLACE OF FRONT DOOR LH. — $120.00 (60)

OPTIMA WERKZ™ SINGAPORE

OPTIMA WERKZ PTE LTD
Co. Reg. No. 201212455W
www.ow.sg /OptimaWerkz /OptimaWerkz

Date:	08/04/2022	Third Party Insurer:	LONPAC
Vehicle No:	SMH7091U	Third Party Veh No:	GBC4326U
Model:	HONDA FIT HYBRID 1.5	Date of Accident:	07/04/2022
Chassis:	GP51336962-2018	Estimator:	TING AN
Reg.Year:	2019	Surveyor:	

LABOUR CHARGES TO REMOVE & REINSTALLED ~~FRONT~~ DOOR INNER MECHANISM & ETC. TO EFFECT REPLACE OF REAR DOOR LH.		$120.00
LABOUR CHARGES TO REMOVE & REFIX REAR FENDER INNER TRIM , ROOF LINING & ETC. TO EFFECT REPLACE OF REAR FENDER LH.		$200.00
TO TUFF KOTE & UNDERSEAL MATERIALS.		$120.00
TO CHECK WIRING & LOCKING SYSTEM.		$100.00
	LABOUR TOTAL	$2,260.00
TING AN	**TOTAL**	**$6,649.28**

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:

SC1R22480002-02 / City Auto Pte Ltd
ENTRY DATE & TIME: 08/04/2022 12:37 (SGT)
SUBMITTED BY: Jason Quak
VERSION: 3 (09/04/2022 15:52 (SGT))

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 witholding 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	08/04/2022 12:37 (SGT)
Date of Accident	08/04/2022 08:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CAR PARK OF TOH YI DR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH7091U

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) +65-96472910
Alternative Phone No	+65-87781765

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	21MM000792ROO
Cover Note Number	-

DRIVER

Name of Driver	SUHAIMI BIN AIMAN
NRIC No	SXXXX500E

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.
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. 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.

LUMENS AUTO PTE LTD

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

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)

Sketch Plan