

ASS. REC. BY:

REF:

SPF / 230023101169

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:

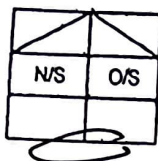
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SPF 8026M

Regn:

11, 18

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

Truck / Trailer or

Make:

Toy Pro

c.c

1798

Colour

In-Black

A/C:

Insured / Std / NI / NA

Sp.Reading

269604

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTD 8S3EU 00 J034643

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

Dun

R:

Fire 205/60R16

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

TOYO / YOKO or

Front

Rear

R/Bal.

3

mm

R/Bal.

8

mm

L/Bal.

3

mm

L/Bal.

8

mm

D.O.A.

1/3/23

D.O.I.

6/3/2023

Survey held at

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

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:

Resurvey No. of Trip:

Survey Fee:

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

Transportation

S - RS, SI

Fees

Others

Report Format :

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

TOTAL



CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE #01-60/62, SIN MING ROAD, SINGAPORE 575643
TEL: 6453 1235, 6452 0850 FAX: 6453 7944
24hrs Towing Services Tel 9823 9898
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

SPF ACCIDENT CLAIM SECTION

LOGISTICS SUPPORT & SERVICES DIVISION
POLICE LOGISTICS DEPARTMENT
POLICE LOGISTICS BASE 1 HEMMANT ROAD
SINGAPORE 438675

Contact : -

Fax No. :

Not Notified
Returning B4pain
2 days

Estimate : QUOT202303-000122(00)

Date : 03/03/2023

Vehicle No. : SMF8026M

Make/Model : TOYOTA PRIUS PLUS (AUTO)

Mileage (km) : 0

Chassis No. : JTDZS3EU00J034643

Accident Date : 01/03/2023 00:00:00

Claim No. : QX481S

Reference : JO202303-0170

Policy No. : 5126757065-000406

S/No	Particular	Quantity	Unit Price	Amount S\$
LIST ITEMS :				
1	Rear bumper	1.0	669.10	<i>Br</i> 669.10 ✓
2	Rear bumper lower diffuser	1.0	1,018.30	<i>Br</i> 1,018.30 ✓
3	Rear bumper reinforcement	1.0	260.60	260.60 ✓
4	Rear bumper retainer	2.0	171.20	<i>Br</i> 342.40 X
5	Rear end panel	1.0	838.40	<i>Br</i> 838.40 X
List Total :				3,128.80
25% Discount S\$				782.19
				2,346.61
SPECIAL NET :				
1	Rear bumper sensor	1.0	350.00	<i>Br</i> 350.00 <i>2000</i>
SPECIAL NET Total S\$:				350.00
LABOUR :				
-To knock jackout damaged parts, panel beating, welding, align,		1.0	550.00	550.00 <i>2000</i>
refix and to renew accident parts		1.0	800.00	800.00 <i>2200</i>
- Spray painting on affected & replace parts				1,350.00

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

E. & Q.E. Subject to final approval from Insurance Company		Total S\$:	4,046.61
Acknowledged by Repairer		GST 8% S\$:	323.73
Signature:		Amount Due S\$:	4,370.34
Date:			

for CITY AUTO PTE LTD

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 willful 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	02/03/2023 16:49 (SGT)
Reported by	Driver
Date of Accident	01/03/2023 09:22 (SGT)
Exact Location of Accident	Hougang Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF8026M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	KINTO SINGAPORE PTE LTD
Company Reg No	2XXXXX445H
Email Address	kokhow.tay@lumens.sg
Mobile Phone No	(Phone) +65-87781765
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	PRIUS PLUS
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5126757065

DRIVER

Name of Driver	GOH CHEN HUI
NRIC No	SXXXX588I
Date Of Birth	25/10/1980
Occupation	Outdoor

SKETCH PLAN

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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

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

CITY AUTO PTE LTD

Blk 8 Sin Ming Road

#01-58/60/62 Sin Ming Ind Est

Singapore 575643

Tel: 6453 12451 Fax: 6453 7944

Witnessed by ~~Claims Section~~
Personnel

Sketch Plan

A



B

A SMF8026M

B QX481S