ASS. REC. BY: Kenneth | REF: LIP/

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 _____

Insured: _____

Policy No. _____

Claims No. _____

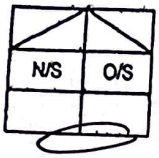
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: $139k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 04 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: SMY 9913X Yr Regn: 04, 21

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

Make: Toy Prius A1 c.c 1798

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

Sp.Reading 149140 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDZS3EU10J060152

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: Triangle 205/60R16

R: Triangle

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

Front		Rear	
R/Bal.	3 mm	R/Bal.	4 mm
L/Bal.	3 mm	L/Bal.	4 mm
D.O.A.	2/2/23	D.O.I.	7/2/2023

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

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S - RS. _____ SI

Parking: _____

Others: _____

TOTAL: _____

Report Format :

Lump Sum / I.B.I: ($ _____)

Not Authorised
Liby &
Reserve After Paint
4 days

MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z
Address: 60 JALAN LAM HUAT,CARROS CENTRE #05-68 S737986
HP: 98888885

Estimation

Date: 7/2/2023
Vehicle: SMY9913X
Make / Model: TOYOTA PRIUS
INSURANCE

No.	Description	Unit	Unit Price	Amount
1	TAILGATE	1	$ 1,359.00	$ 1,359.00
2	TAILGATE LOGO	1	$ 95.50	$ 95.50
3	TAILGATE EMBLEM PRIUS t	1	$ 89.40	$ 89.40
4	TAILGATE EMBLEM HYBRID	1	$ 82.30	$ 82.30
5	TAILGATE WEATHERSTRPE	1	$ 212.00	$ 212.00
6	TAILGATE DETECTOR	1	$ 321.00	$ 321.00
7	REAR BUMPER	1	$ 658.00	$ 658.00
8	REAR BUMPER SIDE RETAINER	2	$ 112.00	$ 224.00
9	REAR BUMPER REINFORCEMENT	1	$ 350.50	$ 350.50
10	REAR BUMPER LIP	1	$ 728.90	$ 728.90
11	REAR BUMPER REFLECTOR	2	$ 68.00	$ 136.00
12	REAR BUMPER UNDERCOVER GARNISH	1	$ 321.00	$ 321.00
13	REAR END PANEL	1	$ 612.00	$ 612.00
14	REAR END PANEL TOP GARNISH	1	$ 212.00	$ 212.00
16	REAR FLOOR PANEL TOP BOARD	1	$ 398.00	$ 398.00
				$ 5,799.60
			Less 20%	**$ 1,159.92**
			Total	**$ 4,639.68**
	S/Nett items:			
1	REAR BUMPER CLIPS	1	$ 80.00	$ 80.00
2	REAR REVERSE SENSOR	1	$ 250.00	$ 250.00
3	REAR END PANEL TOP GARNISH CLIPS	1	$ 80.00	$ 80.00
4	REAR END PANEL SEALANT	1	$ 60.00	$ 60.00
				$ 470.00
	Labour to: REAR			
1	TO CHECK REAR ELECTRICAL WIRING	1	$ 150.00	$ 150.00
2	TO REMOVE AND RENEW REVERSE SENSOR	1	$ 150.00	$ 150.00
3	REMOVE AND RENEW REAR GARNISH / UPHOLSTERY	1	$ 200.00	$ 200.00
4	APPLY ANTI RUST ON AFFECTED AREAS	1	$ 100.00	$ 100.00
5	SPRAY PAINTING ON AFFECTED AREAS	1	$ 800.00	$ 800.00
6	PANEL BEATING ON AFFECTED AREAS	1	$ 800.00	$ 800.00
				$ 2,200.00

Parts Replacement Amount	**$ 5,109.68**
Total Amount for Labour	**$ 2,200.00**
Total Amount	**$ 7,309.68**

SJ0G2323000H / JP Knights Pte Ltd
ENTRY DATE & TIME: 03/02/2023 10:00 (SGT)
SUBMITTED BY: Siti
VERSION: 1 (03/02/2023 10:00 (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 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	03/02/2023 10:00 (SGT)
Reported by	Driver
Date of Accident	02/02/2023 21:05 (SGT)
Exact Location of Accident	Loyang Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY9913X

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LUMENS PTE LTD
Company Reg No	2XXXXX961K
Email Address	kokhow.tay@lumens.sg
Mobile Phone No	(Phone) +65-96489563
Alternative Phone No	(Office) +65-87781765

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	1798

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MN000813-R00

DRIVER

Name of Driver	SOO HONG MOON
NRIC No	SXXXX314B
Date Of Birth	19/11/1977
Occupation	Outdoor

SKETCH PLAN

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1. Please correctly report the details of the accident to speed up the claims process.
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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**.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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 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 involvedisclosure 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.

LUMENS PTE LTD UEN 201438961K

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 03/02/23 0150HRS

FLASH ACCIDENT REPORTING OFFICER

FRO ZIKRUL

FLASH Accident Reporting

Witnessed by Reporting Centre Personnel

Sketch Plan