ASS. REC. BY: Kenneth | REF: AIS/ 22004518/KT

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Optimo

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: 04 days Res.: Yes or No

Lum Sum: 1.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SJD 1863A Yr Regn: 12, 21

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

Make: Toy Altis c.c 1798

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

Sp.Reading 57365 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR2BZ3BE100008738

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: 225/45R17

R: _____

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	4 mm
L/Bal.	6 mm	L/Bal.	4 mm
D.O.A.	10/5/22	D.O.I.	13/5/2022

Survey held at _____

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

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 ($ _____)

Survey Fee: _____

Transportation: _____ S + RS. _____ SI

Parking _____

Others _____

TOTAL _____

Report Format :

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

OPTIMA WERKZ SINGAPORE

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

Date:	13.05.2022	Third Party Insurer:	ALLIANZ
Vehicle No:	SND1863H	Third Party Veh No:	SLU7303C
Model:	TOYOTA COROLLA ALTIS HYBRID ELEGANCE	Date of Accident:	10.05.2022
Chassis:	MR2BZ3BE100008738	Estimator:	KIT
Reg.Year:	2021	Surveyor:	

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S$	AMOUNT S$
1	REAR BOOTLID	1		$1,280.40
2	REAR BOOTLID "LOGO" EMBLEM	1		$100.10
3	REAR BOOTLID "COROLLA ALTIS" EMBLEM	1		$95.80
4	REAR BOOTLID "HYBRID" EMBLEM	1		$96.40
5	REAR BOOTLID OUTER GARNISH	1		$516.20
6	REAR BOOTLID TAILLAMP LH	1		$297.30
7	REAR BOOTLID INNER TRIM BOARD	1		$272.60
8	REAR BOOTLID WEATHERSTRIP	1		$307.40
9	REAR TAILLAMP OUTER LH	1		$456.80
10	REAR TAILLAMP OUTER LOWER BRACKET LH	1		$145.70
11	REAR BUMPER	1		$1,854.60
12	REAR BUMPER SIDE RETAINER LH	1		$172.60
13	REAR BUMPER REFLECTOR LH	1		$79.80
14	REAR END PANEL	1		REPAIR
			SUB TOTAL	$5,675.70
			LESS 25%	-$1,418.93
			PARTS TOTAL	$4,256.78

NO.	SPECIAL NETT	QTY	UNIT S$	AMOUNT S$
1	REAR BOOTLID ADVERTISING STICKER	1		$80.00
2	REAR NUMBER PLATE WITH HOLDER	1		$65.00
3	REAR BOOTLID INNER TRIM BOARD CLIPS	1		$30.00
4	REAR BUMPER CLIPS	1		$50.00
5	REAR BUMPER REVERSE SENSOR	1		$300.00
			S/N TOTAL	$525.00

Not Authorised
Resurvey B4 repairing
4days

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:

Head office
6 Kung Chong Road Singapore 159143
Tel: (+65) 6472 1300 | 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

OPTIMA WERKZ SINGAPORE

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

Date:	13.05.2022	Third Party Insurer:	ALLIANZ
Vehicle No:	SND1863H	Third Party Veh No:	SLU7303C
Model:	TOYOTA COROLLA ALTIS HYBRID ELEGANCE	Date of Accident:	10.05.2022
Chassis:	MR2BZ3BE100008738	Estimator:	KIT
Reg.Year:	2021	Surveyor:	

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE,REPLACE,REFIX, REPAIR & READJUST REAR ACCIDENT AREA.	$800.00
LABOUR CHARGES TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR ACCIDENT AREA.	$800.00
LABOUR CHARGES TO REMOVE & REPLACE REAR BUMPER REVERSE SENSOR & ETC.	$100.00
TO DIAGNOSE FAULT CODE & RESET MEMORY.	$120.00
TO TUFF KOTE & UNDERSEAL MATERIALS.	$100.00
TO CHECK WIRING & ELECTRICAL SYSTEM ETC.	$100.00
LABOUR TOTAL	$2,020.00
KIT TOTAL	**$6,801.78**

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 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

SC1R225A0007 / City Auto Pte Ltd
ENTRY DATE & TIME: 10/05/2022 18:36 (SGT)
SUBMITTED BY: Jason Quak
VERSION: 1 (10/05/2022 18:36 (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	10/05/2022 18:36 (SGT)
Date of Accident	10/05/2022 02:34 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG CTE TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND1863H

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	21-MMM000794R00
Cover Note Number	-

DRIVER

Name of Driver	CHUA ENG BEE
NRIC No	SXXXX144E

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**.
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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

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