

ASS. REC. BY:

REF:

LIP / 22 01 2633/Kg

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:

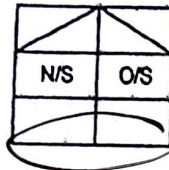
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

8218K

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

12

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SNE 4525J

Yr Regn:

03, 22

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

Truck / Trailer or

Make:

Toyota Noah

c.c

1797

Colour

M. Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

91075

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

ZWR80

0519195

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 175/70R15

195/65R15

R:

Yoko

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

7

mm

L/Bal.

9

mm

L/Bal.

7

mm

D.O.A.

13/12/22

D.O.I.

19/12/2022

Survey held at

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. 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

) F. 1/25

) Others

Report Format :

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

TOTAL



Address: 60 JALAN LAM HUAT, CARROS CENTRE #05-68 S737896
HP: 98888885

LIBERTY

NOT NOTHARD
11 Pys &
Bunny After Paint
12 day

41	REAR SPARE TYRE BOLT	1	\$ 32.00	\$ 32.00	?
42	REAR BATTERY TRAY	1	\$ 214.00	\$ 214.00	?
43	REAR BATTERY	1	\$ 450.00	\$ 450.00	?
44	REAR SEAT ASSY SET	1	\$ 4,857.00	\$ 4,857.00	X
45	REAR CHASSIS EXTENSION LH	1	\$ 387.00	\$ 387.00	?
	TOTAL PART			\$ 35,300.35	35318.85
	LIST DOWN	25%		\$ 8,825.09	
	AFTER LIST DOWN			\$ 26,475.26	26489.14
	S/N				
1	REAR NUMBER PLATE	1	\$ 50.00	\$ 50.00	45sn
2	TAILAMP CLIP SET	1	\$ 30.00	\$ 30.00	✓
3	REAR BUMPER REVERSE SENSOR	1	\$ 220.00	\$ 220.00	200sn
	INTERIOR CAMERA	1	\$ 350.00	\$ 350.00	?
4	REVERSE CAMERA	1	\$ 350.00	\$ 350.00	?
5	REAR BUMPER CLIP	1	\$ 50.00	\$ 50.00	✓
6	TAILAGTE WINDSCREEN SEALANT	1	\$ 80.00	\$ 80.00	40sn
7	TAILAGTE WINDSCREEN INNER SEAL	1	\$ 80.00	\$ 80.00	30sn
8	REAR WINDSCREEN TINTED	1	\$ 200.00	\$ 200.00	X
9	TAILGATE OUTER MOULDING CLIPS SET	1	\$ 30.00	\$ 30.00	X
10	TAILGATE INNER TRIM BOARD CLIPS SET	1	\$ 50.00	\$ 50.00	✓
11	REAR FENDER INNER TRIM BOARD CLIP SET	2	\$ 50.00	\$ 100.00	?
12	REAR FENDER INNER COWLING CLIPS SET	2	\$ 50.00	\$ 100.00	X
13	REAR END PANEL SEALANT	1	\$ 120.00	\$ 120.00	30sn
14	REAR END PANEL TOP GARNISH CLIP	1	\$ 30.00	\$ 30.00	✓
15	REAR FLOOR PANEL SEALANT	1	\$ 150.00	\$ 150.00	?
16	REAR FENDER GLASS SEALANT	1	\$ 80.00	\$ 80.00	40sn
17	REAR BATTERY	1	\$ 200.00	\$ 200.00	?
18	TOOLS SET	1	\$ 200.00	\$ 200.00	?
19	REAR TOP MAT	1	\$ 300.00	\$ 300.00	?
	TOTAL SPECIAL NETT			\$ 2,770.00	
	Labour to: REAR				
1	REMOVE AND REFIX REAR WINDSCREEN GLASS	1	\$ 300.00	\$ 300.00	120l
2	CHECK AND RESET FAULT CODE LIGHT ON HYBRID BATTER	1	\$ 500.00	\$ 500.00	?
3	REMOVE AND REFIT REAR WINDSCREEN GLASS	1	\$ 150.00	\$ 150.00	Replaced X
4	REMOVE AND REFIT REAR SEAT ,UPHOLTERY	1	\$ 300.00	\$ 300.00	120l
5	REMOVE AND REFIT REAR AIRCON BLOWER	1	\$ 150.00	\$ 150.00	?
6	REMOVE AND REFIT REAR REVERSE SENSOR	1	\$ 120.00	\$ 120.00	50l
7	REMOVE AND REFIT REAR FENDER GLASS	2	\$ 80.00	\$ 160.00	80l
8	REMOVE AND REFIT REAR EXHAUST SYSTEM	1	\$ 150.00	\$ 150.00	?
9	REMOVE AND REFIT TAILGATE MECHANISM	1	\$ 150.00	\$ 150.00	60l
10	TO CHECK ELECTRICAL WIRING	1	\$ 200.00	\$ 200.00	30l
11	TO COATING EFFECTED BODY AREAS	1	\$ 300.00	\$ 300.00	90l
12	REAR CHASSIS REALIGNMENT	1	\$ 200.00	\$ 200.00	?
13	PANEL BEATING ON AFFECTED AREA	1	\$ 2,200.00	\$ 2,200.00	1500l
14	SPRAY ON AFFECTED AREA	1	\$ 1,800.00	\$ 1,800.00	1400l
15	TOWING SEVICE (Bill)	1	\$ 150.00	\$ 150.00	?
				\$ 6,830.00	
Parts Replacement Amount				\$ 29,245.26	

	Total Amount for Labour	\$ 6,830.00	
	Total Amount	\$ 36,075.26	36089.14

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:

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	14/12/2022 12:03 (SGT)
Reported by	Driver
Date of Accident	13/12/2022 19:10 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	BEFORE ANG MO KIO AVENUE 3 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE4525J
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) +65-90296238
Alternative Phone No	(Office) +65-87781765

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	HYBRID
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	1797

INSURANCE COMPANY

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

DRIVER

Name of Driver	CHIO KENG HIANG (JIANG JINGXIAN)
NRIC No	SXXXX836G
Date Of Birth	24/12/1973
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.



Policyholder's Signature / Date & Time

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

13/12/2022 0945HRS

FLASH ACCIDENT
REPORTING OFFICER

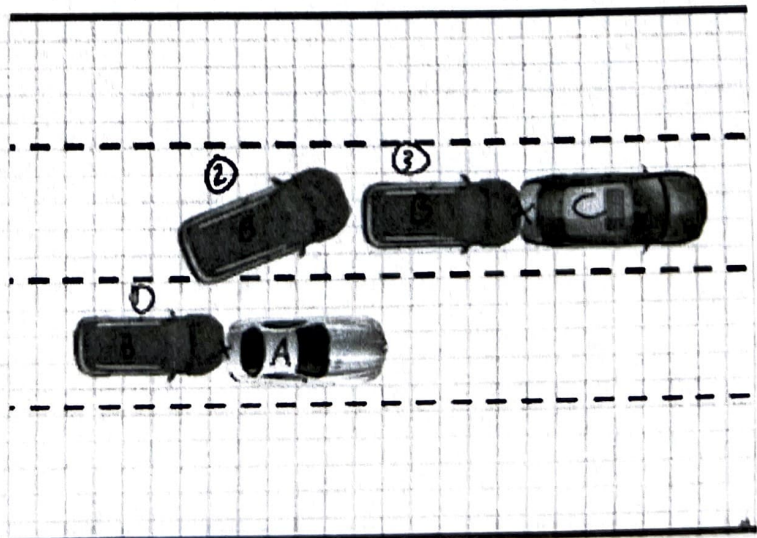
FRO SUFIYAN



Witnessed by Reporting Centre Personnel

Sketch Plan

A - SNE4525J
B - SLN4626C
C - SME7383T



CTE(TPE/SLE) BEFORE
ANG MO KIO AVENUE 3
EXIT