

ASS. REC. BY:

REF:

SMR / 22012938/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:

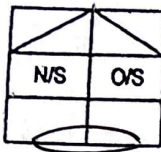
Excess:

(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:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4-5 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:

SMK 7183 Y

Yr Regn: 04, 19

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

Truck / Trailer or

Make:

Toy PINS

c.c

1798

Colour

M. Maroon

A/C:

Insured / Std / NI / NA

Sp. Reading

330029

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTD2S3EU 60J038809

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/60R15

R:

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

TOYO / YOKO or

Pirelli

Front

R/Bal.

7

mm

Rear

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

6/12/22

D.O.I.

28/12/2022

Survey held at

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

The UIC / 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:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ - RS. \$

Firm's

Others

TOTAL

Report Format:

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

MY CAR CONSULTANT PTE LTD

MY CAR CONSULTANT PTE LTD
 2016058782
 60 JALAN LAM HUAT, CATROS CENTRE #05-68 5737986
 The Repair of the following:
 • 8 to display damaged part(s) during survey
 • Parts prices are subject to confirmation
 • Third party survey is on a "without prejudice" basis
 • No illegal modifications allowed
 • Supplier's warranty is voided if removed and is subject to final approval on insurance company
 Acknowledged by Reposer

Estimation

Date: 28/12/2022
 Vehicle: SMK7183Y
 Make / Model: TOYOTA PRIUS
 Chassis: FIRST CAPITAL

Not Authorized
 L1 Png &
 Perry After Paint
 4-5 days

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

✓

X

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X

X

✓

✓

7

7

✓

X

7

X

X

X

✓

X

X

7

X

7

✓

X

7

✓

200

7

500

600

600

300

600

?

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

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' 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

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

A. SMK7183Y

B. SHA855U

TAMPINES AVE

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