

ASS. REC. BY:

REF: A161Kenneth

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. _____

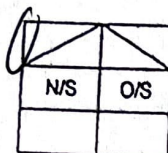
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

02 days

Res.: Yes or No

Lump Sum: _____

1.8.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMY 37604Yr Regn: 03, 21Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Toy Provsc.c. 1798Colour: M. P. White

A/C: Insured / Std / NI / NA

Sp. Reading: 160458

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTD KB3FU 80.3093024Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rim / STD / R/m or

Tyre Size: F: _____

R: _____

195/65R15

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

TOYO / YOKO or Pirelli

Front

Rear

R/Bal. 2 mmR/Bal. 4 mmL/Bal. 2 mmL/Bal. 4 mmD.O.A. 2/12/22D.O.I. 6/12/2022

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or N/S

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech Invs (\$)

☐

: Weekend (\$)

) S - RS. SI

) Extras

) Others

TOTAL

Report Format :

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

Date: 05/12/2022

Vehicle No: SMY3760J

Model: TOYOTA PRIUS 5DR HATCHBACK

Chassis: JTDKB3FU803093024

Reg. Year: 2021

Third Party Insurer: AIG

Third Party Veh No: SKU1255J

Date of Accident: 02/12/2022

Estimator: NASHIK

Surveyor:

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT BUMPER	1		Brz / A \$665.00 ✓
2	FRONT BUMPER SIDE BRACKET LH	1		In \$80.00 X
3	FRONT BUMPER FOG LAMP GARNISH COVER LH	1		Ar \$125.00 ✓
4	FRONT FENDER LH	1		R \$988.00 X
5	FRONT FENDER "HYBRID" EMBLEM LH	1		na \$66.00 X
6	FRONT FENDER INNER SHIELD LH	1		Pr \$202.00 X
7	FRONT HEADLAMP LH	1		In \$2,852.00 X
SUB TOTAL				\$4,978.00
LESS 25%				-\$1,244.50
PARTS TOTAL				\$3,733.50

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	FRONT BUMPER CLIPS	1		na \$50.00 ✓
2	FRONT FENDER INNER SHIELD CLIPS LH	1		na \$40.00 X
S/N TOTAL				\$90.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX & READJUST AT ACCIDENT AREAS & ETC.

\$500.00 2001

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT ACCIDENT AREAS & ETC.

\$600.00 2201

TO TUFF KOTE & UNDERSEAL MATERIALS.

na \$100.00 X

TO CHECK WIRING & ELECTRICAL SYSTEM.

na \$120.00 X

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

LABOUR TOTAL \$1,320.00

TOTAL \$5,143.50

NASHIK

Head office

8 Kung Chong Road Singapore 159143

Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554599

Tel: (+65) 6484 9010 | Fax: (+65) 6481 1993

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 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	03/12/2022 11:15 (SGT)
Reported by	Driver
Date of Accident	02/12/2022 16:20 (SGT)
Exact Location of Accident	Orchard Rd, Singapore
Additional Location Information	TOWARDS GRANGE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY3760J

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) +65-91014405
Alternative Phone No	(Office) +65-87781765

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	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D20MFL0005826_02

DRIVER

Name of Driver	GOH CHIH MING
NRIC No	SXXXX483E
Date Of Birth	26/05/1966
Occupation	Outdoor

Date Of Driving Pass	07/11/1986
Driving experience	36 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91014405
Alt. Phone Number	-
Email Address	kokhow.tay@lumens.sg
Address	624B WOODLANDS DRIVE 52 09-25
Address complement	-
Postcode	732624
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 - Change/cross lane
Weather Conditions	Raining
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	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

ON 02/12/2022 AROUND 1620HRS I WAS DRIVING VEHICLE A(SMY3760J) ON OCHARD ROAD ON LANE 1, I WAS TURNING RIGHT TOWARDS GRANGE ROAD , SUDDENLY THERE WAS THIS VEHICLE B (SKU1255J) JUST CHANGE LANE WITHOUT CHECKING THE BLINDSPOT AND QUICKLY OVER TAKE VEHICLE A AND COLLIDED TO VEHICLE A LEFT FRONT BUMPER. I ALSO WANT TO MENTION THAT IM HAVING LEG PAIN AFTER THE INCIDENT I WILL GO SEE A DOCTOR SOON. NO OTHER VEHICLE IS INVOLVED.

AS PER POLICE REPORT No.T/20221203/7026

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Describe Circumstances of the Accident

ON 02/12/2022 AROUND 1620HRS I WAS DRIVING VEHICLE A(SMY3760J) ON OCHARD ROAD ON LANE 1, I WAS TURNING RIGHT TOWARDS GRANGE ROAD, SUDDENLY THERE WAS THIS VEHICLE B (SKU1255J) JUST CHANGE LANE WITHOUT CHECKING THE BLINDSPOT AND QUICKLY OVER TAKE VEHICLE A AND COLLIDED TO VEHICLE A LEFT FRONT BUMPER. I ALSO WANT TO MENTION THAT IM HAVING LEG PAIN AFTER THE INCIDENT I WILL GO SEE A DOCTOR SOON. NO OTHER VEHICLE IS INVOLVED.

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

02/12/2022 1810HRS

FLASH ACCIDENT
REPORTING OFFICER

FRO VICKY



Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20221203/7026

2 of 3

Report No. T/20221203/7026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEN SIEW NYONG ROSALINE	ID No.	S0273353F
Related Vehicle	SKU1255J (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	GOH CHIH MING	ID No.	S1750483E
Related Vehicle	SMY3760J (Car)	Contact No.	91014405
Hospital/Clinic	FIRST MEDICAL CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	03/12/2022	Date	03/12/2022
No. of Days granted Medical Leave	02	Degree of	Slight

Brief Details.

On the stated time and date. I was driving my vehicle bearing SMY3760J along Orchard road on my way to pick my passenger up at Ngee Ann City. I remember clearly that I was driving towards the X junction of Orchard road and Grange road. I was on the most right lane, making a right turn into Grange road. Just as I was halfway through the turn, a vehicle bearing SKU1255J made a right turn on the lane beside me which is a go straight only lane, colliding onto my vehicle. We alighted our vehicles and exchanged our particulars. I took a few photos and left the scene as my passenger was waiting at Ngee Ann City. I started experiencing discomfort when I was sending my passenger to their destination. I wish to state that the said collision rocked my vehicle and I felt discomfort due to the sudden jerk. Thinking I might recover after a day rest, I went home to rest for the day. However, the discomfort and pain persist and I proceeded for a medical consultation for precautionary measures. I was then given 2 days MC and advised to proceed for further follow up should I continue to experience pain and discomfort.