

ASS. REC. BY:

REF:

EGZ / 230010181kgp3

C

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: 874k

IDAC Accident Report: _____ 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: SFE 8855Z Yr Regn: 07, 17

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

Truck / Trailer or

Make: Toy Prins c.c. 1797Colour: M. Blue A/C: Insured / Std / Nil / NASp. Reading: 496297 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: ZVW 40 0025098Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55R16

R: _____

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

TOYO / YOKO or

Arivo

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.O.A. 22/1/23 D.O.I. 1/2/2023

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

15/2 21Rm 84250L Car h/ used to 7011.12, 67%

Date/Time, File Pass to?

1) 21/2 Final ☐ : Prell. ReportDate/Time, File Return to? ☐ : Final Report

2) _____

Days Of Repair: 5Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S - RS. \$

Fees

Others

TOTAL

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

Report Format:

MER TR

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

4750

輝陽汽車有限公司 HUI YANG MOTOR PTE. LTD.

Contact Add : SIN MING AUTOCARE Blk 176 Sin Ming Drive #04-02 Singapore 575721

Tel: 64515752 (2 Lines) . Fax: 64514658

GST Reg No. 201629438M

22/01/2023

Owner: HYMS CAR LEASING PTE LTD

ESTIMATE TO REPAIR TOYOTA PRIUS ALPHA 1.8S A - SFE6655Z

1pc	rear tailgate	BH \$	1,218.45 ✓
1pc	rear tailgate outer garnish	BH \$	371.25 X
1pc	rear tailgate "TOYOTA" logo	BH \$	61.10 X
1pc	rear tailgate "PRIUS" emblem	BH \$	63.90 ✓
1pc	rear tailgate "HYBRID" emblem	BH \$	61.10 ✓
1set	rear tailgate windscreen glass moulding	BH \$	182.28 X
1pc	rear tailgate inner lock	BH \$	374.45 ✓
1pc	rear tailgate inner rubber	BH \$	381.90 X
1pc	rear tailgate inner garnish	my oil \$	781.90 ✓
2pcs	rear taillamp @\$681.90	cls cam \$	1,363.80 ✓
2pcs	rear taillamp lower bracket @\$132.50	cls oil \$	265.00 ✓
1pc	rear bumper 823.00	BH \$	981.90 ✓
2pcs	rear bumper side retainer @\$132.45	cls oil \$	264.90 ✓
1pc	rear bumper LH reflector	BH \$	181.25 X
1pc	rear end panel 687.30	BH \$	781.10 ✓
1pc	rear end panel inner garnish	BH \$	374.85 X
2pcs	rear fender inner garnish @\$781.50	BH \$	1,563.00 X
1pc	rear floor panel	BH \$	981.50 X
1pc	rear floor panel top trim	BH \$	681.20 X
			\$ 10,934.83
less 25%			\$ 2,733.71
			\$ 8,201.12
1set	rear parking sensor	short \$	280.00 200sn
			\$ 120.00 ✓
remove & refix rear windscreen glass			\$ 80.00 40sn
sealant			\$ 100.00 60h
tuffkote			\$ 80.00 20h
wiring			\$ 1,200.00 600h
spray painting			\$ 1,200.00 60h
labour charges			\$ 11,261.12
Total			

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:



Frgu
LKK
01/02/23

Not withstanding
1/1 Day \$4250/h
Permanently After Rain
5 days

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	31/01/2023 17:00 (SGT)
Reported by	Both
Date of Accident	22/01/2023 16:25 (SGT)
Exact Location of Accident	Sims Ave, Singapore
Additional Location Information	towards Jalan Eunos
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFE6655Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HYMS Car Leasing Pte Ltd
Company Reg No	201320561K
Email Address	hyms@live.com.sg
Mobile Phone No	(Phone) +65-83336725
Alternative Phone No	-

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	1800

INSURANCE COMPANY

Name of Insurance Company	Etika Insurance Pte Ltd
Policy Number / Cover Note Number	M0016848

DRIVER

Name of Driver	Mohid Bin Saini
NRIC No	S0210000B
Date Of Birth	06/05/1948
Occupation	Outdoor

Date Of Driving Pass	20/11/1969
Driving experience	53 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97817430
Alt. Phone Number	-
Email Address	hyms@live.com.sg
Address	Blk 498F Tampines Street 45 #01-424
Address complement	-
Postcode	524498
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	Raining
Road Surface	Wet

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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Grab Passenger
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

Please refer to the sketch plan.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNH7675Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Ibrahim Bin Mat
NRIC No	S2175940F
Contact Number	(Phone) +65-86933358
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

SKETCH PLAN

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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 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.

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

Sketch Plan

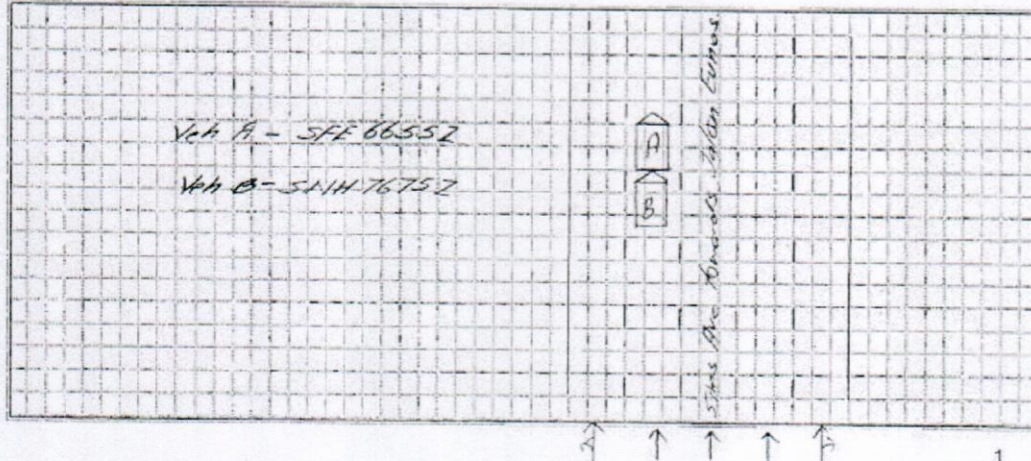
31 JAN 2023

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

31 JAN 2023

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

Mr. Lim Lai Fong



Describe Circumstance of the Accident

4:25pm along
On Sunday 22/01/23 at about Sims Avenue
Vehicle B (SNH 76752) which was behind me surged
forward when the pedestrian light turns green.
As a result, denting the bumper and my rear
compartment door. I had a lady passenger at the
time of the accident. None of us injured.

Vehicle A (SFE 66352)

Vehicle B (SNH 76752)

Declaration

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



Policyholder's Signature / Date & Time
31 JAN 2023

Driver's Signature (if driver is not the policyholder) / Date & Time
31 JAN 2023

Witnessed by Reporting Centre Personnel
(Name as in NRIC/D card)
31 JAN 2023