

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SMH 8514K

at Workshop m/s MY CAR CONSULTANT

of 60, JLN LAM HUNG

Insured: AKS

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

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

N/S	O/S

Bal. or Market Value:	<u>113K</u>	
IDAC Accident Rpt:	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:

Date / Time	Action / Instruction
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REPAIR LIMIT- 72K

Veh No: SMH 8514K Yr Regn: 2019 / FEB

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

Truck / Trailer or _____

Make: TOYOTA PRIMS PLUS (A) c.c. 1798

Colour: WHITE A/C: Insured / Std / NI / NA

Sp.Reading: 277641 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDZS3E490J036570

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 205/60R16

R: _____

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	28/06/22	D.O.I.	31/08/22

Survey held at M4 CAR CONSULTANT

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, File Pass to?

☐ : Prell. Report
☐ : Final Report

1) **Date/Time, File Return to?**

2)

Report Format :

Lump Sum / I.B.I: (\$

Days Of Repair:**Resurvey No. of Trip:**

Survey Fee:

Transportation:

Add Fee:

<input type="checkbox"/>	: Site Insp (\$ _____)	_____ S + RS _____ SI
<input type="checkbox"/>	: Interview (\$ _____)	Photos
<input type="checkbox"/>	: Tech. Invs (\$ _____)	Others
<input type="checkbox"/>	: Weekend (\$ _____)	

TOTAL



MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z

Address: 53 Ubi Ave 1 #01-33 Paya Ubi Industrial Park Singapore 408934

HP: 98888885

Estimation

Date: 31/8/2022

Vehicle: SMH8514K

Make / Model: TOYOTA PRIUS

Chassis No: ALLIANZ

No.	Description	Unit	Unit Price	Amount
Parts Replacement:				
1	TAILGATE by repair	1	\$ 1,359.00	\$ 1,359.00
2	TAILGATE LOGO no X	1	\$ 96.00	\$ 96.00
3	TAILGATE EMBLEM PRIUS no /	1	\$ 96.00	\$ 96.00
4	TAILGATE EMBLEM HYBRID no /	1	\$ 96.00	\$ 96.00
5	TAILGATE WEATHERSTRIP X	1	\$ 258.00	\$ 258.00
6	TAILGATE LOCK X	1	\$ 480.00	\$ 480.00
7	TAILGATE WINDSCREEN GLASS MOULDING X	1	\$ 198.00	\$ 198.00
8	TAILLAMP LH X	1	\$ 480.00	\$ 480.00
9	REAR BUMPER em /	1	\$ 798.00	\$ 798.00
10	REAR BUMPER SIDE RETAINER X	2	\$ 128.00	\$ 256.00
11	REAR BUMPER LAMP X	2	\$ 480.00	\$ 960.00
12	REAR BUMPER BRACKET ?	2	\$ 112.00	\$ 224.00
13	REAR BUMPER LOWER LIP cut /	1	\$ 698.00	\$ 698.00
14	REAR BUMPER UNDER COVER X	1	\$ 64.00	\$ 64.00
15	REAR END PANEL X	1	\$ 656.00	\$ 656.00
16	REAR END PANEL TOP GARNISH X	1	\$ 288.00	\$ 288.00
17	REAR FLOOR PANEL TOP BOARD X	1	\$ 312.00	\$ 312.00
				\$ 7,319.00
			Less 25%	\$ 1,829.75
			Total	\$ 5,489.25
S/Nett items:				
1	REAR REVERSE SENSOR cut /	1 SET	\$ 250.00	\$ 250.00
2	REAR BUMPER CLIP no /	1 SET	\$ 80.00	\$ 80.00
3	REAR END PANEL GARNISH CLIP X	1 SET	\$ 30.00	\$ 30.00
4	END PANEL SEALANT X	1	\$ 50.00	\$ 50.00
5	REAR WINDSCREEN GLASS SEALANT X	2	\$ 60.00	\$ 120.00
				\$ 530.00

Labour to:				
1	TO CHECK ELECTRICAL WIRING	1	\$ 80.00	\$ 80.00
2	TO REMOVE AND REFIT REVERSE SENSOR	1	\$ 150.00	\$ 150.00
3	REMOVE AND REFIX REAR UPHOLSTERY	1	\$ 150.00	\$ 150.00
4	REMOVE AND TRANSFER ALL REAR TAILGATE FITTING	1	\$ 150.00	\$ 150.00
5	REMOVE AND REFIX REAR WINDSCREEN GLASS	1	\$ 180.00	\$ 180.00
6	APPLY ANTI RUST ON AFFECTED AREAS	1	\$ 200.00	\$ 200.00
7	SPRAY PAINTING ON AFFECTED AREAS	1	\$ 1,200.00	\$ 1,200.00
8	PANEL BEATING ON AFFECTED AREAS	1	\$ 1,200.00	\$ 1,200.00
				\$ 3,310.00

	Parts Replacement Amount	\$	6,019.25
	Total Amount for Labour	\$	3,310.00
	Total Amount	\$	9,329.25

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:

Rate
Hr 200.00/68

4 days

L/S

31/08/22 @ 1650

Resurvey after repair

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	28/06/2022 15:29 (SGT)
Reported by	Driver
Date of Accident	28/06/2022 09:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH8514K
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) +65-87781765
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1800

INSURANCE COMPANY

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

DRIVER

Name of Driver	TAN KUAN JIN
NRIC No	SXXXX661Z
Date Of Birth	02/09/1950
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

04/01/2010

12 YEARS AND 5 MONTHS

Male

(Phone) +65-82653126

ANDY.QUEK@LUMENS.SG

BLK840, CHOA CHU KANG ST 64 #15-09

860640

No

Hirer

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

Collision - Head to Rear

Clear

Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

Translator's name

Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

No

2

No

-

Yes

1

No

-

-

-

-

-

-

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

No

No

-

CIRCUMSTANCES OF ACCIDENT

REFER SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

SMJ8451Y

-

-

-

-

Private car

-

Address
Address complement
Postcode
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.



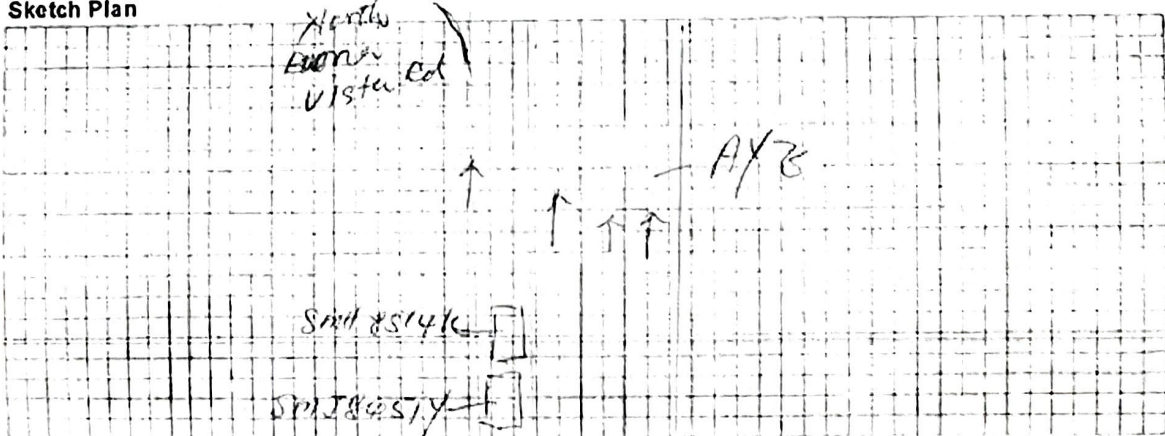
Policyholder's Signature / Date & Time

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

While driving along AYS
I was aware that the front
car was about to brake. so I brake
hard, and suddenly I was shaken
by the back impact and I stopped and
come down and have a look, and
we exchange particulars and have
a few words, so we left

[Signature]

[Signature]

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]


Policyholder's Signature / Date &
Time

[Signature]

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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 961K

Vehicle Details

Vehicle No.: SMH8514K

Vehicle to be Exported: No

Intended Deregistration Date: 31 Aug 2022

Vehicle Make: TOYOTA

Vehicle Model: PRIUS PLUS (AUTO)

Primary Colour: White

Manufacturing Year: 2018

Engine No.: 2ZROC87965

Chassis No.: JTDZS3EU90J036570

Maximum Power Output: 100.0 kW (134 bhp)

Open Market Value: \$30,006.00

Original Registration Date: 12 Feb 2019

First Registration Date: 12 Feb 2019

Transfer Count: 0

Actual ARF Paid: \$24,009.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 11 Feb 2029

PARF Rebate Amount: \$18,006.00

Intended COE Rebate Details

COE Expiry Date: 11 Feb 2029

COE Category: B - Car above 1600cc or 97kW (130bhp)

COE Period(Years): 10

QP Paid: \$34,509.00

COE Rebate Amount: \$22,256.00

Total Rebate Amount: \$40,262.00










The information contained herein is correct as at 31 Aug 2022

OK

Toyota Prius Plus Hybrid 1.8A

Overview

[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

Price	\$111,888		
Depreciation 	\$15,600 /yr View models with similar depre	Reg Date	24-Jan-2019 (6yrs 4mths 23days COE left)
Mileage	37,000 km (10.3k /yr)	Manufactured 	2018
Road Tax 	\$976 /yr	Transmission	Auto
Dereg Value 	\$38,624 as of today (change)	Fuel Type	Petrol-Electric
COE 	\$32,200	OMV 	\$30,006
Engine Cap	1,798 cc	ARF 	\$24,009
Curb Weight 	1,500 kg	Power	100.0 kW (134 bhp)
Type of Vehicle	MPV	No. of Owners 	2