

ASS. REC. BY:

Steve

CS/SMR220/0686/Eng3

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
XXX	

Bal. or Market Value:

IDAC Accident Report: 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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLM33814

Yr Regn:

28/3/17

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

Truck / Trailer or

Make:

Toyota Prius

c.c 1798

Colour:

white

A/C: Insured / Std / Nil / NA

Sp. Reading

302337

T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No:

JTDKB3PV703561456

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

Modi: Nil / SRM / STD A/Rim or

Tyre Size:

F:

195/50R15

R:

11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

U/Bal.

4

mm

U/Bal.

4

mm

D.O.A.

24/10/22

D.O.I.

28/10/22

Survey held at

Linn city

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/Instructions

MV-77K

Date/Time, File Pass to?

☐

Preli. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Report Format:

Lump Sum / L.B.L. (%)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Survey Fee:

Transportation

\$ + RS. \$1

P/Notes

Others

TOTAL



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

Ms MS FIRST CAPITAL INSURANCE LIMITED
Date: 27/10/2022
Attn: MOTOR CLAIMS DEPT

ESTIMATE

VEHICLE NO.: SLM3381U
CHASSIS NO: JTDKB3FU703554455
MAKE / MODEL: TOYOTA PRIUS HYBRID 1.8 CVT
DATE OF ACCIDENT: 24/10/2022
YOUR INSURED VEHICLE NUMBER: SHB19955

	PARTS DISCRIPTION
1	TAILGATE / <i>DN</i>
2	TAILGATE OUTER GARNISH ?
3	TAILGATE EMBLEM 'LOGO' ?
4	TAILGATE EMBLEM 'PRIUS' ?
5	TAILGATE EMBLEM 'HYBRID' ?
6	TAILGATE GLASS PANEL MOULDING / <i>NP</i>
7	TAILGATE LOCK ?
8	REAR BUMPER / <i>OR</i>
9	REAR BUMPER LOWER LH / RH ?
10	REAR BUMPER LOWER GARNISH / <i>CNT</i>
11	REAR BUMPER UNDER COVER ?
12	REAR BUMPER BRACKET LH / RH <i>OR</i>
13	REAR BUMPER SIDE RETAINER LH / RH / <i>OR</i>
14	TAILLAMP LH / RH X
15	TAILLAMP LOWER BRACKET LH / RH X
16	REAR END PANEL / <i>DN</i>
17	REAR END PANEL TOP GARNISH / <i>CR4</i>

Bump - 10m fixed to - 15

QTY	UNIT PRICE	LIST PRICE
1	\$1,612.00	\$ 1,612.00
1	\$ 341.00	\$ 341.00
1	\$ 74.40	\$ 74.40
1	\$ 68.00	\$ 68.00
1	\$ 69.00	\$ 69.00
1	\$ 241.80	\$ 241.80
1	\$ 245.00	\$ 245.00
1	\$ 658.00	\$ 658.00
2	\$ 112.00	\$ 224.00
1	\$ 289.00	\$ 289.00
1	\$ 221.00	\$ 221.00
2	\$ 65.90	\$ 131.80
2	\$ 55.70	\$ 111.40
2	\$ 415.00	\$ 830.00
2	\$ 46.90	\$ 93.80
1	\$ 599.00	\$ 599.00
1	\$ 360.90	\$ 360.90
LIST TOTAL S\$:		\$ 6,170.10
25.00% DISCOUNT S\$:		\$ 1,542.53
		<u>\$ 4,627.58</u>

SPECIAL NETT

1	TAILGATE GLASS PANEL SEALANT / <i>NP</i>
2	REAR NUMBER PLATE X
3	REAR BUMPER CLIP SET / <i>NP</i>
4	REAR END PANEL TOP GARNISH CLIPS SET / <i>NP</i>
5	REAR END PANEL INSULATION SEAL / <i>NP</i>
6	REVERSE SENSOR / <i>Shm</i>

1	\$ 80.00	\$ 80.00 /
1	\$ 50.00	\$ 50.00
1	\$ 50.00	\$ 50.00 30
1	\$ 60.00	\$ 60.00 15
1	\$ 150.00	\$ 150.00 30
1	\$ 280.00	\$ 280.00 710

Special Nett Total S\$: \$ 670.00

LABOUR CHARGES

- | | | | |
|---|--|-----|-------------|
| 1 | TO PANEL BEAT, REMOVE AND REPLACE PARTS | 800 | \$ 1,000.00 |
| 2 | TO SPRAY PAINT AFFECTED AREA | 600 | \$ 800.00 |
| 3 | TUFF COAT | 30 | \$ 150.00 |
| 4 | TO REMOVE AND REINSTALL TAILGATE GLASS PANEL | | \$ 80.00 ✓ |

LABOUR TOTAL S\$: \$ 2,030.00

TOTAL S\$: \$ 7,327.58

7% GST: \$ 512.93

GRAND TOTAL S\$: \$ 7,840.51

Steve (LKK)

28/10/22, 12.00pm

ML PL

L/S

M AL L

S d/s

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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 621K

Vehicle Details

Vehicle No.: SLM3381U
Vehicle to be Exported: Yes
Intended Deregistration Date: 27 Oct 2022
Vehicle Make: TOYOTA
Vehicle Model: PRIUS HYBRID 1.8 CVT
Primary Colour: White
Manufacturing Year: 2017
Engine No.: 2ZRS030646
Chassis No.: JTDKB3FU703554455
Maximum Power Output: 90.0 kW (120 bhp)
Open Market Value: \$29,007.00
Original Registration Date: 28 Mar 2017
First Registration Date: 28 Mar 2017
Transfer Count: 2
Actual ARF Paid: \$5,000.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 27 Mar 2027
PARF Rebate Amount: \$3,500.00

Intended COE Rebate Details

COE Expiry Date: 27 Mar 2027
COE Category: B - Car above 1600cc or 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$53,001.00
COE Rebate Amount: \$23,408.00
Total Rebate Amount: \$26,908.00

The information contained herein is correct as at 27 Oct 2022

OK



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	25/10/2022 17:11 (SGT)
Reported by	Driver
Date of Accident	24/10/2022 12:55 (SGT)
Exact Location of Accident	Choa Chu Kang Way, Singapore
Additional Location Information	TWRDS CHO A CHU KANG AVENUE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM3381U
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) +65-98630338
Alternative Phone No	(Office) +65-62525525

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	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MN000214-R00

DRIVER

Name of Driver	SEAH EE PENG
NRIC No	SXXXX400I
Date Of Birth	20/10/1963
Occupation	Outdoor



Date Of Driving Pass 28/05/1986
 Driving experience 36 YEARS AND 5 MONTHS
 Gender Male
 Mobile Number (Phone) +65-98630338
 Alt. Phone Number -
 Email Address lcrarc@lioncityrentals.com.sg
 Address 431 CHOA CHU KANG AVE 4 #13-571
 Address complement -
 Postcode 680431
 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? No
 Was any injured conveyed to hospital by ambulance? -
 Was any other vehicle or property damaged? Yes
 Number of Passengers (Including Driver) 1
 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 -

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 24/10/22 AT AROUND 1255HRS I WAS DRIVING VEHICLE A(SLM3381U) AT CHOA CHU KANG WAY TOWARDS CHOA CHU KANG AVE 3. AS I WAS AT THE FILTER LANE, THERE WAS TRAFFIC ON THE MAJOR LANE SO I WAITED AT THE GIVE WAY LINE WHEN SUDDENLY I FELT AN IMPACT FROM BEHIND AND SAW THAT VEHICLE B(SHB1995S) HAD REAR ENDED ME. WE STOPPED AND EXCHANGED PARTICULARS AND NO ONE WAS INJURED

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB1995S
 Vehicle Manufacturer Toyota
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Taxi

Name of Driver
 Contact Number
 Address
 Postcode
 Insur

Name of Driver	PANG CHING LIM
Contact Number	(Phone) +65-96538417
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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.



[Signature]

**FLASH ACCIDENT
REPORTING OFFICER**

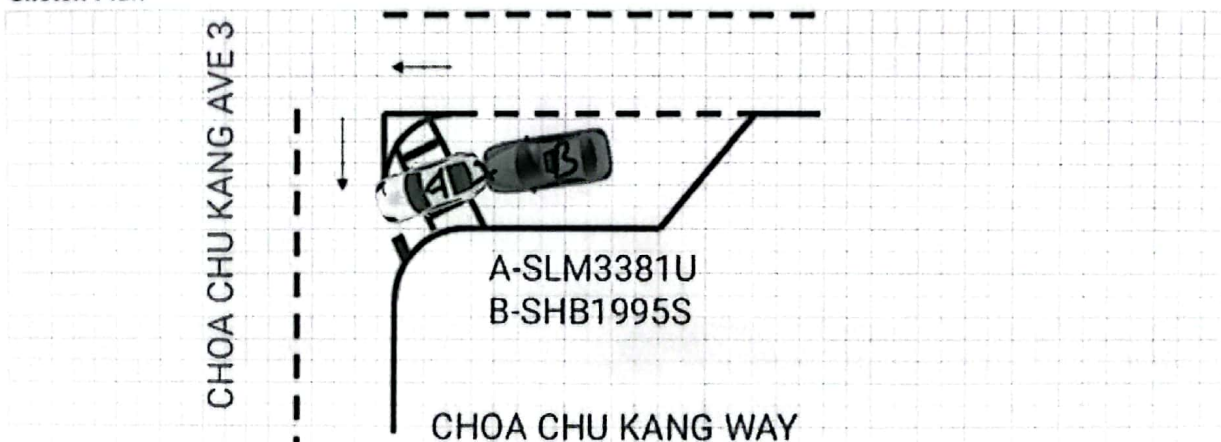
FRO ZIKRUL



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
25/10/22 1055HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

ON 24/10/22 AT AROUND 1255HRS I WAS DRIVING VEHICLE A(SLM3381U) AT CHOA CHU KANG WAY TOWARDS CHOA CHU KANG AVE 3. AS I WAS AT THE FILTER LANE, THERE WAS TRAFFIC ON THE MAJOR LANE SO I WAITED AT THE GIVE WAY LINE WHEN SUDDENLY I FELT AN IMPACT FROM BEHIND AND SAW THAT VEHICLE B(SHB1995S) HAD REAR ENDED ME. WE STOPPED AND EXCHANGED PARTICULARS AND NO ONE WAS INJURED

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

25/10/22 1055HRS

FLASH ACCIDENT
REPORTING OFFICER

FRO ZIKRUL



Witnessed by Reporting Centre Personnel