

ASS. REC. BY:

REF:

Smo/ 22012925/Kw

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 Report:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SNC 40046- Yr Regn: 10, 21

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

Truck / Trailer or

Make:

Toy Prius

c.c

1798

Colour

M.P. White

A/C:

Insured / Std / NI / NA

Sp. Reading

107838

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKCB3FU703095914

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD / RIM or

Tyre Size:

F:

R:

195/65R15

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

151189

Front

Rear

R/Bal.

6

mm

R/Bal.

2

mm

L/Bal.

6

mm

L/Bal.

2

mm

D.O.A.

27/12/2

D.O.I.

29/12/2022

Survey held at

11.50am

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

151 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

1)

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

Add Fee:

Site Insp (\$

Interview (\$

Tech Invs (\$

Weekend (\$

Report Format :

mp Sum / I.B.I. (\$

Date: 28/12/2022

Vehicle No: SNC4004G

Model: TOYOTA PRIUS 5DR HATCHBACK

Chassis: JTDKB3FU703095914-2021

Reg.Year: 2021

Third Party Insurer: SOMPO

Third Party Veh No: SLE6983E

Date of Accident: 27/12/2022

Estimator: TING AN

Surveyor:

*NOT Authorized
Resurvey B & P
4 days*

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT BONNET	1		R \$993.00
2	FRONT BONNET HINGE LH	1		Diy \$60.00
3	FRONT BONNET HINGE RH	1		Diy \$60.00
4	FRONT HEADLAMP LH	1		EM \$2,852.00
5	FRONT BUMPER	1		B \$585.00
6	FRONT BUMPER SIDE BRACKET LH	1		CM \$80.00
7	FRONT BUMPER FOG LAMP GARNISH COVER LH	1		GP \$105.00
8	FRONT BUMPER TOWING COVER	1		R \$30.00
9	FRONT GRILLE	1		\$475.00
10	FRONT FENDER LH	1		Bu \$988.00
11	FRONT FENDER "HYBRID" EMBLEM LH	1		na \$52.00
12	FRONT FENDER GARNISH COVER LH	1		mi \$106.00
13	FRONT FENDER INNER SHIELD LH	1		\$195.00
SUB TOTAL				\$6,581.00
LESS 25%				-\$1,645.25
PARTS TOTAL				\$4,935.75

X
✓
✓
✓
✓
✓
✓
X
7
✓
✓
✓
7

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	FRONT BONNET INSULATOR CLIPS	1		na \$40.00
2	FRONT BUMPER CLIPS	1		me \$50.00
3	FRONT FENDER INNER SHIELD CLIPS LH	1		\$40.00
S/N TOTAL				\$130.00

X
✓
7

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

Head office

6 Kung Chong Road Singapore 159143

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

Signature:

Branch

10 Serangoon North Ave 5 Singapore 554500

Tel: (+65) 6484 9019 | Fax: (+65) 6481 1993

Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Rd, Park 2A #01-06 Singapore 568047

Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011



Date: 28/12/2022
Vehicle No: SNC4004G
Model: TOYOTA PRIUS 5DR HATCHBACK
Chassis: JTDKB3FU703095914-2021
Reg.Year: 2021

Third Party Insurer: SOMPO
Third Party Veh No: SLE6983E
Date of Accident: 27/12/2022
Estimator: TING AN
Surveyor:

LABOUR CHARGES:

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

500
\$700.00

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT FRONT BONNET, FRONT BUMPER, FRONT FENDER LH & ETC.

600
\$700.00

TO DIAGNOSIS FAULT CODE & RESET MEMORY.

\$150.00 7

TO CHECK WIRING & ELECTRICAL SYSTEM.

\$100.00 200

LABOUR TOTAL \$1,650.00

TING AN

TOTAL \$6,715.75

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 27/12/2022 14:40 (SGT)
Reported by Driver
Date of Accident 27/12/2022 11:30 (SGT)
Exact Location of Accident Waterloo St, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNC4004G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LUMENS AUTO PTE
Company Reg No 2XXXXX961K
Email Address kokhow.tay@lumens.sg
Mobile Phone No (Phone) +65-97976598
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 JIMMY FOO CHEE WAH
NIC No SXXXX287C
Date Of Birth 06/01/1960
Occupation Outdoor

SKETCH PLAN**IMPORTANT NOTICE**

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 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. 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.



Policyholder's Signature / Date & Time

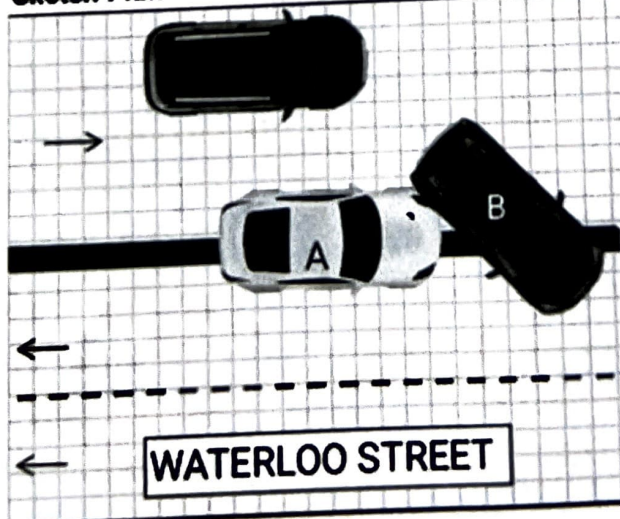
Driver's Signature (If driver is not the policyholder) / Date & Time

27/12/2022 1250HRS

**FLASH ACCIDENT
REPORTING OFFICER**
FRO SUFIYAN



Witnessed by Reporting Centre Personnel

Sketch Plan

A - SNC4004G
B - SLE6983E