

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

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
X	X

Bal. or Market Value: \_\_\_\_\_

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: SLR 8218A Yr Regn: 29/8/17

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

Truck / Trailer or

Make: Honda Shuttle c.c. 1496Colour: White A/C: Insured / Std / Nil / NASp. Reading: 115720 T/Radio: Insured / Std / Nil / NA

Eng/No: \_\_\_\_\_

C/No: GP71046138

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/55R15R: 77

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

TOYO / YOKO or \_\_\_\_\_

Front

Rear

R/Bal. LP mm R/Bal. LP mmL/Bal. LP mm L/Bal. LP mmD.O.A. 10/10/22 D.O.I. 14/10/22Survey held at Lion CityDes. 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 Action / Instruction

MV-68K

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

Date/Time, File Return to?

2)

Report Format: \_\_\_\_\_

Lump Sum / L.B. (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee:

Transportation: \_\_\_\_\_

\$ + RS \$ \_\_\_\_\_

Photos

Others

TOTAL



LION CITY RENTALS PTE LTD  
4 Jalan Besut S(619557)

India International Insurance

Date : 11 Oct 2022

Attn : MOTOR CLAIMS DEPT

ESTIMATE

VEHICLE NO. : SLR8218A  
CHASSIS NO : GP71046138  
MAKE / MODEL : Shuttle Hybrid  
DATE OF ACCIDENT: 10 Oct 2022  
YOUR INSURED VEHICLE NUMBER : SML7624L

	<u>PARTS DISCRIPTION</u>	<u>QTY</u>	<u>UNIT PRICE</u>	<u>LIST PRICE</u>
1	REAR TAILGATE / <i>OD</i>	1PC	\$920.10	\$920.10
2	REAR BOOT WEATHER STRIP / <i>CRV</i>	1PC	\$380.00	\$380.00
3	REAR BUMPER / <i>OD</i>	1PC	\$860.80	\$860.80
4	REAR END PANEL TOP GARNISH / <i>CRV</i>	1PC	\$146.30	\$146.30
5	REAR LH TAILLAMP REFLECTOR / <i>OR</i>	1PC	\$345.00	\$345.00
LIST TOTAL S\$:				\$2,652.20
20.00% DISCOUNT S\$:				\$530.44
				\$2,121.76

	<u>SPECIAL NETT</u>		
1	Bumper clips / <i>MC</i>	1 SET	\$80.00 <i>30</i>
2	Reverse sensor / <i>std</i>	1 SET	\$250.00 <i>100</i>
3	End panel top garnish clips / <i>MC</i>	1 SET	\$80.00 <i>15</i>
4	Body sealant / <i>MC</i>	1 SET	\$300.00 <i>30</i>
5	Windscreen sealant / <i>MC</i>	1 SET	\$100.00 <i>40</i>
Special Nett Total S\$:			\$810.00

### LABOUR CHARGES

1	To labour charge for removing rear tailgate, rear end panel, rear bumper out to facilitate repairs and replacement of damage parts.	\$1,000.00	800
2	To respray rear tailgate, rear bumper, end panel and spare tyre panel	\$900.00	600
3	To conduct a standard of operating procedures post repair scan test as a requirement upon completion of collision repairs	\$300.00	X
4	To remove and install rear tailgate glass	\$180.00	120
5	To deactivate and active high voltage hybrid battery as safety precautions	\$300.00	100
6	To apply rustproofing on all damaged parts	\$180.00	30
7	To check wiring system	\$100.00	30

LABOUR TOTAL S\$: \$2,960.00  
TOTAL S\$: \$5,891.76  
7% GST \$412.42  
GRAND TOTAL S\$: \$6,304.18

Steve (LKK)

14/10/22, 1.00p

n n

L/S \$3200.00

M AL y

6 # 4/5

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 final valuation
- Third party survey is on a "What is Repaired" 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 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. 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	10/10/2022 15:29 (SGT)
Reported by	Driver
Date of Accident	10/10/2022 09:40 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR8218A

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LION CITY RENTALS PTE LTD
Company Reg No	2XXXXX621K
Email Address	lcrarc@lioncityrentals.com.sg
Mobile Phone No	(Phone) +65-97205667
Alternative Phone No	(Office) +65-62525525

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1496

#### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MN000209-R00

#### DRIVER

Name of Driver	WAN FOOK CHEONG
NRIC No	SXXXX879E
Date Of Birth	24/10/1958
Occupation	Outdoor



accident photo  
as there any video

Date Of Driving Pass 09/11/1981  
Driving experience 40 YEARS AND 11 MONTHS  
Gender Male  
Mobile Number (Phone) +65-97205667  
Alt. Phone Number -  
Email Address lcrarc@lioncityrentals.com.sg  
Address BLK 423 BEDOK NORTH AVENUE 1 #07-206  
Address complement -  
Postcode 460423  
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 Wet

#### 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) 4  
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 Male

#### PASSENGER 2

Name UNKNOWN  
Gender Male

#### PASSENGER 3

Name UNKNOWN  
Gender Male

#### 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 10/10/2022 AT ABOUT 0940HRS, I WAS DRIVING VEHICLE A (SLR8218A) ALONG AYE TOWARDS CITY ON THE FIRST LANE. TRAFFIC WAS MODERATE WHEN A VEHICLE INFRONT OF ME JAMMED BRAKE, I BRAKED AND MANAGED TO AVOID IMPACT BUT VEHICLE B (SML7624L) BEHIND OF ME COLLIDED INTO THE REAR OF MY VEHICLE. NO INJURY.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML7624L
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	LIM
Contact Number	(Phone) +65-90229758
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.



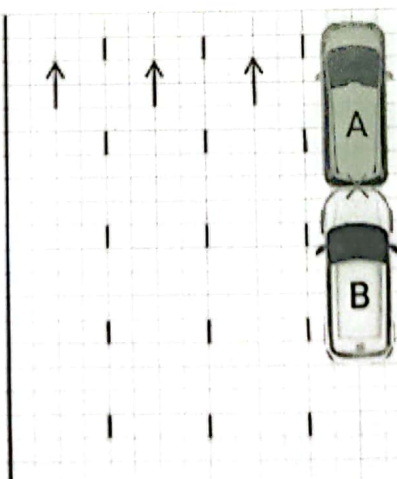
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 10/10/22

Witnessed by Reporting Centre Personnel Amin

**Sketch Plan**

BEFORE  
ALEXANDRA  
ROAD EXIT



A - SLR8218A  
B - SML7624L

AYE  
TOWARDS  
CITY

Describe Circumstances of the Accident

ON 10/10/2022 AT ABOUT 0940HRS, I WAS DRIVING VEHICLE A (SLR8218A) ALONG AYE TOWARDS CITY ON THE FIRST LANE. TRAFFIC WAS MODERATE WHEN A VEHICLE INFRONT OF ME JAMMED BRAKE, I BRAKED AND MANAGED TO AVOID IMPACT BUT VEHICLE B (SML7624L) BEHIND OF ME COLLIDED INTO THE REAR OF MY VEHICLE. NO INJURY.

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 10/10/22 1200

Witnessed by Reporting Centre Personnel Amin