

ASS. REC. BY:

REF:

ALS / 220096171K

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s My Car

of _____

Insured: _____

Policy No. _____

Claims No. _____

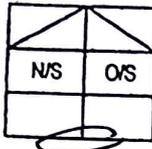
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 8165k

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 4-5 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: PNG 7415 Yr Regn: 07.22

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

Truck / Trailer or Wagon

Make: Toy Corolla Cross c.c. 1797

Colour: M. Gray A/C: Insured / Std / NI / NA

Sp. Reading: 18473 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZV G11 - 1008028

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modf: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: 215/60R17

R: _____

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 19/7/22 D.O.I. 29/9/2022

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

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

Date / Time Action / Instruction

Table with 2 columns: Date / Time, Action / Instruction. The table is mostly empty with some faint lines.

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

\$ - RS. SI

Fuel

Others

TOTAL

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Report Format :

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

MY CAR CONSULTANT PTE LTD
 (Co Reg. No. 201605878Z)
 60 JALAN LAM HUAT, CARROS CENTRE
 #05-68 (S737869)

*Not Authorized
 Pursuing B4 part
 4-5 days*

TO	: ALLIANZ	DATE	: 30-Sep-22
ATTENTION	: MOTOR CLAIMS DEPT	JOB TYPE	: T/P CLAIM
VEHICLE DETAILS			
		VEHICLE NO	: SNG741S
		MODEL	: TOYOTA CROSS

QUOTATION SUMMARY

CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	TAILGATE	1	\$1,598.00	\$1,598.00
2	TAILGATE INNER LOCK	1	\$354.00	\$354.00
3	TAILGATE WEATHER STRIP	1	\$350.00	\$350.00
4	TAILGATE LOGO	1	\$80.00	\$80.00
5	TAILGATE EMBLEM 'CROSS'	1	\$65.00	\$65.00
6	TAILGATE EMBLEM 'YARIS'	1	\$68.00	\$68.00
7	TAILGATE EMBLEM 'HYBRID'	1	\$32.00	\$32.00
8	TAILGATE WINDSCREEN MOULDING	1	\$90.00	\$90.00
9	TAILGATE LAMP	2	\$521.00	\$1,042.00
10	REAR BUMPER	1	\$989.00	\$989.00
11	REAR BUMPER LOWER	1	\$612.00	\$612.00
12	REAR BUMPER BRACKET	2	\$190.00	\$380.00
13	REAR BUMPER SIDE RETAINER	2	\$75.00	\$150.00
14	REAR BUMPER SIDE SKIRT	2	\$214.00	\$428.00
15	REAR FENDER INNER COWLING	2	\$70.00	\$140.00
16	REAR FENDER INNER TRIM	2	\$531.10	\$1,062.20
17	REAR FENDER WHEEL ARCH RH	1	\$341.00	\$341.00
18	REAR END PANEL	1	\$610.00	\$610.00
19	REAR END PANEL TOP GARNISH	1	\$398.00	\$398.00
20	REAR SPARE TYRE BOLT	1	\$45.00	\$45.00
22	REAR FLOOR PANEL TOP BOARD	1	\$480.00	\$480.00
23	REAR TOOLS BOX	2	\$361.10	\$722.20

TOTAL PRICE

\$10,036.40

LESS 25% \$ 2,509.10
SUB TOTAL PRICE \$7,527.30

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
1	REAR BUMPER CLIPS <i>nn</i>	10	\$6.50	\$65.00
2	TAILGATE INNER TRIM CLIP <i>nn</i>	18	\$6.50	\$117.00
3	TAILGATE WINDSCREEN SEALANT <i>nn</i>	1	\$80.00	\$80.00
4	TAILGATE WINDSCREEN INNER SHIELD <i>nn</i>	1	\$60.00	\$60.00
5	REAR FENDER INNER TRIM CLIPS <i>nn</i>	18	\$6.50	\$117.00
6	REAR FENDER INNER COWLING CLIP <i>nn</i>	18	\$6.50	\$117.00
7	REAR END PANEL TOP GARNISH CLIPS	3	\$8.50	\$25.50
8	REAR END PANEL INSULATION SEAL <i>nn</i>	1	\$120.00	\$120.00
9	REAR FLOOR PANEL INSULATOR SEAL <i>nn</i>	1	\$250.00	\$250.00
10	REVERSE SENSOR		\$220.00	\$220.00

✓
 X
 4052
 X
 X
 7
 X
 X
 7

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during repair
- 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

TOTAL \$1,171.50

CLAIM DETAILS: LABOUR AND SPRAY PAINTING (REAR)

1	TO PANEL BEAT, REMOVE AND REPLACE PARTS	Acknowledged by Repairer Signature: _____ Date: _____	\$1,400.00	500
2	TO SPRAY PAINT AFFECTED AREA		\$1,200.00	400
3	TUFF COAT		\$250.00	300
4	WIRING AND BULB CHECK		\$80.00	200
5	REMOVE AND REFIX CUSHION SEAT/UPHOLSTRY & ROOF LINING TO FACILITATE REPAIR		\$150.00	?
6	REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING		\$80.00	500
7	TRANSFER TAILGATE MECHANISM		\$80.00	600
8	CONDUCT WATER LEAKAGE TEST <i>nn</i>		\$120.00	X
9	REMOVE AND REFIX TAILGATE WINDSCREEN		\$120.00	✓
10	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT/CONTROL UNITS, RESET MEMORIES TO SPECIFICATION ETC.		\$180.00	?

TOTAL \$3,660.00

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 19/07/2022 21:18 (SGT)
Reported by Driver
Date of Accident 19/07/2022 12:25 (SGT)
Exact Location of Accident Marina Blvd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNG741S

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) +65-96629778
Alternative Phone No +65-87781765

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
Variant CROSS HYBRID 1.8G CVT
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 1797

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number 21-MM000794-R00

DRIVER

Name of Driver TEO ANN KEONG
NRIC No SXXXX063B
Date Of Birth 27/12/1959
Occupation Outdoor

SKETCH PLAN

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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.



[Handwritten Signature]

[Handwritten Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

19/07/22

1325

NAZREEN

Sketch Plan

