

ASS. REC. BY:

REF:

AIG/

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or NoLump Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMH 7091U Yr Regn: 01.19Type: ☒ M.Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make: Honda Fit c.c. 1896Colour: M-Black A/C: ☒ Insured / ☐ Std / ☐ NI / ☐ NASp. Reading: 254055 T/Radio: ☒ Insured / ☐ Std / ☐ NI / ☐ NA

Eng/No: _____

C/No: GP5 1338962Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModi: ☒ M / ☐ S/Rim / ☐ STD A/Rim orTyre Size: F: Triangle 195/50R15R: Finaro

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

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 5 mm R/Bal. 8 mmL/Bal. 5 mm L/Bal. 8 mmD.O.A. 27/7/22 D.O.I. 26/8/2022Survey held at ✓Des. of Damages: Rec o/s

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Fees

Others

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

Report Format :

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

TOTAL

Date: 26/08/2022
Vehicle No: SMH7091U
Model: HONDA FIT HYBRID 1.5
Chassis: GP51336962-2018
Reg.Year: 2019

Not known
11 Pys @

Third Party Insurer:
Third Party Veh No:
Date of Accident:
Estimator:
Surveyor:

AIG
SJB9001J
27/07/2022
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Recovery After Rain
2 days

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR TAILGATE	1		<i>nn</i> \$947.40 X
2	REAR TAILGATE "FIT" EMBLEM	1		<i>nn</i> \$42.90 X
3	REAR TAILGATE "HYBRID" EMBLEM	1		<i>nn</i> \$58.50 X
4	REAR TAILGATE WEATHERSTRIP	1		<i>nn</i> \$102.30 X
5	REAR WINDSCREEN MOULDING	1		<i>nn</i> \$110.80 X
6	REAR BUMPER	1		<i>nn</i> \$568.30 X
7	REAR BUMPER SIDE BRACKET RH	1		<i>nn</i> \$28.80 X
8	REAR BUMPER REFLECTOR RH	1		<i>nn</i> \$40.90 X
9	REAR BUMPER LOWER GARNISH COVER RH	1		<i>nn</i> \$86.80 X
10	REAR END PANEL	1		REPAIR
SUB TOTAL				\$1,986.70
LESS 20%				-\$397.34
PARTS TOTAL				\$1,589.36

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR WINDSCREEN SEALANT	1		<i>nn</i> \$80.00 X
2	REAR BUMPER CLIPS	1		<i>nn</i> \$50.00 X
3	REAR BUMPER REVERSE SENSOR	1		<i>nn</i> \$300.00 X
S/N TOTAL				\$430.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST REAR ACCIDENT AREAS & ETC.

\$700.00 *2000*

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR TAILGATE, REAR BUMPER, REAR END PANEL & ETC.

\$700.00 *2000*

LABOUR CHARGES TO REMOVE & REFIX REAR WINDSCREEN GLASS, REAR WINDSCREEN MOULDING, REAR WINDSCREEN SEALANT & ETC.

nn \$150.00 X

LABOUR CHARGES TO REMOVE & REINSTALLED REAR TAILGATE INNER MECHANISM & ETC. BACK TO ORIGINAL OPERATIONS.

nn \$120.00 X

LABOUR CHARGES TO REMOVE & REPLACE REAR BUMPER REVERSE SENSOR & ETC.

\$120.00 *500*

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



Date: 26/08/2022
Vehicle No: SMH7091U
Model: HONDA FIT HYBRID 1.5
Chassis: GP51336962-2018
Reg.Year: 2019

Third Party Insurer:
Third Party Veh No:
Date of Accident:
Estimator:
Surveyor:

AIG
SJB9001J
27/07/2022
TING AN

TO DIAGNOSIS FAULT CODE & RESET MEMORY.

TO CHECK WIRING & ELECTRICAL SYSTEM.

na \$100.00 X

na \$80.00 X

LABOUR TOTAL \$1,970.00

TOTAL \$3,989.36

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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 Actual 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	28/07/2022 15:07 (SGT)
Reported by	Driver
Date of Accident	27/07/2022 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	THIAM SIEW AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH7091U

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) +65-96472910
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1500

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	21MM000792-R00

DRIVER

Name of Driver	SUHAIMI BIN SULAIMAN
NRIC No	SXXXX500E
Date Of Birth	29/10/1971
Occupation	Outdoor

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

22/05/2009
 13 YEARS AND 2 MONTHS
 Male
 (Phone) +65-964772910
 -
 ANDY.QUEK@LUMENS.SG
 BLK528 JURONG WEST ST 52, #08-339
 -
 640528
 No
 Hirer
 No
 -
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Hit and run / Vandalism / Damaged whilst parked
 Clear
 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) No
 soliciting/offering accident claims assistance? -
 Translator's name -
 Translator's ID -
 Translator's phone number -
 Translator's email -
 Original language used in the statement -

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

REFER SEKTECH PLAN

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 SJB9001J
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver BHARAT AVAND
 Contact Number -

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.



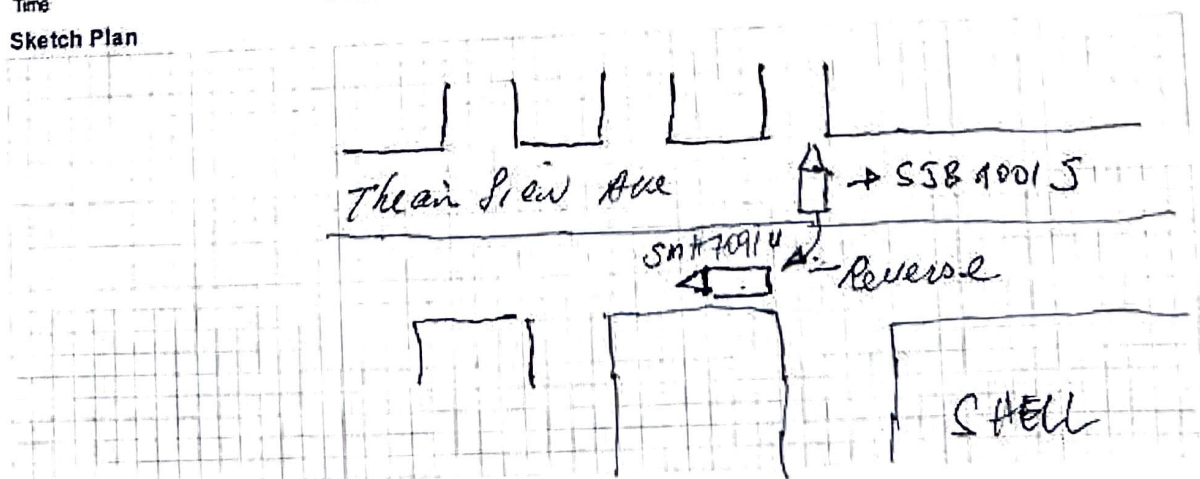
Policyholder's Signature / Date & Time

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




Describe Circumstances of the Accident

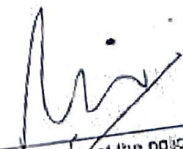
ON 27/7/2022 @ 1230 HRS WHILE STOPPING ALONG
THIAM SIEW AVE, ONE VEHICLE FROM ADDRESS 2A
THIAM SIEW AVE REVERSING AND HIT MY REAR
VEHICLE. BOTH DRIVER CAME OUT OF THE
CAR AND EXCHANGE PARTICULARS.

Declaration

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

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