

ASS. REC. BY:

Steve

CS/MSA 22006192/Evg3

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: **SMC 971C**Policy No. **30001962419**Claims No. **276979**

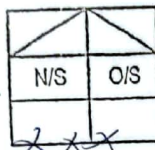
Sum Insured: _____ Excess: _____

(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: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **SLH 1920D** Yr Regn: **26/10/16**Type: ☒ Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make: **Hyundai Shuttle** c.c. **1496**Colour: **Red** A/C: ☒ Insured / ☐ Std / ☐ NI / ☐ NASp. Reading: **357211** T/Radio: ☒ Insured / ☐ Std / ☐ NI / ☐ NA

Eng/No: _____

C/No: **GP71043834**Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModi: ☒ Nil / ☐ SRM / ☐ STD A/Rim orTyre Size: F: **185/55R15**

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / ☒ LUC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. **4** mm R/Bal. **4** mmL/Bal. **4** mm L/Bal. **4** mmD.O.A. **18/6/22** D.O.I. **30/6/22**Survey held at **Lien City**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

MV-6LK

6/12/22 Lump Sum \$5400 (Red 5078.56, 48%)

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

Date/Time, File Return to?

2) 6/12/22-typist

Report Format: **Merimen**Lump Sum / Tot: (\$) **\$5400**Days Of Repair: **5**Resurvey No. of Trip: **1**Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

TOTAL

Lion City Rentals PTE LTD
4 JALAN BESUT

Ms Direct Asia Insurance (Singapore) Pte Ltd

Date 16/03/2020

Attn : MOTOR CLAIMS DEPT

ESTIMATE

VEHICLE NO: SLF644T

CHASSIS NO : GK81004806

MAKE / MODEL : Honda Shuttle 1.5 Auto

DATE OF ACCIDENT : 13/03/2020

YOUR INSURED VEHICLE NUMBER : SKG8295X

MILEAGE: 194219 km

	<u>PARTS DESCRIPTION</u>	<u>QTY</u>	<u>UNIT PRICE</u>	<u>LIST PRICE</u>
1	Rear tailgate / <i>00</i>	1PC	\$ 1,850.00	\$ 1,850.00
2	Rear tailgate windscreen moulding / <i>MC</i>	1 PC	\$ 195.00	\$ 195.00
3	Rear back door Hybrid emblem / <i>MC</i>	1PC	\$ 45.80	\$ 45.80
4	Rear back door SHUTTLE emblem / <i>MC</i>	1PC	\$ 88.40	\$ 88.40
5	Rear tailgate lock / <i>MT</i>	1PC	\$ 550.00	\$ 550.00
6	Rear tailgate door lock catch X	1PC	\$ 158.00	\$ 158.00
7	Rear tailgate weatherstrip / <i>TH</i>	1PC	\$ 380.00	\$ 380.00
8	R/R taillamp reflector / <i>CRA (LH)</i>	1PC	\$ 850.00	\$ 850.00
9	R/R taillamp / <i>OR (LH)</i>	1PC	\$ 720.00	\$ 720.00
10	Rear bumper / <i>OR</i>	1PC	\$ 1,350.00	\$ 1,350.00
11	Rear bumper RH tow cover X	1PC	\$ 68.00	\$ 68.00
12	Rear bumper RH side retainer X	1PC	\$ 128.00	\$ 128.00
13	Rear bumper LH side retainer / <i>OR</i>	1PC	\$ 128.00	\$ 128.00
14	Rear bumper LH reflector / <i>CVT</i>	1PC	\$ 80.00	\$ 80.00
15	Rear bumper LH reflector garnish / <i>CVT</i>	1PC	\$ 168.00	\$ 168.00
16	Rear bumper inner RH foam ?	1PC	\$ 98.00	\$ 98.00
17	Rear bumper inner LH foam ?	1PC	\$ 98.00	\$ 98.00
18	Rear end panel / <i>00</i>	1PC	\$ 950.00	\$ 950.00
19	Rear end panel top garnish / <i>OR</i>	1PC	\$ 260.00	\$ 260.00
20	Smart buzzer sensor ?	1PC	\$ 180.00	\$ 180.00

Tailgate garnish (chrome) / OR

LIST TOTAL S\$: \$ 8,345.20
20.00% DISCOUNT S\$: \$ 1,669.04
\$ 6,676.16

SPECIAL NETT

1	Bumper and end panel clips / <i>MC</i>	1 SET	<i>30</i>	\$ 200.00
2	Reverse sensor / <i>Shake</i>	1 SET	<i>270</i>	\$ 260.00
3	Windscreen sealant / <i>MC</i>	1PC	<i>40</i>	\$ 100.00
4	Body sealant / <i>MC</i>	1PC	<i>40</i>	\$ 200.00

Special Nett Total S\$: \$ 760.00

LABOUR CHARGES

- To labour charge for removing rear back door, rear end panel, spare panel and rear bumper to facilitate repairs and replacement of damaged parts \$ 1,200.00

1000

- | | | | |
|---|--|-------------|-----|
| 2 | To respray rear bumper, rear back door ,
spare tyre panel and end panel | \$ 1,200.00 | 900 |
| 3 | Transfer door mechanism to facilitate repairs
and replacement of parts (Taky) | \$ 120.00 | 50 |
| 4 | To remove & install rear windscreen glass | \$ 180.00 | 120 |

LABOUR TOTAL S\$:	\$ 2,700.00
TOTAL S\$:	\$ 10,136.16
7% GST	\$ 709.53
GRAND TOTAL S\$:	<u>\$ 10,845.69</u>

Star (LKK)

30/6/22, 10.10

W R

LIS

W AC Y

5 45

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	21/06/2022 10:29 (SGT)
Date of Accident	18/06/2022 08:00 (SGT)
Exact Location of Accident	Jalan Sutera, Taman Sentosa, 80150 Johor Bahru, Johor, Malaysia
Additional Location Information	-
Country/State of Loss	Malaysia/Johor Darul Takzim

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH1920D
-----------------------------	----------

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) +65-98796982
Alternative Phone No	(Office) +65-62525525

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1496

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	MN000211
Cover Note Number	-

DRIVER

Name of Driver	JOCELYN WONG PAI SEN
NRIC No	SXXXX926F



Date Of Birth	13/03/1971
Occupation	Outdoor
Date Of Driving Pass	22/08/2000
Driving experience	21 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98796982
Alt. Phone Number	-
Email Address	lcrarc@lioncityrentals.com.sg
Address	BLK 320 CLEMENTI AVENUE 4 #07-25
Address complement	-
Postcode	120320
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT D/20220618/2050

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC971C
Vehicle Manufacturer	Toyota
Vehicle Model	Sienta
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	(Phone) +65-98353668
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	JOCELYN WONG PAI SEN
Gender	Female
Phone No	(Phone) +65-98796982
Address	BLK 320 CLEMENTI AVENUE 4 #07-25
Address Complement	-
Post Code	120320
Approximate Age Years Old	51
Injuries Sustained	NECK AND SHOULDER
Injured person in which vehicle?	SLH1920D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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' 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.



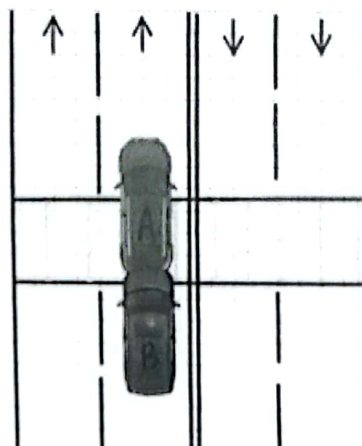
Policyholder's Signature / Date & Time

Sketch Plan

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

20/06/22 1300

Witnessed by Reporting Centre Personnel



↑ JALAN SUTERA,
TAMAN SENTOSA
(JOHOR BAHRU,
MALAYSIA)

A - SLH1920D
B - SMC971C

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT D/20220618/2050

Declaration

I/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
20/06/22 1300

Witnessed by Reporting Centre Personnel