

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: SMV 6070M
 at Workshop m/s MY CAR CONSULTANT
 of 60, YLU LAMITUNG #05-18
 Insured: MS
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SMV 6070M Yr Regn: 2020 / OUT
 Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: TOYOTA PRIUS 5DR 4. B A c.c. 1798
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 130617 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDKB3FU603091269
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Order / Jammed / Leaked / Burnt or _____
 Brake: Order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 195/65R17
 R: 195/65R17

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or FIRENZA
 Front 6 mm R/Bal. 6 mm
 L/Bal. 6 mm Rear 6 mm
 D.O.A. 24/08/22 D.O.I. 07/09/22
 Survey held at MY CAR CONSULTANT
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
O/S FRT

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

Date / Time	Action / Instruction
	<u>REPAIR LIMIT - 91K</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report

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

Date/Time, File Return to?
 2) _____

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

Survey Fee: _____
 Transportation: _____
 S + RS _____ SI
 Photos _____
 Others _____

Report Format : _____
 Lump Sum / I.B.I. (\$) _____)



MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z

Address: 60 JALAN LAM HUAT, CARROS CENTRE 05-68 S737896

HP: 98888885

Estimation

Date: 7/9/2022
 Vehicle: SMV6070M
 Make / Model: TOYOTA PIRUS
 Chassis No: ALLIANZ

No.	Description	Unit	Unit Price	Amount
Parts Replacement:				
1	FRONT BUMPER <i>scr</i>	1	\$ 798.00	\$ 798.00
2	FRONT BUMPER SIDE COVER RH <i>scr</i>	1	\$ 112.00	\$ 112.00
3	FRONT FENDER RH <i>repair</i>	1	\$ 698.00	\$ 698.00
4	FRONT FENDER COWLING RH <i>X</i>	1	\$ 159.00	\$ 159.00
5	FRONT FENDER EMBLEM RH <i>scr</i>	1	\$ 45.00	\$ 45.00
6	SIDE SKIRTING RH <i>X</i>	1	\$ 898.00	\$ 898.00
7	FRONT DOOR RH <i>repair</i>	1	\$ 1,025.00	\$ 1,025.00
8	FRT LOWER ARM RH <i>X</i>	1	\$ 581.00	\$ 581.00
9	FRT KNUCKLE ARM RH <i>X</i>	1	\$ 587.00	\$ 587.00
10	FRT WHEEL BEARING RH <i>X</i>	1	\$ 198.00	\$ 198.00
TOTAL PART				\$ 5,101.00
LIST DOWN		25%		\$ 1,275.25
AFTER LIST DOWN				\$ 3,825.75
SPECIAL NETT				
1	FRONT DOOR STICKER <i>scr</i>	1	\$ 150.00	\$ 150.00 50
2	FRT FENDER INNERSHIELD CLIP SET RH <i>X</i>	1	\$ 50.00	\$ 50.00
3	SIDE MIRROR CARBON FIBRE COVER <i>scr</i>	1	\$ 200.00	\$ 200.00 80
4	FRONT RIM RH <i>X</i>	1	\$ 300.00	\$ 300.00
5	FRONT WHEEL HUB CAP SET <i>scr</i>	1	\$ 200.00	\$ 200.00 50
TOTAL AMOUNT				\$ 900.00
LABOUR				
1	CHECK WIRING			\$ 100.00 X
2	R+R UNDERCARRIAGE			\$ 350.00 X
3	WHEEL ALIGNMENT			\$ 100.00 X
4	KNOCK			\$ 800.00 300
5	SPRAY			\$ 800.00 600
TOTAL AMOUNT				\$ 2,150.00
Parts Replacement Amount			\$ 5,976.00	
Total Amount for Labour			\$ 2,390.00	
Total Amount			\$ 8,366.00	

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:

Resurvey
HP 98888885
3 days
4/8
07/09/22 @ 1700
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 25/08/2022 09:20 (SGT)
Reported by Driver
Date of Accident 24/08/2022 18:15 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information TOWARDS CTE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV6070M

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) +65-98442426
Alternative Phone No (Office) +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 MOHAMMAD SHAHID ULLAH
NRIC No SXXXX018Z
Date Of Birth 01/07/1973
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

15/11/2006
 15 YEARS AND 9 MONTHS
 Male
 (Phone) +65-98442426
 -
 kokhow.tay@lumens.sg
 BLK 286 YISHUN AVENUE 6 #05-100
 -
 760286
 No
 Hirer
 No
 -
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Change/cross lane
 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) 3
 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

PASSENGER 2

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 24/08/22 AT AROUND 1815HRS I WAS DRIVING VEHICLE A (SMV6070M) AT AYE TOWARDS CTE. AS I WAS MAINTAINING LANE 2, THERE WAS A CONGESTION ON LANE 1. SO WHEN I GAVE WAY TO A VEHICLE, I CONTINUED TO MOVE IN THE LANE 2 WHEN SUDDENLY VEHICLE B(SKZ8727S) LANE CHANGE AND HIT MY SIDE. HE HAZARD LIGHT IN FRONT OF ME BUT SOON LEFT. NO PARTICULARS WERE EXCHANGED AND NO ONE WAS INJURED

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ8727S
Vehicle Manufacturer	Peugeot
Vehicle Model	3008 1.6 E-HDI ETG ACTIVE SUV
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

Describe Circumstances of the Accident

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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
24/08/22 2100HRS

Witnessed by Reporting Centre Personnel
FRO ZIKRUL

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SKZ8727S

Date of Accident

24/08/2022



Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **Allianz Insurance Singapore P...**
Period of Insurance **05/08/2022 - 04/08/2023**
Requested By **Tan Hui Qin (MY CAR CONSULT...**
Requested Date **06/09/2022 15:35**

Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**

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 willful 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.



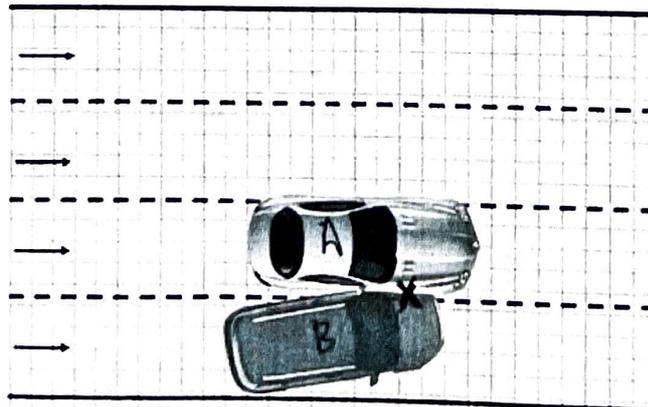
Policyholder's Signature / Date & Time

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

24/08/22 2100HRS

Witnessed by Reporting Centre Personnel FRO ZIKRUL

Sketch Plan



AVE TOWARDS CTE

A-SMV6070M
B-SKZ8727S

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	961K
Vehicle No.:	SMV6070M
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Sep 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Silver
Manufacturing Year:	2020
Engine No.:	2ZR2G76707
Chassis No.:	JTDKB3FU603091269
Maximum Power Output:	90.0kW (120 bhp)
Open Market Value:	\$26,807.00
Original Registration Date:	12 Oct 2020
First Registration Date:	12 Oct 2020
Transfer Count: -	0
Actual ARF Paid:	\$19,530.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Oct 2030
PARF Rebate Amount:	\$14,647.00
COE Expiry Date:	11 Oct 2030
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$30,890.00
COE Rebate Amount:	\$24,994.00
Total Rebate Amount:	\$39,641.00

The information contained herein is correct as at 08 Sep 2022

OK

Toyota Prius Plus Hybrid 1.8A

Overview

Financial

Accessories

Similar

Research

Photos

Map

Price **\$131,800**

Depreciation **\$14,720 /yr**
View models with similar depre

Reg Date 28-Oct-2020
(8yrs 1mth 19days COE left)

Mileage 34,800 km (18.7k /yr)

Manufactured 2019

Road Tax \$976 /yr

Transmission Auto

Dereg Value \$51,372 as of today (change)

Fuel Type Petrol-Electric

COE \$40,990

OMV \$30,007

Engine Cap 1,798 cc

ARF \$24,010

Curb Weight 1,500 kg

Power 100.0 kW (134 bhp)

Type of Vehicle MPV

No. of Owners 1