

REC BY: Star

CS/C1122005507/643

Eny3

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. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SLG 8843C Yr Regn: 18/10/16
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Traller or _____
 Make: Toyota Prius c.c. 1797
 Colour: Silver A/C: Insured / Std / Nil / NA
 Sp. Reading: 647471 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: J 1D KB 3F9 803536370
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jaimmed / Leaked / Burnt or _____
 Brake: Inorder / Jaimmed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 195/50R15
 R: _____

N/S	O/S
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

Front	Rear
R/Bal. <u>4</u> mm	R/Bal. <u>4</u> mm
L/Bal. <u>4</u> mm	L/Bal. <u>4</u> mm
D.O.A. <u>14/5/22</u>	D.O.I. <u>10/6/22</u>
Survey held at <u>Lion City</u>	
Des. of Damages: Frt / <input checked="" type="radio"/> Rear / O/S / N/S / U/C / Rooftop or _____	

Bal. or Market Value: _____
 IDAC Accident Rport _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 3 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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

Date / Time	Action / Instruction
	<u>MV-63K</u>
	We will be advising our principal for the costs of repairs in \$1150.00 and 3 days. (red, \$2177.75, 65%)

Date/Time, File Pass to? : Prell. Report

1) 14/03/23 : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / I.B.F. (%) _____

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech, Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee:	
Transportation:	
\$ + RS. \$	
Photos	
Others	
TOTAL	

Lion City Rentals Pte Ltd
 CARROS CENTER
 60 JALAN LAM HUAT #04-01 S(737869)
 Main +65 62524991

Ms: CHINA TAOING INSURANCE
 Date 31/05/2022
 Attn : MOTOR CLAIMS DEPT

ESTIMATE

VEHICLE NO: SLG8843C
 CHASSIS NO : JTDKB3FU803536370
 MAKE / MODEL : Toyota Pirus 1.8 Hybrid
 DATE OF ACCIDENT : 14/05/2022
 YOUR INSURED VEHICLE NUMBER :SNC4283S
 MILEAGE : 640734

	<u>PARTS DESCRIPTION</u>	<u>QTY</u>	<u>UNIT PRICE</u>	<u>LIST PRICE</u>
1	Rear bumper / <i>GD</i>	1PC	\$423.90	\$423.90
2	Rear bumper center pad / <i>cut</i>	1PC	\$552.30	\$552.30
3	Rear bumper LH/RH retainer / <i>?</i>	2PC	\$225.40	\$225.40
4	Rear bumper reinforcement / <i>?</i>	1PC	\$318.80	\$318.80
5	Rear bumper lower cover / <i>X</i>	1PC	\$303.90	\$303.90
6	Rear bumper LH/RH side extension filler / <i>X</i>	1PC	\$296.80	\$296.80
7	Rear bumper tow cover / <i>MIS</i>	1PC	\$35.90	\$35.90
LIST TOTAL S\$:				\$2,157.00
25.00% DISCOUNT S\$:				\$539.25
				\$1,617.75

<u>SPECIAL NETT</u>			
1	Bumper clips / <i>nk</i>	1 SET	\$100.00 <i>30</i>
2	Reverse sensor / <i>?</i>	1 SET	\$260.00
Special Nett Total S\$:			\$360.00

<u>LABOUR CHARGES</u>			
1	To labour charge for removing rear bumper, rear bumper reinforcement out to facilitate replacement of damaged parts	\$750.00	<i>200</i>
2	To respray rear bumper and LH side filler	\$600.00	<i>220</i>

LABOUR TOTAL S\$:	\$1,350.00
TOTAL S\$:	\$3,327.75
7% GST	\$232.94
GRAND TOTAL S\$:	\$3,560.69

*Steve (LKK)
 10/6/22, 12:02L*

*ML
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 3 4/5*

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 surveyed and is subject to final approval from Insurer's 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	19/05/2022 10:21 (SGT)
Date of Accident	14/05/2022 15:40 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG8843C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LION CITY RENTALS PTE LTD
Company Reg No	2XXXXX621K
Email Address	lcrarc@lioncityrentals.com.sg
Mobile Phone No	(Phone) +65-62525525
Alternative Phone No	(Office) +65-62525525

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1798

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	22-MN000212-R00
Cover Note Number	-

DRIVER

Name of Driver	LIM HOCK SENG
NRIC No	SXXXX263B

Date Of Birth
 Occupation
 Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

24/04/1967
 Outdoor
 19/05/1987
 35 YEARS
 Male
 (Phone) +65-90217077
 -
 lcrarc@lioncityrentals.com.sg
 BLK 53 BUKIT BATOK STREET 31 #23-18
 -
 659445
 No
 Hirer
 No
 -
 -

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) 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

ON 14/05/2022 AT ABOUT 1540HRS I WAS DRIVING MY VEHICLE A (SLG8843C) ALONG BUKIT TIMAH RD. I WAS STATIONARY AT THE SLIP ROAD TO CLEAR MAJOR LANE. ALL OF SUDDEN VEHICLE B (SNC4283S) REAR ENDED MY VEHICLE. EXCHANGE PARTICULAR. NO INJURY AT THE POINT OF TIME.

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 SNC4283S
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver BERMUDEZ JULIO STEVEN
 Passport No/FIN GXXX217N

(Phone) +65-88090584

Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-
-
-
-
-
-
1

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 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.

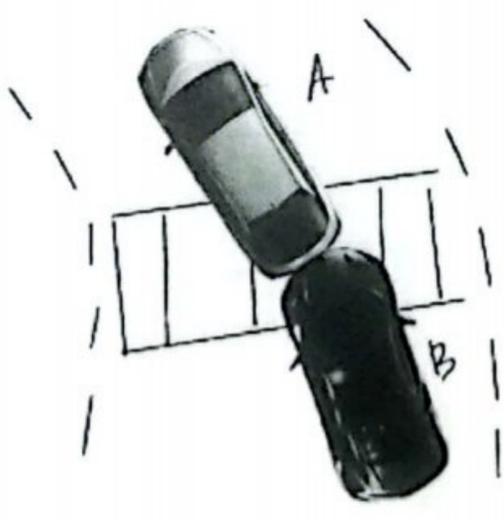
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
TAMIL

Sketch Plan
A. SLG 8843 C
B. SNC 4283 S

BUKIT TIMAH RD



Describe Circumstances of the Accident

ON 14/05/2022 AT ABOUT 1540HRS I WAS DRIVING MY VEHICLE A (SLG8843C) ALONG BUKIT TIMAH RD. I WAS STATIONARY AT THE SLIP ROAD TO CLEAR MAJOR LANE. ALL OF SUDDEN VEHICLE B (SNC4283S) REAR ENDED MY VEHICLE. EXCHANGE PARTICULAR. NO INJURY AT THE POINT OF TIME.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

[Handwritten Signature]
Driver's Signature (If driver is not the policyholder) / Date & Time 18/05/2022 / 1630 HRS

Witnessed by Reporting Centre Personnel *[Handwritten Signature]* TAMIL

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