

ASS. REC. BY:

REF:

AG/

Kenneth

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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SNA 5292U

Yr Regn:

06, 21

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

Truck / Trailer or

Make:

Toy Prius

cc

1798

Colour

m. Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

155476

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU103091910

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD / Rlm or

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

FIRAZP

Front

R/Bal.

9

mm

Rear

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

10/12/22

D.O.A.

13/12/2022

Survey held at

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

N/S Frt

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S - RS - SI

Fees:

Others:

TOTAL

Report Format :

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

Mercedes E250
Accident Date: 30.11.2022

Date: 13/12/2022
Vehicle No: SNA5292U
Model: TOYOTA PRIUS 5DR HATCHBACK
Chassis: JTDKB3FU103091910 - 2020
Reg.Year: 2021

Third Party Insurer: AIG
Third Party Veh No: SKK6868K
Date of Accident: 10/12/2022
Estimator: KIT
Surveyor:

*Not Authorized
L1 Pny @*

Penalty After Paint

9 days

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT HEADLAMP LH	1		<i>Mgcm</i> \$2,852.00
2	FRONT BUMPER	1		<i>Bu</i> \$665.00
3	FRONT BUMPER SIDE RETAINER LH	1		<i>Diy</i> \$80.00
4	FRONT FENDER LH	1		<i>R1</i> \$988.00
5	FRONT FENDER "HYBRID" EMBLEM LH	1		<i>Me</i> \$66.00
6	FRONT FENDER QUARTER GARNISH LH	1		<i>Sm</i> \$94.00
7	FRONT FENDER INNER SHIELD LH	1		<i>Diy</i> \$202.00
8	FRONT DOOR LH	1		REPAIR
9	FRONT RIM LH	1		REPAIR
SUB TOTAL				\$4,947.00
LESS 25%				-\$1,236.75
PARTS TOTAL				\$3,710.25

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	FRONT BUMPER CLIPS	1		<i>Me</i> \$50.00
2	FRONT FENDER INNER SHIELD CLIPS LH	1		<i>Me</i> \$30.00
S/N TOTAL				\$80.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX & READJUST AT ACCIDENT AREAS.	\$500.00	<i>400</i>
LABOUR CHARGES FOR PAINTING & FURNISHING MATERIALS AT ACCIDENT AREAS.	\$500.00	<i>400</i>
LABOUR CHARGES TO FRONT WHEEL ALIGNMENT & BALANCING.	\$100.00	<i>60</i>
TO TUFF KOTE & UNDERSEAL MATERIALS.	\$80.00	<i>30</i>
TO CHECK WIRING & ELECTRICAL SYSTEM.	\$80.00	<i>20</i>

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

LABOUR TOTAL \$1,260.00

TOTAL \$5,050.25

KIT

Head office

5 Kung Chong Road Singapore 150143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554800
Tel: (+65) 6484 0919 | 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	12/12/2022 11:58 (SGT)
Reported by	Driver
Date of Accident	10/12/2022 13:20 (SGT)
Exact Location of Accident	Sengkang West Ave, Singapore
Additional Location Information	TOWARDS FERNVALE LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA5292U
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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) +65-97889916
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	SAM MENG HUWAT
NRIC No	SXXXXX051F
Date Of Birth	26/06/1974
Occupation	Outdoor

Date Of Driving Pass	19/07/1993
Driving experience	29 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97889916
Alt. Phone Number	-
Email Address	kokhow.tay@lumens.sg
Address	BLK 417A FERNVALE LINK #10-178
Address complement	-
Postcode	791417
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 - Cross Junction
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 10/12/2022 AT ABOUT 1320HRS, I WAS DRIVING VEHICLE A ALONG SENGKANG AVENUE WEST TURNING RIGHT INTO FERNVALE LINK. AS I WAS MAKING THE RIGHT TURN AT THE GREEN ARROW, VEHICLE A HEARD VEHICLE B WHO AS TRAVELLING ON OPPOSITE DIRECTION STARTED TO HORNED AT VEHICLE A. MOMENTS LATER, VEHICLE B COLLIDED INTO VEHICLE A LEFT FRONT WHEEL. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

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	SKK6868K
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

FLASH ACCIDENT
REPORTING OFFICER

FRO LATIFF



Policyholder's Signature / Date &
Time

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

10/12/2022 1510hrs

Witnessed by Reporting Centre
Personnel

Sketch Plan

