

ASS. REC. BY:

REF:

A15 / 23000618K9Y3

C

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / QD 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:

875k

IDAC Accident Rpt:

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:

SLP 16274

Yr Regn:

09, 17

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

Truck / Trailer or

Make:

Toy CHR

C.C

1797

Colour

M.P. White

A/C:

Insured / Std / NI / NA

Sp. Reading

457753

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

8YX10

2046049

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/80R17

R:

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

TOYO / YOKO or

Arivo

Front

R/Bal.

7

mm

Rear

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

14/1/23

D.O.I.

14/2/2023

Survey held at

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

Rear d/s

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

16/12 11:00 87400k Car (Red # 2698.02, 662.7)

Date/Time, File Pass to?

☐

Prell. Report

1) 17/2 11:00

☐

Final Report

Date/Time, File Return to?

Days Of Repair:

2

Resurvey No. of Trip:

2

Survey Fee:

Transportation

S - RS. SI

F. m/s

Others

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

1400

TOTAL

# Lian Her Motors

Blk 5038 #01-405 Ang Mo Kio Industrial Pk 2 Singapore 569541  
Tel : 64817221

Fax : 64816131

L H Car Rental Pte Ltd  
Blk 5038 #01-405  
Ang Mo Kio Industrial Pk 2  
Singapore 569541

*Not Notion  
11 hrs @ 1400/hr  
Money After Paim  
2 days*

Vehicle No : SLS 1627 T  
Make : Toyota C-HR  
Year : 2017

Qty	Description	Unit Price	Amount
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## Estimate Cost Of Repair

1 pc	Rear bumper	585.10	Bu \$855.60 ✓
1 pc	Rear bumper reinforcement	455.70	Bu \$483.20 ✓
1 pc	Rear o/s bumper reflector garnish		\$125.60 Bu \$251.20 X
1 pc	Rear lower bumper		CM \$487.50 ✓
2 pcs	Rear bumper side retainer		\$75.10 Bu \$150.20 X
1 pc	Rear o/s fender arch garnish		Bu \$175.20 X
1 pc	Rear end panel		Bu \$725.70 X
1 pc	Rear end panel inner garnish		Bu \$402.10 X
			\$3,530.70
Less 25 %			\$882.68
			\$2,648.02

## S Nett

15 pcs	Rear bumper clip	\$2.00	Mu \$30.00 ✓
1 pc	Rear reverse sensor	Short	Bu \$200.00 ✓
			\$230.00

## Labour Charges

Remove/renew the above parts including knocking, welding & cutting.	2000	\$700.00
To putty & spray paint on accident affected portion	2200	\$500.00
Check and reconnect wiring	100	\$20.00

Total \$4,098.02

**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:



SS36231G0002 / SU Brothers Motor Workshop  
ENTRY DATE & TIME: 16/01/2023 17:08 (SGT)  
SUBMITTED BY: Su Kia Wee  
VERSION: 1 (16/01/2023 17:08 (SGT))

## 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	16/01/2023 17:08 (SGT)
Reported by	Driver
Date of Accident	14/01/2023 10:15 (SGT)
Exact Location of Accident	Toa Payoh, Singapore
Additional Location Information	LOR 6 TOA PAYOH TOWARDS PIE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS1627T
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	L.H.CAR RENTAL PTE LTD
Company Reg No	200009761N
Email Address	carrental.lh@gmail.com
Mobile Phone No	(Phone) +65-90290202
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
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	1800

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5127247960-000008

#### DRIVER

Name of Driver	LAWERENCE SUMIO TOK SIEW MUN
NRIC No	S6912150J
Date Of Birth	08/04/1969
Occupation	Outdoor

Date Of Driving Pass	11/03/1993
Driving experience	29 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90290202
Alt. Phone Number	-
Email Address	carrental.lh@gmail.com
Address	APT BLK 3 LORONG LEW LIAN
Address complement	#03-72
Postcode	531003
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?	No
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	LOH CHAI HONG
Gender	Female

#### 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

I WAS TRAVELLING ALONG TOA PAYOH LORONG 6 TOWARDS PIE , I STOPPED TO CHECK FOR TRAFFIC WHEN SUDDENLY SGC18B HIT THE REAR OF MY VEHICLE.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	KIV

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGC18B
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	LOH CHAI HONG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN
Injured person in which vehicle?	SLS1627T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	LAWERENCE SUMIO TOK SIEW MUN
Gender	Male
Phone No	(Phone) +65-90290202
Address	APT BLK 3 LORONG LEW LIAN
Address Complement	#03-72
Post Code	531003
Approximate Age Years Old	54
Injuries Sustained	BACK PAIN
Injured person in which vehicle?	SLS1627T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



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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.
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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

**3. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My employer, 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 processed 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/are 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.

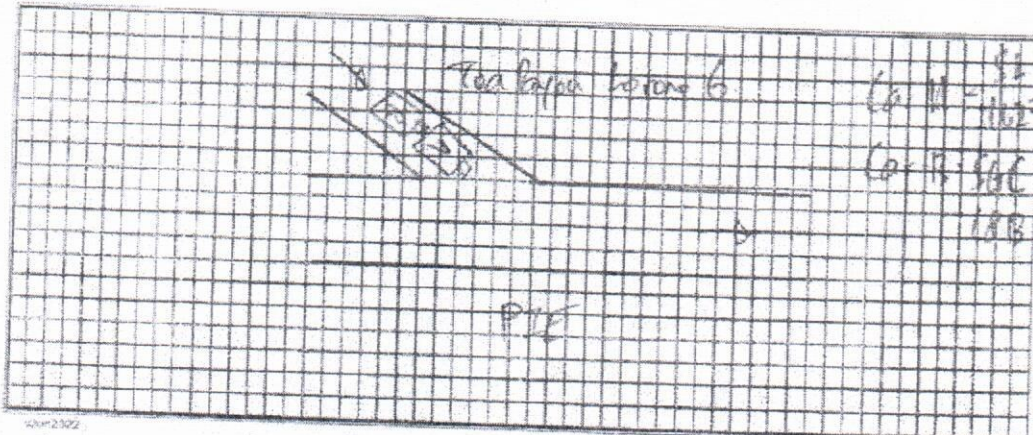
**LH CAR RENTAL PTE LTD**

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

I was travelling along Tanjong Pagar Road towards PTE,  
 I stopped to check for traffic when suddenly S6C18B  
 hit the rear of my vehicle.

Declaration

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

L.H CAR RENTAL PTE LTD

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
 (Name as in NRICID card)

