

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: _____
 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
<u>X</u>	<u>X</u>

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 4 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: SLC 5951P Yr Regn: 19/5/16
 Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Sienna c.c. 1496
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 135770 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: NSP/707011463
 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: 185/60R15
 R: 11

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. 29/6/22 D.O.I. 6/7/22
 Survey held at Motorway
 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>NIV-58X</u>
	Steve finalised LS \$1800, 4 days (Red \$4312.50, 71%)

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

Days Of Repair: 4Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

1) Date/Time, File Return to?

2)

Report Format: TPLump Sum 1800

Add Fee:

☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Lion City Rentals Pte Ltd
4 JALAN BESUT

Date: 29/6/2022
Attn: MOTOR CLAIMS DEPT

ESTIMATE

VEHICLE NO.: SLC5951P
CHASSIS NO.: NSP1707011463
MAKE / MODEL: Toyota Sienta Hybrid 1.5GX CVT
DATE OF ACCIDENT: 29/6/2022
YOUR INSURED VEHICLE NUMBER: SHB741P
MILEAGE: km

	<u>PARTS DESCRIPTION</u>	<u>QTY</u>	<u>UNIT PRICE</u>	<u>LIST PRICE</u>
1	Rear tailgate / PP	1PC	\$ 2,300.00	\$ 2,300.00
2	Rear tailgate windscreen moulding / MC	1PC	\$ 120.00	\$ 120.00
3	Rear tailgate Toyota emblem / MC	1PC	\$ 80.00	\$ 80.00
4	Rear bumper center pad X R	1PC	\$ 150.00	\$ 150.00
5	Rear bumper X R	1PC	\$ 1,900.00	\$ 1,900.00
LIST TOTAL S\$:				\$ 4,550.00
25.00% DISCOUNT S\$:				\$ 1,137.50
				\$ 3,412.50

S/Nett

1	Reverse sensor / SHAR	\$ 240.00	870
2	Sealant / MC	\$ 60.00	40
		\$ 300.00	

LABOUR CHARGES

1	To labour charge for removing rear tailgate, rear end panel and rear bumper out to facilitate replacement of damaged part	\$ 750.00	490
2	To respray rear bumper and rear tailgate	\$ 600.00	400
3	Transfer taigate mechanism	\$ 150.00	50
4	Remove and install rear tailgate windscreen glass	\$ 150.00	170
LABOUR TOTAL S\$:		\$ 1,350.00	
TOTAL S\$:		\$ 6,112.50	
7% GST		\$ 427.88	
GRAND TOTAL S\$:		\$ 6,540.38	

Steve (LKK)

6/7/22, 12.17

W MC

LIS

4 ALY

4 LY

LKK Auto Consultants hereby notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during survey
- 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 seen, heard 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	29/06/2022 11:03 (SGT)
Reported by	Driver
Date of Accident	29/06/2022 08:55 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC5951P
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) +65-91164747
Alternative Phone No	(Office) +65-62525525

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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
Policy Number / Cover Note Number	22-MN000212-R00

DRIVER

Name of Driver	TEO KIM CHYE, STEVEN
NRIC No	SXXXX816I
Date Of Birth	23/11/1975
Occupation	Outdoor

Date Of Driving Pass	07/01/2014
Driving experience	8 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91164747
Alt. Phone Number	-
Email Address	lcrarc@lioncityrentals.com.sg
Address	BLK 211A COMPASSVALE LANE #10-198
Address complement	-
Postcode	541211
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN
Gender	Female

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 29/09/2022 AT ABOUT 0855HRS, I WAS DRIVING VEHICLE A (SLC5951P) ALONG CTE ON THE MOST RIGHT HAND LANE. IT WAS SLOW MOVING TRAFFIC WHEN SUDDENLY VEHICLE B (SHB741P) HIT ME FROM THE REAR. NO INJURY.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB741P
Vehicle Manufacturer	Toyota
Vehicle Model	Prius

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	JURAIMI BIN JOHARI
NRIC No	SXXXX066G
Contact Number	-
Address	-
Address complement	BLK 422 CLEMENTI AVE 1 #15-357
Postcode	120422
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.



[Signature]

[Signature]

Policyholder's Signature / Date & Time

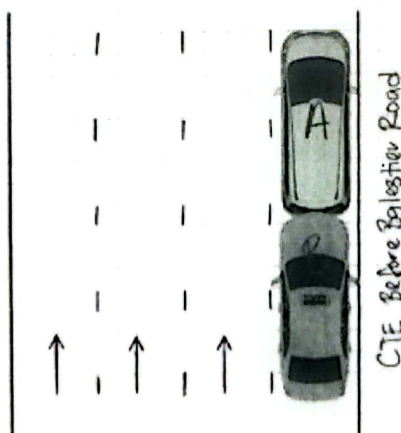
Driver's Signature (if driver is not the policyholder) / Date & Time *20/04/22* *0950*

Witnessed by Reporting Centre Personnel *Amin*

Sketch Plan

A-SLC5951P

B-SH8741P



Describe Circumstances of the Accident

ON 29/09/2022 AT ABOUT 0855HRS, I WAS DRIVING VEHICLE A (SLC5951P)) ALONG CTE ON THE MOST RIGHT HAND LANE. IT WAS SLOW MOVING TRAFFIC WHEN SUDDENLY VEHICLE B (SHB741P) HIT ME FROM THE REAR. NO INJURY.

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 29/09/22 0850

Witnessed by Reporting Centre Personnel Amini