

ASSIGNMENT

Front: _____ 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. SNM22D203206/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	X
X	X

Bal. or Market Value: _____
 IDAC Accident Report _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 8 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: SND 6552 Yr Regn: 1/12/21
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Altis c.c. 1598
 Colour: Grey A/C: Insured / Std / Nil / NA
 Sp. Reading: 55007 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: MR7B73BE40008667
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 225/45R17
 R: 17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

Front: _____ Rear: _____
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 10/5/22 D.O.I. 13/5/22
 Survey held at MyCar
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	<u>MR-115K</u>
31/05/22 @ 12.36pm	revised to Cecilia Lee via Merimon.
	Steve finalised LS \$7000, 8 days. (Red \$13974.25, 67%)

Date/Time, File Pass to? ☐ : Prel. Report

1) 31/05 Typist ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: MER-TP

Lump Sum 7000

Days Of Repair: 8

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____) ☐ : S + RS. SI
☐ : Interview (\$ _____) ☐ : Photos
☐ : Tech. Invs (\$ _____) ☐ : Others
☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

TOTAL



MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z

Address: 60 JALAN LAM HUAT, CARROS CENTRE #05-68 5737896

HP: 98888885

Estimation

Date: 13/5/2022

Vehicle: SND655Z

Make / Model: TOYOTA ALTIS

Chassis No: CHINA TAIPING

No.	Description	Unit	Unit Price	Amount
	Parts Replacement:			
1	BOOTLID / DD	1	\$ 1,024.00	\$ 1,024.00
2	BOOTLID INNER TRIM / CR4	1	\$ 359.00	\$ 359.00
3	BOOTLID REFLECTOR C/W CHROME * (RH) / (LH) 2/1	2	\$ 456.00	\$ 912.00
4	BOOTLID STOPPER X	4	\$ 75.00	\$ 300.00
5	BOOTLID TOP LOCK / BT	1	\$ 398.00	\$ 398.00
6	BOOTLID TOP LOCK COVER / CMT	1	\$ 68.00	\$ 68.00
7	BOOTLID OUTER CHROME MOULDING X	1	\$ 312.00	\$ 312.00
8	BOOTLID LOWER LOCK X	1	\$ 39.00	\$ 39.00
9	BOOTLID WEATHER STRIP / CR4	1	\$ 220.00	\$ 220.00
10	BOOTLID LOGO / NC	1	\$ 74.00	\$ 74.00
11	BOOTLID EMBLEM 'ALTIS' / NC	1	\$ 65.00	\$ 65.00
12	BOOTLID SENSOR * (Antenna) / BR	1	\$ 312.00	\$ 312.00
13	BOOTLID EMBLEM 'COROLLA' / NC	1	\$ 65.00	\$ 65.00
14	BOOTLID NUMBER PLATE LAMP X	2	\$ 62.00	\$ 124.00
15	TAILAMP C/W CHROME (RH) / BR	2/1	\$ 612.00	\$ 1,224.00
16	TAILAMP LOWER PANEL (RH) / DD	2/1	\$ 322.00	\$ 644.00
17	REAR BUMPER / BR	1	\$ 698.00	\$ 698.00
18	REAR BUMPER SIDE RETAINER / BR	(2)	\$ 112.00	\$ 224.00
19	REAR BUMPER BRACKET X	2	\$ 168.00	\$ 326.00
20	REAR BUMPER SENSOR / BR	2/1	\$ 381.00	\$ 762.00
21	REAR BUMPER SENSOR WIRE HARNESS X	1	\$ 587.00	\$ 587.00
22	REAR BUMPER REINFORCEMENT / DD	1	\$ 395.00	\$ 395.00
23	REAR BUMPER REFLECTOR (RH) / BR	2/1	\$ 112.00	\$ 224.00
24	REAR BUMPER UNDERCOVER CENTRE / BR	1	\$ 315.00	\$ 315.00
25	REAR BUMPER UNDERCOVER LH X	1	\$ 215.00	\$ 215.00
26	REAR BUMPER UNDERCOVER RH X	1	\$ 236.00	\$ 236.00
27	AIR VANT X	1	\$ 65.00	\$ 65.00
28	REAR FENDER X R	2	\$ 1,024.00	\$ 2,048.00
29	REAR FENDER COWLING X	2	\$ 358.00	\$ 716.00
30	REAR FENDER INNER TRIM (RH) / CR4	2/1	\$ 398.00	\$ 796.00
31	REAR WINDSCREEN MOULDING X	1	\$ 112.00	\$ 112.00
32	REAR END PANEL / DD	1	\$ 695.00	\$ 695.00
33	END PANEL TOP GARNISH / CR4	1	\$ 278.00	\$ 278.00
34	REAR FLOOR PANEL / DD	1	\$ 1,025.00	\$ 1,025.00
35	REAR SPARE TYRE TOP BOARD / CR4	1	\$ 357.00	\$ 357.00
36	REAR EXHAUST PIPE X	1	\$ 951.00	\$ 951.00
37	REAR EXHAUST PIPE HEAT SHIELD X	1	\$ 398.00	\$ 398.00
38	REAR EXHAUST MOUNTING X	2	\$ 28.00	\$ 56.00
				\$ 17,619.00

200

			Less 25%	\$ 4,404.75
			Total	\$ 13,214.25

S/Nett items:				
1	REAR NUMBER PLATE X	1	\$ 50.00	\$ 50.00
2	BOOTLID INSULATOR CLIPS / ml	1	\$ 30.00	\$ 15 30.00
3	BOOTLID STICKER / ml	1	\$ 50.00	\$ 30 50.00
4	TAILAMP CLIPS SET X	1	\$ 40.00	\$ 40.00
5	REAR FENDER SEALANT X	1	\$ 150.00	\$ 150.00
6	REAR FENDER COWLING CLIPS SET X	1	\$ 50.00	\$ 50.00
7	REAR FENDER INNER TRIM CLIPS SET	1	\$ 50.00	\$ 50.00
8	REAR WINDSCREEN SEALANT X	1	\$ 80.00	\$ 80.00
9	REAR WINDSCREEN INNER SEAL X	1	\$ 80.00	\$ 80.00
10	REAR END PANEL TOP GARNISH CLIPS / ml	1	\$ 30.00	\$ 10 30.00
11	REAR END PANEL SEALANT / ml	1	\$ 120.00	\$ 30 120.00
12	REAR SPARE TYRE PANEL SEALANT	1	\$ 150.00	\$ 150.00
	REVERSE CAMERA X	1	\$ 400.00	\$ 400.00
				\$ 3,060.00
Labour to: Rear				
1	SPRAY PAINTING ON AFFECTED AREAS	1	\$ 1,600.00	\$ 1,600.00
2	PANEL BEATING ON AFFECTED AREAS	1	\$ 2,200.00	\$ 2,200.00
3	REMOVE AND REFIR REAR WINDSCREEN GLASS	1	\$ 150.00	\$ X 150.00
4	REMOVE AND REFIR REAR BOOTLID MECHANISM	1	\$ 100.00	\$ 30 100.00
5	REMOVE AND REFIR REAR EXHAUST SYSTEM	1	\$ 150.00	\$ X 150.00
6	REMOVE AND REFIR FUEL TANK ASSY	1	\$ 150.00	\$ X 150.00
7	REAR CHASSIS ALIGNMENT	1	\$ 200.00	\$ X 200.00
8	TO CHECK ELECTRICAL WIRING	1	\$ 100.00	\$ 30 100.00
9	APPLY ANTI RUST ON AFFECTED AREAS	1	\$ 50.00	\$ 30 50.00
				\$ 4,700.00
			Parts Replacement Amount	\$ 16,274.25
			Total Amount for Labour	\$ 4,700.00
			Total Amount	\$ 20,974.25

1200
1400

Steve (LKK)
13/5/22, 10.00

ML R
L/S
M 11 17
8 47

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	10/05/2022 18:52 (SGT)
Date of Accident	10/05/2022 09:23 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ECP (MCE) TO CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND655Z
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	1600

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	ROSLEE BIN MOHD SHARIFF
NRIC No	SXXXX063E



Date Of Birth	29/05/1976
Occupation	Outdoor
Date Of Driving Pass	16/01/1997
Driving experience	25 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91542954
Alt. Phone Number	-
Email Address	ANDY.QUEK@LUMENS.SG
Address	561, ANG MO KIO AVE 1, #09-1804
Address complement	-
Postcode	560561
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

PASSENGER 2

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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK8445Y
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FAHMY
Contact Number	(Phone) +65-90910670
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident

I WAS DRIVING TO SEND MY PASSENGERS FROM
 ASKARI TO TO ARIANA ONE. WHILE ON ECP, FRONT CAR
 MADE AN ABRUPT BRAKE AND I APPLIED MY BRAKES
 ON TIME BUT BEHIND CAR SLK PUSHT HIT 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

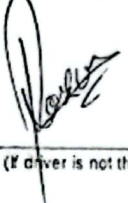
CITY AUTO PTE LTD
 Blk 6 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 575643
 Tel: 6453 1235 Fax: 6453 7944
 (Claims Section)
 Witnessed by Reporting Centre
 Personnel

SKETCH PLAN

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 firms/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 firms/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 firms/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

