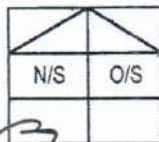


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SML 4660B
 at Workshop m/s MY CAR CONSULTANT
 of 60, JLN LAM HUAT #05-21
 Insured: SDN 9813R LIP
 Policy No. _____
 Claims No. AVS22/2850
 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: 74K
 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: _____

Veh No: SML 4660B Yr Regn: 2019 / MAY
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: TOYOTA VIOS 1.5E (CA) c.c 1496
 Colour: BLUE A/C: Insured / Std / NI / NA
 Sp. Reading: 206431 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MR2B23F 300174000
 Gen. Cond: Good / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 185/60R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or WKS LKX
 Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 07/10/22 D.O.I. 14/10/22
 Survey held at MY CAR
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
REAR N/S
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

REPAIR LIMIT -

17/4/23 Rasul confirmed LS \$5050 (Red 10,629.25, 67%)

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 26/4/23-typist

Days Of Repair: 8Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

Report Format : TP

Lump Sum / H.B.I: (\$ 5050)

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	445H
Vehicle Details	
Vehicle No.:	SML4660B
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Mar 2023
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS 1.5 E (AUTO)
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	2NRX436062
Chassis No.:	MR2B23F3001174000
Maximum Power Output:	79.0 kW (105 bhp)
Open Market Value:	\$13,936.00
Original Registration Date:	22 May 2019
First Registration Date:	22 May 2019
Transfer Count:	1
Actual ARF Paid:	\$13,936.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 May 2029
PARF Rebate Amount:	\$10,452.00
Intended COE Rebate Details	
COE Expiry Date:	21 May 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$26,659.00
COE Rebate Amount:	\$16,427.00
Total Rebate Amount:	\$26,879.00

The information contained herein is correct as at 22 Mar 2023

OK

Date of accident - 07/10/22

2322

2322

Liberty

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	07/10/2022 17:55 (SGT)
Reported by	Driver
Date of Accident	07/10/2022 09:41 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FROM SERANGOON AVE 2 TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML4660B
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	Vios
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	22-MM000479-R0

DRIVER

Name of Driver	NG NAM HIN
NRIC No	SXXXX220B
Date Of Birth	03/01/1954
Occupation	Outdoor

Date Of Driving Pass	13/01/1973
Driving experience	49 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96361823
Alt. Phone Number	-
Email Address	ANDY.QUEK@LUMENS.SG
Address	BLK236 SERANGOON AVE 3
Address complement	-
Postcode	550236
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ATTACH POLICE REPORT

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	SDN9813R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Gender	-
Phone No	-
Idress	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SML4660B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


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 insurers 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/inst-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 based 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
#01-88/88B2 Sin Ming Ind Est
Singapore 571563
Tel: 6453 1235 Fax: 6453 7844
(Claims Section)

Witnessed by Reporting Centre Personnel

Sketch Plan




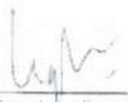
Describe Circumstances of the Accident

I stopped my car to wait for a pedestrian to cross the road, vehicle B just hit from my rear.

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





MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z

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

HP: 98888885

Estimation

Date: 11/10/2022

Vehicle: SML4660B

Make / Model: TOYOTA VIOS

Chassis No:

No.	Description	Unit	Unit Price	Amount
	Parts Replacement:			
1	BOOTLID bt ✓	1	\$ 659.00	\$ 659.00 ✓
2	BOOTLID OUTER MOULDING x n ✓	1	\$ 259.00	\$ 259.00 X
3	BOOTLID TOP LOCK x n ✓	1	\$ 214.00	\$ 214.00 X
4	BOOTLID LOWER LOCK x n ✓	1	\$ 35.00	\$ 35.00 X
5	BOOTLID WEATHER STRIP n ✓	1	\$ 179.00	\$ 179.00 ✓
6	BOOTLID HINGES x n ✓	2	\$ 136.00	\$ 136.00 X
7	BOOTLID LOGO n ✓	1	\$ 58.00	\$ 58.00 ✓
8	BOOTLID WEMBLEM 'VIOS' n ✓	1	\$ 62.00	\$ 62.00 ✓
9	BOOTLID EMBLEM 'E' n ✓	1	\$ 22.00	\$ 22.00 ✓
10	BOOTLID INNER TRIM x de ✓	1	\$ 212.00	\$ 212.00 ✓
11	@253 BOOTLID LAMP LH-cm ✓	1 2	\$ 412.00	\$ 824.00 253
12	REAR BUMPER turn ✓	1	\$ 591.00	\$ 591.00 497
13	@79.80 REAR BUMPER REFLECTOR LH-cm ✓	1 2	\$ 82.00	\$ 164.00 79.80
14	REAR BUMPER TOW COVER x n ✓	1	\$ 38.00	\$ 38.00 X
15	@85.30 REAR BUMPER SIDE RETAINER (FRONT) de ✓	1 2	\$ 98.00	\$ 196.00 85.30
16	REAR BUMPER SIDE RETAINER (REAR) x n ✓	1 2	\$ 55.00	\$ 110.00 X
17	REAR BUMPER REINFORCEMENT x n ✓	1	\$ 398.00	\$ 398.00 X
18	REAR BUMPER REINFORCEMENT BRACKET LH x n ✓	1	\$ 159.00	\$ 159.00 X
19	@397.10 TAILAMP LH-cm ✓	1 2	\$ 598.00	\$ 1,196.00 397.10
20	@202.90 TAILAMP PANEL LH bt ✓	1	\$ 321.00	\$ 321.00 202.90
21	@892.10 REAR FENDER cm - LH ✓	1 2	\$ 712.00	\$ 1,424.00 712
22	REAR FENDER INNER COWLING LH-mis ✓	1 2	\$ 61.00	\$ 122.00 61
23	REAR FENDER INNER TRIM de - LH ✓	1 2	\$ 312.00	\$ 624.00 312
24	REAR FENDER AIR VANT de ✓	1	\$ 55.00	\$ 55.00 ✓
25	REAR FENDER WHEEL HOUSING LH x n ✓	1	\$ 1,025.00	\$ 1,025.00 XR
26	REAR END PANEL bt ✓	1	\$ 548.00	\$ 548.00 ✓
27	REAR END PANEL TOP GARNISH cm ✓	1	\$ 229.00	\$ 229.00 144.80
28	REAR FLOOR PANEL x n ✓	1	\$ 974.00	\$ 974.00 X
29	REAR FLOOR PANEL TOP BOARD x n ✓	1	\$ 135.00	\$ 135.00 X
30	REAR FLOOR PANEL TOP SIDE SPONGE LH-cm ✓	1 2	\$ 212.00	\$ 424.00 212
31	REAR FLOOR PANEL TOP INNER SPONGE x n ✓	1	\$ 278.00	\$ 278.00 X
32	REAR SPARE TYRE BOLT x n ✓	1	\$ 48.00	\$ 48.00 X
				\$ 11,719.00 4932
			Less 25%	\$ 2,929.75 25%
			Total	\$ 8,789.25 3699

S/Nett items:

1	REAR NUMBER PLATE <i>X11</i>	1	\$ 50.00	\$ 50.00
2	REAR NUMBER PLATE GARNISH <i>X11</i>	1	\$ 50.00	\$ 50.00
3	BOOTLID SEALANT <i>m</i>	1	\$ 60.00	\$ 46 60.00
4	BOOTLID SEALANT OUTER MOULDING CLIPS <i>X11</i>	1	\$ 20.00	\$ 20.00
	BOOTLID STICKER <i>m</i>	1	\$ 40.00	\$ 10 40.00
5	REAR FENDER SEALANT <i>m</i>	2	\$ 60.00	\$ 40 120.00
6	REAR FENDER INNER COWLING CLIPS <i>m</i>	1	\$ 50.00	\$ 30 50.00
7	REAR WINDSCREEN SEALANT <i>m</i>	1	\$ 80.00	\$ 40 80.00
8	REAR WINDSCREEN INNER SEAL <i>m</i>	1	\$ 80.00	\$ 60 80.00
9	TAILAMP PANEL SEALANT <i>m</i>	2	\$ 30.00	\$ 30 60.00
10	REAR END PANEL TOP GARNISH CLIP <i>m</i>	1	\$ 30.00	\$ 20 30.00
11	REAR END PANEL INSULATION SEAL <i>m</i>	1	\$ 80.00	\$ 40 80.00
12	REAR FLOOR PANEL INSULATION SEAL <i>X11</i>	1	\$ 100.00	\$ 100.00
13	TRIANGLE BREAKDOWN SIGN <i>X11</i>	1	\$ 60.00	\$ 60.00
14	REVERSE SENSOR <i>CRB</i>	1	\$ 200.00	\$ 200.00
				\$ 2,860.00
	Labour to: REAR			
1	SPRAY PAINTING ON AFFECTED AREAS	1	\$ 1,400.00	\$ 1,400.00
2	PANEL BEATING ON AFFECTED AREAS	1	\$ 1,400.00	\$ 1,400.00
3	RESET TROUBLE CODE	1	\$ 300.00	\$ 300.00
4	REMOVE AND REFIT REAR UPHOLSTERY	1	\$ 200.00	\$ 200.00
5	REMOVE AND REFIT REAR EXHAUST	1	\$ 150.00	\$ 150.00
6	REMOVE AND REFIT REAR WINDSCREEN GLASS	1	\$ 150.00	\$ 150.00
7	TO CHECK ELECTRICAL WIRING	1	\$ 80.00	\$ 80.00
8	TO RESPRAY UNDERCOATING	1	\$ 150.00	\$ 150.00
9	APPLY ANTI RUST ON AFFECTED AREAS	1	\$ 200.00	\$ 200.00
				\$ 4,030.00
			Parts Replacement Amount	\$ 11,649.25
			Total Amount for Labour	\$ 4,030.00
			Total Amount	\$ 15,679.25

470

800 900
1000
100
60
X11
120
30
X11
80
2190

3699

470

2190

6359

20%

5087.20

L/S - \$5,050/8 days

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:

Rare

Hp 900 100 68

8 days

L/S

14/10/22 @ 1140

Resy after repair