

ASS. REC. BY:

REF: AGI 22010193/kp

Kenneth

**ASSIGNMENT**

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

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

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop n/s Optima

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

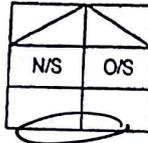
(Client's Record)

Make of Veh: \_\_\_\_\_

100m

(Policy Condition)

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



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

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 06 days Res.: Yes or No

Lum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: PN6 88946 Yr Regn: 09, 2.2

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

Truck / Trailer or \_\_\_\_\_

Make: Toy Prius c.c. \_\_\_\_\_

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

Sp. Reading: 7216 T/Radio: Insured / Std / NI / NA

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

C/No: JTD2S3E400J068324

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_

Mod: Nil / S/Rim / STD / RIm or \_\_\_\_\_

Tyre Size: F: 205/60R16

R: \_\_\_\_\_

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

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

Front 9 mm Rear 9 mm

R/Bal. 9 mm R/Bal. 9 mm

L/Bal. 9 mm L/Bal. 9 mm

D.O.A. 11/10/22 D.O.I. 14/10/2022

Survey held at \_\_\_\_\_

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 Action / Instruction

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

\_\_\_\_\_ S - R.S. SI

\_\_\_\_\_ Parts

\_\_\_\_\_ Others

TOTAL

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

Report Format :

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

Date: 13/10/2022

Vehicle No: SNG8894G

Model: TOYOTA PRIUS PLUS

Chassis: JTDZSEU00J068324-2021

Reg.Year: 2022

Third Party Insurer: AIG

Third Party Veh No: SFY6999B

Date of Accident: 11/10/2022

Estimator: TING AN

Surveyor:

*NOT Authorised  
Accounty B & gain  
4 days*

### ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR TAILGATE	1		<i>R</i> \$1,096.00
2	REAR TAILGATE "PRIUS PLUS" EMBLEM	1		<i>na</i> \$77.00
3	REAR TAILGATE "HYBRID" EMBLEM	1		<i>na</i> \$68.00
4	REAR TAILGATE INNER TRIM BOARD	1		<i>in</i> \$355.00
5	REAR TAILGATE INNER LOCK	1		<i>R</i> \$425.00
6	REAR TAILGATE WEATHERSTRIP	1		<i>in</i> \$362.00
7	REAR WINDSCREEN MOULDING	1		<i>na</i> \$75.00
8	REAR BUMPER	1		<i>Bu</i> \$589.00
9	REAR BUMPER SIDE BRACKET LH	1		\$144.00
10	REAR BUMPER SIDE BRACKET RH	1		\$144.00
11	REAR BUMPER LOWER LIP	1		<i>pu</i> \$726.00
12	REAR BUMPER REINFORCEMENT	1		\$225.00
13	REAR END PANEL	1		<i>R</i> \$696.00
14	REAR END PANEL UPPER COVER	1		\$175.00
15	REAR FLOOR PANEL TOOLBOX TRAY	1		<i>in</i> \$427.00
16	REAR FLOOR PANEL TOOLBOX UPPER BOARD	1		<i>in</i> \$542.00
SUB TOTAL				\$6,126.00
LESS 25%				-\$1,531.50
PARTS TOTAL				\$4,594.50

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR WINDSCREEN SEALANT	1		<i>na</i> \$80.00
2	REAR TAILGATE INNER TRIM BOARD CLIPS	1		<i>na</i> \$50.00
3	REAR BUMPER CLIPS	1		<i>na</i> \$50.00
4	REAR BUMPER REVERSE SENSOR	1		<i>pu</i> \$300.00
5	REAR END PANEL JOINT SEALANT	1		<i>na</i> \$80.00
6	REAR END PANEL UPPER COVER CLIPS	1		<i>na</i> \$40.00
S/N TOTAL				\$600.00

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 Branch (Motor Insurance Claims)

**Head office**  
6 Kung Chong Road Singapore 159143  
Tel (+65) 6472 1313 | Fax (+65) 6472 2112

**Branch**  
9A Serangoon North Ave 5 Singapore 554500  
Tel (+65) 6484 9919 | Fax (+65) 6484 1011

Blk 10 Ang Mo Kio Ind Park 2A #01-05 Singapore 568047  
Tel (+65) 6481 1011 | Fax (+65) 6481 1011



Signature:  
Date:

*Mover / Ding / Yell / Sp. Reading*

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Date: 13/10/2022  
Vehicle No: SNG8894G  
Model: TOYOTA PRIUS PLUS  
Chassis: JTDZSEU00J068324-2021  
Reg.Year: 2022

Third Party Insurer: AIG  
Third Party Veh No: SFY6999B  
Date of Accident: 11/10/2022  
Estimator: TING AN  
Surveyor:

**LABOUR CHARGES:**

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST REAR ACCIDENT AREAS & ETC.	500 \$700.00
LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR TAILGATE, REAR BUMPER, REAR END PANEL & ETC.	600 \$700.00
LABOUR CHARGES TO REMOVE & REFIX REAR WINDSCREEN GLASS, REAR WINDSCREEN MOULDING, REAR WINDSCREEN SEALANT & ETC.	120 \$150.00
LABOUR CHARGES TO REMOVE & REINSTALLED REAR TAILGATE INNER MECHANISM & ETC. BACK TO ORIGINAL OPERATIONS.	60 \$120.00
LABOUR CHARGES TO REMOVE & REPLACE REAR BUMPER REVERSE SENSOR & ETC.	50 \$120.00
TO TUFF KOTE & UNDERSEAL MATERIALS.	30 \$120.00
TO DIAGNOSIS FAULT CODE & RESET MEMORY.	7 \$100.00
TO CHECK WIRING & ELECTRICAL SYSTEM.	20 \$80.00
<b>LABOUR TOTAL</b>	<b>\$2,090.00</b>
<b>TING AN</b>	<b>TOTAL \$7,284.50</b>

# 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 ..... 11/10/2022 16:25 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 11/10/2022 08:25 (SGT)  
Exact Location of Accident ..... Lentor Ave, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNG8894G

### 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) +65-93295959  
Alternative Phone No ..... (Office) +65-87781765

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Prius  
Variant ..... PLUS  
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 ..... Tokio Marine Insurance Singapore Ltd  
Policy Number / Cover Note Number ..... 22-MN000815-R00

### DRIVER

Name of Driver ..... KENNETH ONG KEK GAN  
NRIC No ..... SXXXX182Z  
Date Of Birth ..... 21/11/1977  
Occupation ..... Outdoor

**SKETCH PLAN**

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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]*

**FLASH ACCIDENT REPORTING OFFICER**

**FRO ZIKRUL**



Policyholder's Signature / Date & Time

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

11/10/22 1200HRS

Witnessed by Reporting Centre Personnel

**Sketch Plan**



A-SNG8894G

B-SFY6999B