

ASS. REC. BY:

REF: C121 2200 81521Kc

Kenneth

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. _____

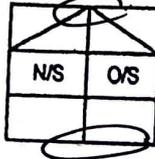
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 6-8 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: SNB 184B Yr Regn: 07, 21

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

Truck / Trailer or _____

Make: Toy Prius c.c. 1788

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

Sp. Reading: 98059 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3PU003097946

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/R/m / STD / R/m or

Tyre Size: F: 205 195/65R15

RFR17P

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

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 7 mm

L/Bal. 9 mm L/Bal. 7 mm

D.O.A. 26/6/22 D.O.I. 29/6/2022

Survey held at _____

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

Rear O/S & 1st

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation: _____

S - RS. SI _____

Fixtures _____

Others _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

TOTAL

Report Format :

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

Date: 28/06/2022
Vehicle No: SNB184B
Model: TOYOTA PRIUS 5DR HATCHBACK
Chassis: JTDKB3FU003091946-2020
Reg.Year: 2021

Third Party Insurer: CHINA TAIPING
Third Party Veh No: SMJ4877D
Date of Accident: 26/06/2022
Estimator: TING AN
Surveyor:

Not Assessed
LLP &
Summary After Pain
6-8 days

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$	
1	REAR TAILGATE	1		\$1,238.00	?
2	REAR TAILGATE OUTER GARNISH COVER	1		\$891.00	?
3	REAR TAILGATE "PRIUS" EMBLEM	1		<i>na</i> \$75.00	
4	REAR TAILGATE "HYBRID" EMBLEM	1		<i>na</i> \$75.00	
5	REAR TAILGATE INNER TRIM BOARD	1		<i>ln</i> \$251.00	X
6	REAR TAILGATE INNER LOCK	1		<i>lc</i> \$452.00	X
7	REAR TAILGATE WEATHERSTRIP	1		<i>ln</i> \$360.00	X
8	REAR SPOILER	1		<i>lc</i> \$1,245.00	X
9	REAR WINDSCREEN MOULDING	1		\$95.00	?
10	REAR TAILGATE LAMP RH	1		<i>cm</i> \$256.00	
11	REAR UPPER TAIL LAMP RH	1		<i>cm</i> \$433.00	
12	REAR LOWER TAIL LAMP RH	1		<i>cm</i> \$486.00	
13	REAR BUMPER	1		<i>ln</i> \$488.00	
14	REAR BUMPER LOWER LIP	1		<i>ln</i> \$486.00	
15	REAR BUMPER REFLECTOR RH	1		<i>scr</i> \$60.00	
16	REAR BUMPER SIDE BRACKET RH	1		<i>dit</i> \$112.00	
17	REAR BUMPER REINFORCEMENT	1		<i>ln</i> \$336.00	
18	REAR BUMPER ANTENNA SENSOR	1		<i>ln</i> \$75.00	X
19	REAR BUMPER TOWING COVER	1		<i>nit</i> \$25.00	
20	REAR END PANEL	1		\$729.00	?
21	REAR END PANEL UPPER COVER	1		\$155.00	?
22	REAR FLOOR PANEL TOOLBOX TRAY	1		<i>ln</i> \$165.00	X
23	REAR FLOOR PANEL TOOLBOX TRAY UPPER BOARD	1		<i>ln</i> \$504.00	X
24	FRONT BONNET	1		<i>ln</i> \$993.00	
25	FRONT HEADLAMP RH	1		\$3,052.00	?
26	FRONT BUMPER	1		<i>ln</i> \$565.00	
27	FRONT BUMPER TOWING COVER RH	1		<i>net</i> \$95.00	
28	FRONT BUMPER SIDE BRACKET RH	1		<i>dit</i> \$85.00	
29	FRONT BUMPER GARNISH COVER RH	1		<i>ln</i> \$172.00	X
30	FRONT BUMPER LOWER GRILLE	1		<i>ln</i> \$202.00	X
31	FRONT BUMPER REINFORCEMENT	1		\$691.00	?
32	FRONT BUMPER ABSORBER FOAM	1		\$135.00	?
33	FRONT GRILLE	1		<i>nit/net</i> \$457.00	
34	FRONT FENDER RH	1		<i>lc</i> \$988.00	X

Head office

6 Kung Chong Road Singapore 159143
Tel: (+65) 6472 1312 | 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



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Estimator: TING AN
Surveyor:

35	FRONT FENDER "HYBRID" EMBLEM RH	1		na \$55.00	X
36	REAR FENDER RH	1		REPAIR	
				SUB TOTAL	\$16,482.00
				LESS 25%	-\$4,120.50
				PARTS TOTAL	\$12,361.50

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$	
1	REAR WINDSCREEN SEALANT	1		\$80.00	?
2	REAR TAILGATE INNER TRIM BOARD CLIPS	1		na \$50.00	X
3	REAR BUMPER CLIPS	1		na \$50.00	✓
4	REAR BUMPER REVERSE SENSOR	1		net \$300.00	2001n
5	REAR END PANEL JOINT SEALANT	1		\$100.00	?
6	REAR END PANEL UPPER COVER CLIPS	1		na \$40.00	X
7	REAR BUMPER RUBBER MAT	1		na \$80.00	301n
8	FRONT GRILLE CLIPS	1		na \$40.00	✓
9	FRONT NUMBER PLATE & HOLDER	1		na \$50.00	451n
				S/N TOTAL	\$790.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST FRONT & REAR ACCIDENT AREAS & ETC. \$2,000.00 ?

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR TAILGATE, REAR TAILGATE OUTER GARNISH COVER, REAR BUMPER, REAR END PANEL, REAR FENDER RH, FRONT BONNET, FRONT BUMPER, FRONT FENDER RH & ETC. \$1,800.00 12001

LABOUR CHARGES TO REMOVE & REFIX REAR WINDSCREE GLASS, REAR WINDSCREEN MOULDING, REAR WINDSCREEN SEALANT & ETC. TO EFFECT REPLACE OF REAR TAILGATE. \$150.00 ?

LABOUR CHAREGS TO REMOVE & REINSTALLED REAR TAILGATE INNER MECHANISM & ETC. BACK TO ORIGINAL OPERATIONS. \$120.00 ?

LABOUR CHARGES TO REMOVE & REPLACE REAR BUMPER REVERSE SENSOR & ETC. \$100.00 502

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 Surveyor:

TO TUFF KOTE & UNDERSEAL MATERIALS.	\$150.00	7
TO DAIGNOSIS FAULT CODE & RESET MEMORY.	\$120.00	7
TO CHECK WIRING & ELECTRICAL SYSTEM & ETC.	\$100.00	401
LABOUR TOTAL		\$4,540.00

TING AN

TOTAL

\$17,691.50

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 27/06/2022 12:35 (SGT)
Reported by Driver
Date of Accident 26/06/2022 14:40 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information BEDOK BRADELL ROAD EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB184B

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) +65-87505732
Alternative Phone No +65-87781765

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 India International Insurance Pte Ltd
Policy Number / Cover Note Number D20MFL0005826_01

DRIVER

Name of Driver KRISTINA WONG YIN MUI(HUANG YANMEI)
NRIC No SXXXX285E
Date Of Birth 30/03/1974
Occupation Outdoor

SKETCH PLAN

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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.

Kyp

Amin

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time *26/06/22* *1740*

Witnessed by Reporting Centre Personnel *Amin*

Sketch Plan

