

ASS. REC. BY:

REF:

PMR / 220042121kg y3

Kenneth

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.

BUS/05/22/5005

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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

06

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Kenneth finalised LS \$2600, 6 days (Red \$3230, 55%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

6

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

\$ - RS. \$

Fees

Others

TOTAL

Report Format : TP

Lump Sum ~~H.D.I.~~ \$ 2600

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Veh No:

PMN 76354

Yr Regn:

09, 15

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toy Wish

C.C.

1798

Colour

M. Maroon

A/C:

Insured / Std / NI / NA

Sp. Reading

223913

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDGG 20W80J002762

Gen. Cond:

Good / Fair / Poor / Burnt

Steering:

In order / Jammed / Leaked / Burnt or

Brake:

In order / Jammed / Leaked / Burnt or

Modl:

Nil / Std A/Rim or

Tyre Size:

F:

215/30R17

R:

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

TOYO / YOKO or

Arivo

Front

Rear

R/Bal.

6

mm

R/Bal.

5

mm

L/Bal.

6

mm

L/Bal.

5

mm

D.O.A.

5/5/22

D.O.I.

8/5/2022

Survey held at

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

Rear O/S

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

Date: 05/05/2022

Vehicle No: SMN7635U

Model: TOYOTA WISH 1.8 CVT

Chassis: JTDGG20W80J002762-2015

Reg.Year: 2015

Not Authorised

1/1 Rmp &

Recovery After Repair

6 days

Third Party Insurer: MS FIRST CAPITAL

Third Party Veh No: SMB1573S

Date of Accident: 05/05/2022

Estimator: TING AN

Surveyor:

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR BUMPER	1		<i>Bu</i> \$595.00
2	REAR BUMPER SIDE BRACKET RH	1		<i>CM</i> \$95.00
3	REAR BUMPER REFLECTOR RH	1		<i>Ru</i> \$60.00
4	REAR TAIL LAMP RH	1		<i>Bu</i> \$344.00
5	REAR TAIL LAMP LOWER BRACKET RH	1		<i>CM</i> \$55.00
6	REAR END PANEL	1		<i>R</i> \$536.00
7	REAR FENDER RH	1		<i>Ry</i> \$955.00
8	REAR FENDER INNER TRIM BOARD RH	1		<i>Ru</i> \$750.00
9	REAR FENDER QUARTER GLASS RH	1		\$410.00
10	REAR TAILGATE	1		REPAIR
SUB TOTAL				\$3,800.00
LESS 25%				-\$950.00
PARTS TOTAL				\$2,850.00

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR BUMPER CLIPS	1		<i>Ru</i> \$50.00
2	REAR END PANEL JOINT SEALANT	1		<i>nn</i> \$80.00
3	REAR FENDER QUARTER GLASS SEALANT RH	1		\$80.00
4	REAR FENDER INNER TRIM BOARD CLIPS RH	1		<i>nn</i> \$50.00
S/N TOTAL				\$260.00

LABOUR CHARGES:

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

600d
\$1,000.00

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR TAILGATE, REAR BUMPER, REAR END PANEL, REAR FENDER RH & ETC.

600d
\$1,000.00

LABOUR CHARGES TO REMOVE & REFIX REAR FENDER INNER TRIM & UPHOLDSTERY CUSHION SET & ETC. TO EFFECT REPLACE OF REAR FENDER RH.

100d
\$300.00

Head office

6 Kung Chong Road Singapore 159143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554500
Tel: (+65) 6484 9010 | Fax: (+65) 6481 1983

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: 05/05/2022
Vehicle No: SMN7635U
Model: TOYOTA WISH 1.8 CVT
Chassis: JTDGG20W80J002762-2015
Reg.Year: 2015

Third Party Insurer: MS FIRST CAPITAL
Third Party Veh No: SMB1573S
Date of Accident: 05/05/2022
Estimator: TING AN
Surveyor:

LABOUR CHARGES TO REMOVE & REFIX REAR FENDER QUARTER GLASS RH, REAR
FENDER GLASS SEALANT & ETC.

\$150.00 *601*

TO TUFF KOTE & UNDERSEAL MATERIALS.

\$150.00 *301*

TO CHECK WIRING & ELECTRICAL SYSTEM & ETC.

\$120.00 *201*

LABOUR TOTAL \$2,720.00

TING AN

TOTAL

\$5,830.00

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 05/05/2022 14:26 (SGT)
Date of Accident 05/05/2022 10:00 (SGT)
Exact Location of Accident Tanglin Halt Rd, Singapore
Additional Location Information JUNCTION COMMONWEALTH AVE TOWARDS TANGLIN HALT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN7635U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner lumens auto pte ltd
Company Reg No 2XXXX691k
Email Address kokhow.tay@lumens.sg
Mobile Phone No (Phone) +65-97816162
Alternative Phone No (Home) +65-97816162

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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 1800

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number 21-MM000793-R00
Cover Note Number -

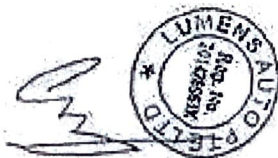
DRIVER

Name of Driver anan bin buang
Passport No/FIN sXXX546d

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' law yers/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' law yers/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 law yers/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

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

