ASS. REC. BY: Kenneth

REF: SMR/22011589/KW

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / NIS / TP RES / OD RES / FWA / INV / IRV

To Inspect Vehicle No: _____

at Workshop/s/s: Optima

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.

NIS	OS

Sal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GR. / PR Seal: _____ Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 1.81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SNG 873U Yr Regn: 07, 22

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Toy Altis c.c. 1797

Colour: M.D. Brown A/C: Insured / Std / NI / NA

Sp.Reading: 25170 T/Radio: Insured / Std / NI / NA

Eng.No: _____

CNo: MR1B73BE 9000 9717

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Incpble / Jammed / Leaked / Burnt or _____

Brake: Incpble / Jammed / Leaked / Burnt or _____

Mod: NIl / S/Rim / STD Rim or _____

Tyre Size: F: 215/45R17

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MICHELIN / 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.	14/11/22	D.O.I.	18/11/2022

Survey held at _____

Des. of Damages: Frt / Rear / OS / NS / U/C / Rooftop or Rear o/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	

Date/Time, File Pass to? _____

Date/Time, File Return to? _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ Site Insp ($ _____)

☐ Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format : _____

Comp Sum / L.B.I: ($ _____)

OPTIMA WERKZ SINGAPORE

OPTIMA WERKZ PTE LTD
Co. Reg. No. 201212455W
www.ow.sg /OptimaWerkz /optimawerkz

Not Authorised
Rejoining B4 paint
2 days

Date:	17/11/2022	Third Party Insurer:	MS FIRST CAPITAL
Vehicle No:	SNG873U	Third Party Veh No:	SHF206Y
Model:	TOYOTA COROLLA ALTIS 4DR SEDAN	Date of Accident:	14/11/2022
Chassis:	MR2BZ3BE900009717	Estimator:	NASHIK
Reg.Year:	2022	Surveyor:	

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S$	AMOUNT S$
1	REAR BUMPER	1		Buc 10% $683.80
2	REAR BUMPER TOWING COVER	1		Rn $40.00
3	REAR BUMPER REFLECTOR RH	1		$42.70
4	REAR BUMPER SIDE RETAINER RH	1		Rn $106.10
5	REAR BUMPER REINFORCEMENT	1		$563.10
6	REAR END PANEL	1		REPAIR
			SUB TOTAL	$1,435.70
			LESS 25%	-$358.93
			PARTS TOTAL	$1,076.78

NO.	SPECIAL NETT	QTY	UNIT S$	AMOUNT S$
1	REAR BUMPER CLIPS	1		Rn $50.00
2	REAR BUMPER REVERSE SENSOR	1		Rn $300.00
			S/N TOTAL	$350.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE,REPLACE,REFIX & READJUST REAR ACCIDENT AREAS	$500.00
LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT ACCIDENT AREAS	$600.00
LABOUR CHARGES TO REMOVE & REPLACE REAR BUMPER REVERSE SENSOR & ETC	$100.00
TO TUFF KOTE & UNDERSEAL MATERIALS	Nil $100.00
TO CHECK WIRING & ELECTRICAL SYSTEM.	$100.00
LABOUR TOTAL	$1,400.00
TOTAL	$2,826.78

NASHIK

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:

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 0010 | Fax: (+65) 6481 1003

Branch (Motor Insurance Claims)
Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011

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 witholding 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	15/11/2022 16:46 (SGT)
Reported by	Driver
Date of Accident	14/11/2022 23:15 (SGT)
Exact Location of Accident	Arab St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG873U

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) +65-97482688
Alternative Phone No	(Office) +65-87781765

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	ALTIS
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	1598

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MN000847-R00

DRIVER

Name of Driver	YEO YU YUAN KEITH
NRIC No	SXXXX920F
Date Of Birth	06/09/1988
Occupation	Outdoor