ASS. REC. BY: Kenneth

REF: UP/2300005 2/Kv

C

ASSIGNMENT

From: ______ Date: ______

Estimated Cost: ______

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

To Inspect Vehicle No: ______

at Workshop m/s My Car

of 961K

Insured: SMX 5049Y

Policy No. ______

Claims No. AVS22/3560

Sum Insured: ______ Excess: ______

(Client's Record)

Make of Veh: ______

(Policy Condition)

N/S | O/S

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

Bal. or Market Value: $113K

IDAC Accident Rport: ______ Consistent? : Yes or No

GIA / PR Seen: ______ Consistent? : Yes or No

Est. Repairs: 02 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: SML 9430R Yr Regn: 06, 19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or ______

Make: Toy Prius (A) c.c 1798

Colour M. Black A/C: Insured / Std / NI / NA

Sp.Reading 285886 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: JTDZS3EU90J040666

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or ______

Brake: Inorder / Jammed / Leaked / Burnt or ______

Modi: Nil / S/Rim / STD A/Rim or ______

Tyre Size: F: ______

R: 205/60R15

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

	Front		Rear	
R/Bal.	8	mm	8	mm
L/Bal.	8	mm	8	mm

D.O.A. 16/12/22 D.O.I. 3/1/2023

Survey held at ______

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

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

Date / Time	Action / Instruction
5/1	U Rp @ 2100 Cash (red 1202, 36%)

Date/Time, File Pass to? ☐ : Prell. Report

☐ : Final Report

Date/Time, File Return to?

18/1/23-typist

Days Of Repair: 2

Resurvey No. of Trip: ______

Add Fee: ☐ : Site Insp ($ ______)

☐ : Interview ($ ______)

☐ Tech Invs ($ ______)

☐ Weekend ($ ______)

Survey Fee:

Transportation

___S - RS.___SI

Parking

Others

TOTAL

Report Format : TP

Lump Sum / ~~I.B.I.~~ ($ 2100)

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 witholding 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	19/12/2022 08:48 (SGT)
Reported by	Driver
Date of Accident	16/12/2022 21:25 (SGT)
Exact Location of Accident	78 Airport Blvd., Jewel Changi Airport, Singapore 819666
Additional Location Information	PILLAR 7
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML9430R

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) +65-92700985
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	SEAH HOCK SENG (SHE FUCHENG)
NRIC No	SXXXX542I
Date Of Birth	08/05/1979
Occupation	Outdoor

Date Of Driving Pass	22/03/2012
Driving experience	10 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92700985
Alt. Phone Number	-
Email Address	kokhow.tay@lumens.sg
Address	265 BISHAN STREET 24 #07-126
Address complement	-
Postcode	570265
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 - Change/cross lane
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?	No
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 16/12/2022 AT AROUND 2125HRS, I WAS DRIVING VEHICLE A (SML9430R) ALONG JEWEL CHANGI AIRPORT NEAR PILLAR 7. WHILE DRIVING STRAIGHT WITHIN MY LANE SLOWLY, VEHICLE B (SMX5049Y) SUDDENLY SWERVED INTO MY LANE AND SIDE SWIPED VEHICLE A.

I SUSTAINED SORENESS ON MY BACK AND NECK. THERE WERE NO OTHER VEHICLES INVOLVED.

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	SMX5049Y
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	ALBERT WENSON GUNAWAN
NRIC No	SXXXX025F
Contact Number	(Phone) +65-93663715
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SEAH HOCK SENG
Gender	Male
Phone No	(Phone) +65-92700985
Address	265 BISHAN STREET 24 #07-126
Address Complement	-
Post Code	570265
Approximate Age Years Old	43
Injuries Sustained	SUSTAINED SORENESS ON MY BACK AND NECK
Injured person in which vehicle?	SML9430R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 w ilful misrepresentation or w ithholding 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 w ill be forw arded 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 w ill 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, acknow ledge, agree and consent that :

(a) My insurer , my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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 w ith 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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims

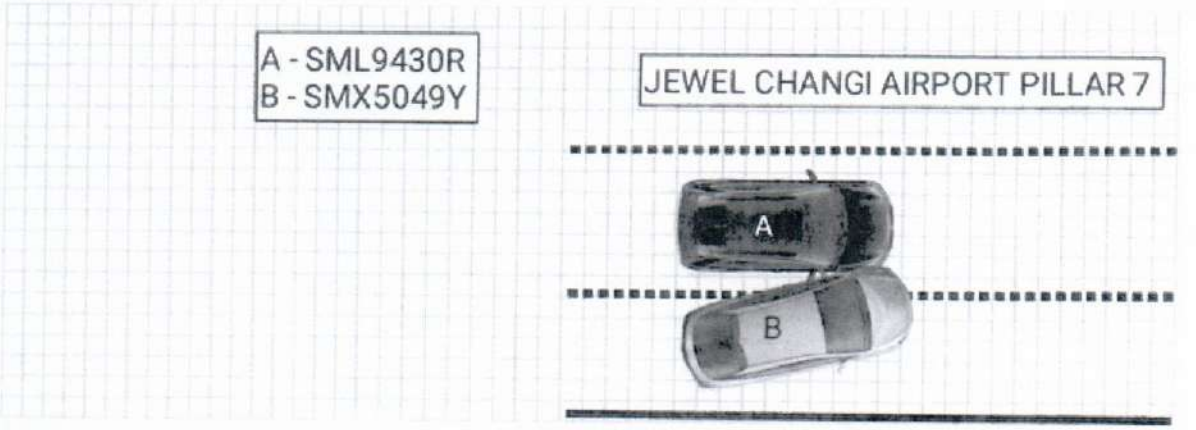
(collectively the "**Purposes**")

(b) all insurer(s) w ho 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), w hich 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	Witnessed by Reporting Centre Personnel
	17/12/2022 0030HRS	FLASH ACCIDENT REPORTING OFFICER FRO SUFIYAN

Sketch Plan



SKETCH PLAN #2

Describe Circumstances of the Accident

ON 16/12/2022 AT AROUND 2125HRS, I WAS DRIVING VEHICLE A (SML9430R) ALONG JEWEL CHANGI AIRPORT NEAR PILLAR 7. WHILE DRIVING STRAIGHT WITHIN MY LANE SLOWLY, VEHICLE B (SMX5049Y) SUDDENLY SWERVED INTO MY LANE AND SIDE SWIPED VEHICLE A.

I SUSTAINED SORENESS ON MY BACK AND NECK. THERE WERE NO OTHER VEHICLES INVOLVED.

Declaration

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

Policyholder's Signature / Date & Time

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

17/12/2022 0030HRS

FLASH ACCIDENT REPORTING OFFICER

FRO SUFIYAN

Witnessed by Reporting Centre Personnel

Not Authorised
U/Ry @ 2100h
Resurvey After Paint
2 days

MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z
Address:60 JALAN LAM HUAT,CARROS CENTRE 05-68 S737896
HP: 98888885

Estimation

Date:	3/1/2023
Vehicle:	SML9430R
Make / Model:	TOYOTA PRIUS
INSURANCE	LIBERTY

No.	Description	Unit	Unit Price	Amount	
	Parts Replacement:				
1	FRT BUMPER 556 Pd/Lt	1	$ 879.00	$ 879.00	—
2	FRT BUMPER SIDE RETAINER RH	1	$ 45.00	$ 45.00	X
3	FRT BUMPER LOWER LID	1	$ 698.00	$ 698.00	X
4	FRT BUMPER FOGLAMP RH	1	$ 321.00	$ 321.00	X
5	FRT BUMPER SIDE COVER RH	1	$ 112.00	$ 112.00	—
6	HEADLAMP RH	1	$ 2,257.00	$ 2,257.00	—
	TOTAL PART			**$ 4,312.00**	
	LIST DOWN	25%		**$ 1,078.00**	
	AFTER LIST DOWN			**$ 3,234.00**	
	SPEICAL NETT				
1	FRT BUMPER CLIP SET	1	$ 50.00	**$ 50.00**	—
	TOTAL AMOUNT			**$ 50.00**	
	LABOUR				
1	CHECK WIRING		$ 100.00	**$ 100.00**	2ol
2	REALAIGN HEADLAMP		$ 120.00	**$ 120.00**	X
3	KNOCK		$ 400.00	**$ 400.00**	2ool
4	SPRAY		$ 400.00	**$ 400.00**	2ool
	TOTAL AMOUNT			**$ 1,020.00**	
	Parts Replacement Amount			**$ 2,385.00**	
	Total Amount for Labour			**$ 1,020.00**	
	Total Amount			**$ 3,302.00**	

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: