

ASS. REC. BY:

REF:

SMR / 22012938/kw

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop n/s _____

of _____

Insured: _____

Policy No. _____

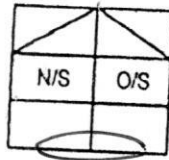
Claims No. _____

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: 05 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMK 71834 Yr Regn: 04, 19

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

Truck / Trailer or _____

Make: Toy Prins c.c. 1798Colour: M. Maroon A/C: Insured / Std / NI / NASp. Reading: 330024 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JT07S3EU60J038809Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60R15

R: _____

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

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 6/12/22 D.O.I. 28/12/2022

Survey held at _____

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

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

Date / Time Action / Instruction

30/12/21 Rep @ 32000 Cnh @ 05 days (Red \$5,372.48/63%)

Date/Time, File Pass to?

19/01/2023

1) Typist

Date/Time, File Return to?

2)

☐ : Prell. Report☒ : Final ReportDays Of Repair: 5 days

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation

S - RS. SI

Fines

Others

TOTAL

Report Format :

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

MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z

Address: 60 JALAN LAM HUAT, CARROS CENTRE #05-68 S737986

HP: 98888888

Estimation

Date: 28/12/2022

Vehicle: SMK7183Y

Make / Model: TOYOTA PRIUS

Chassis: FIRST CAPITAL

Not withain
11 Pm @ 3200h
Penny After Paint
05 day

No.	Description	Unit	Unit Price	Amount
1	TAILGATE 929 B	1	\$ 1,359.00	\$ 1,359.00
2	TAILGATE LOGO nn	1	\$ 95.50	\$ 95.50
3	TAILGATE EMBLEM PRIUS t	1	\$ 89.40	\$ 89.40
4	TAILGATE EMBLEM HYBRID nn	1	\$ 82.30	\$ 82.30
5	TAILGATE DETECTOR In	1	\$ 321.00	\$ 321.00
6	TAILGATE LOCK A	1	\$ 312.00	\$ 312.00
7	REAR BUMPER 541.10 Bu	1	\$ 658.00	\$ 658.00
8	REAR BUMPER SIDE RETAINER D/S	2	\$ 112.00	\$ 224.00
9	REAR BUMPER REINFORCEMENT 350.50 B	1	\$ 350.50	\$ 350.50
10	REAR BUMPER BRACKET R	2	\$ 114.00	\$ 228.00
11	REAR BUMPER LIP cm	1	\$ 728.90	\$ 728.90
12	REAR BUMPER UNDER COVER In	1	\$ 321.00	\$ 321.00
13	REAR END PANEL 517.70 B	1	\$ 612.00	\$ 612.00
14	REAR END PANEL TOP GARNISH In	1	\$ 212.00	\$ 212.00
15	REAR FLOOR PANEL TOP BOARD In	1	\$ 398.00	\$ 398.00
16	REAR FLOOR PANEL TOP SIDE SPONGE In	2	\$ 312.00	\$ 624.00
			25%	\$ 6,615.60
			Less 20%	\$ 1,323.12
			Total	\$ 5,292.48
	S/Nett items:			
1	REAR BUMPER CLIPS nn	1	\$ 80.00	\$ 80.00
2	REAR TAILGATE INNER TRIM BOARD CLIPS nn	1	\$ 80.00	\$ 80.00
3	REAR NUMBER PLATE B	1	\$ 50.00	\$ 50.00
4	REAR REVERSE SENSOR In	1	\$ 250.00	\$ 250.00
5	REAR END PANEL TOP GARNISH CLIPS nn	1	\$ 80.00	\$ 80.00
6	REAR END PANEL SEALANT nn	1	\$ 60.00	\$ 60.00
				\$ 600.00
	Labour to:			
1	TO CHECK REAR ELECTRICAL WIRING	1	\$ 150.00	\$ 150.00
2	RESET TROUBLE CODE nn	1	\$ 300.00	\$ 300.00
3	TO REMOVE AND RENEW REVERSE SENSOR	1	\$ 150.00	\$ 150.00
4	REMOVE AND RENEW REAR GARNISH / UPHOLSTERY	1	\$ 200.00	\$ 200.00
5	REMOVE AND RENEW TAILGATE MECHANISM	1	\$ 80.00	\$ 80.00
6	APPLY ANTI RUST ON AFFECTED AREAS	1	\$ 200.00	\$ 200.00
7	SPRAY PAINTING ON AFFECTED AREAS	1	\$ 800.00	\$ 800.00
8	PANEL BEATING ON AFFECTED AREAS	1	\$ 800.00	\$ 800.00
				\$ 2,680.00
	Parts Replacement Amount		\$	5,892.48
	Total Amount for Labour		\$	2,680.00

	Total Amount	\$ 8,572.48

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	09/12/2022 14:28 (SGT)
Reported by	Driver
Date of Accident	06/12/2022 16:15 (SGT)
Exact Location of Accident	Tampines Ave 10, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK7183Y
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) +65-90777972
Alternative Phone No	(Office) +65-87781765

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	PLUS
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	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MN000812-R00

DRIVER

Name of Driver	ROSNI BIN MOHD HASHIM
NRIC No	SXXXX626J
Date Of Birth	28/10/1966
Occupation	Outdoor

Date Of Driving Pass	09/02/1988
Driving experience	34 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90777972
Alt. Phone Number	-
Email Address	kokhow.tay@lumens.sg
Address	206 TAMPINES STREET 21 #07-1443
Address complement	-
Postcode	520206
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 - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	UNKOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

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	SHB855U
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ROSNI BIN MOHD HASHIM
Gender	Male
Phone No	(Phone) +65-90777972
Address	206 TAMPINES STREET 21 #07-1443
Address Complement	-
Post Code	520206
Approximate Age Years Old	56
Injuries Sustained	BACK, NECK AREA SERIOUS PAIN. 17DAYC MC HOSPITALISED 06/12/2022 TO 08/12/2022 SMK7183Y
Injured person in which vehicle?	Yes
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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 BALAJI

Policyholder's Signature / Date &
Time

Sketch Plan

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

1400HRS 09/12/22

Witnessed by Reporting Centre
Personnel

A. SMK7183Y
B. SHA855U

TAMPINES AVE
10



Describe Circumstances of the Accident

REFER TO POLICE REPORT.

Declaration

I/We declare the foregoing particulars are true in every respect

FLASH ACCIDENT
REPORTING OFFICER

FRD 846 A.11



Policyholder's Signature / Date &
Time

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

1400HRS 09/12/22

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20221206/2079

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3
Report No: T/20221206/2079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/12/2022 17:33	Vide Report No.:	Station Diary No.: 99
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Informant's Particulars

Name of Informant: ROSNI BIN MOHD HASHIM		Address: APT BLK 206 TAMPINES STREET 21 #07-1443 SINGAPORE 520206	
ID Type / ID No.: NRIC NO / S1776626J		Contact No.: Home/Office: Mobile: 90777972	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 56	Date of Birth: 28/10/1966	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/12/2022 16:15	Type of Location: X-Junction
Location: TAMPINES AVENUE 10				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB855U	Car	TOYOTA	PRIUS TAXI (SMRT)	Maroon	No Damage	0
SMK7183Y	Car	TOYOTA	PRIUS PLUS (AUTO)	Red	No Damage	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20221208/2079

2 of 3

Report No. T/20221208/2079

CONTINUATION OF REPORT

Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SHB855U (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ROSNI BIN MOHD HASHIM	ID No.	S1776626J
Related Vehicle	SMK7183Y (Car)	Contact No.	90777972
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 06/12/2022 at around 1615hrs, I was travelling along Tampines Ave 10 towards UWC. I was queuing behind a vehicle to turn right to another junction when another vehicle (SHB855U) hit my vehicle from behind. The impact causes my back and neck area to be in serious pain and I was conveyed to Changi General Hospital. A traffic Police also attended to my accident. I was given a 17-day MC from 06/12/2022 to 22/12/2022. I was hospitalized from 06/12/2022 to 08/12/2022. MC NO: OTO2022213537

**SINGAPORE
POLICE FORCE**

T/20221208/2079

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No: T/20221208/2079

CONTINUATION OF REPORT**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

G /

SGT 2 SAMNEL LEE LE KUN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/12/2022 17:33

Officer In Charge Of Case:

TP / GIT /

SR STAFF SGT LEE GUANG HUI

Contact No.: 65476423

Classification Of Case:

NP168