

ASS. REC. BY:

REF:

LIP / 23001868/Kqy3

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

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

Date / Time

Action / Instruction

Veh No:

SLG 62224

Yr Regn:

10, 16

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

Truck / Trailer or

Make:

Toy Prius

c.c

1797

Colour

M. Gray

A/C:

Insured / Std / NI / NA

Sp. Reading

450659

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

ZVW50

6010136

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

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

Front

R/Bal.

S

mm

Rear

R/Bal.

9

mm

L/Bal.

S

mm

L/Bal.

9

mm

D.O.A.

11/2/23

D.O.I.

20/2/2023

Survey held at

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

O/S Rear

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

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

4

Resurvey No. of Trip:

2

Survey Fee:

Transportation

S - RS. \$

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

TOTAL

Report Format :

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

TP 1800

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	13/02/2023 17:40 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/02/2023 11:00 (SGT)
Exact Location of Accident	Geylang Rd, Singapore
Additional Location Information	turning right to Sims Way
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG6222H
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	Iskandhar Shahril Bin Safari
NRIC No	S7307530J
Date Of Birth	04/03/1973
Occupation	Outdoor

Date Of Driving Pass	13/12/2003
Driving experience	19 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88778498
Alt. Phone Number	-
Email Address	hymys@live.com.sg
Address	Blk 463B Sembawang Drive #09-387
Address complement	-
Postcode	752463
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 - Major/Minor Rd
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?	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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNA7310M
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)	-

SKETCH PLAN

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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.
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

13 FEB 2023

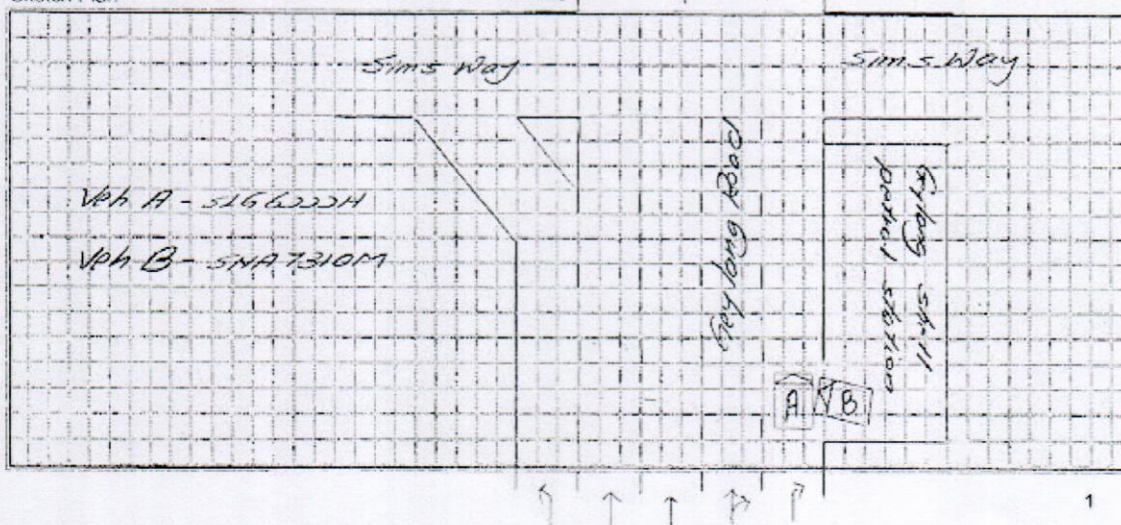
Sketch Plan

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

13 FEB 2023

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

W/ Lim Lui Foong



Describe Circumstance of the Accident

On 11/02/23 at 11am, my vehicle A (SL66225H) was travelling along Geylang Road turning right into Sims way. Vehicle B (SNA7310M) which came out from the shell petrol station & hit with the rear right side portion of my vehicle A.

Declaration

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



Policyholder's Signature / Date & Time
13 FEB 2023

[Signature]

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

[Signature] Lim Lai Foong

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

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

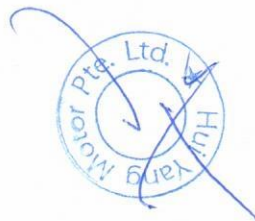
GST & Reg No. 201629438M

11/02/2023

Owner: HYMS CAR LEASING PTE LTD

ESTIMATE TO REPAIR TOYOTA PRIUS HYBRID 1.8S A - SLG6222H

1pc	rear bumper	497.50	Bu/MC	\$ 928.35	✓
1pc	rear bumper RH side retainer		1pc	\$ 141.40	X
1pc	rear bumper RH side lower garish		MC	\$ 281.50	✓
1pc	rear bumper towing cover		1pc	\$ 61.00	X
1pc	rear RH fender		1pc	\$ 981.50	X
1pc	rear RH lower arm		1pc	\$ 381.50	X
1pc	rear RH knuckle arm		1pc	\$ 481.50	X
1pc	rear RH adsorber		1pc	\$ 280.50	X
1pc	rear RH wheel bearing		1pc	\$ 358.20	✓
				\$ 3,895.45	
less 25%				\$ 973.86	
				\$ 2,921.59	
1pc	rear RH tyre half cap		s.nett	\$ 180.00	✓
1pc	rear RH tyre		s.nett	\$ 180.00	X
remove & refit rear RH undercarriage				\$ 380.00	50d
alignment				\$ 80.00	60d
spray painting				\$ 1,000.00	60d
labour charges				\$ 1,000.00	50d
Total				\$ 5,741.59	



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:

Liberty.
20/02/23
morning
off 10am.

NOT Withair
1/1/23 81800h
Penny After Paint
4 days