

ASS. REC. BY:

REF: CNB/ 23005909/K

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: \_\_\_\_\_

1.81 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No: SNJ 8277YYr Regn: 02, 23Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: ToyParis C.C.

1890

Colour: M-Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 29072

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTDK BAB3201002522Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: \_\_\_\_\_

R: \_\_\_\_\_

205/85R16

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

Front

Rear

R/Bal. 5 mmR/Bal. 8 mmL/Bal. 5 mmL/Bal. 8 mmD.O.A. 7/6/23D.O.I. 13/6/2023

Survey held at \_\_\_\_\_

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

Rear N/S

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

Date/Time, File Pass to?

☐

: Prel. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Transportation: \_\_\_\_\_

S - RS - SI

: Fuel

: Others

TOTAL

Report Format :

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

Date: 10/06/2023  
Vehicle No: SNJ8277Y  
Model: TOYOTA YARIS CROSS HYBRID  
Chassis: JTDKBAB3201002522-2022  
Reg.Year: 2023

*Not Authored  
Survey B & P  
2 day*

Third Party Insurer:  
Third Party Veh No: SLA2075Z  
Date of Accident: 07/06/2023  
Estimator: TING AN  
Surveyor:

## ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR BUMPER	1	<i>Bu/nd</i>	\$488.00 ✓
2	REAR BUMPER LOWER LIP	1	<i>nd</i>	\$600.00 ✓
SUB TOTAL				\$1,088.00
LESS 25%				-\$272.00
PARTS TOTAL				\$816.00

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR BUMPER CLIPS	1		<i>nd</i> \$50.00 ✓
2	REAR BUMPER REVERSE SENSOR	1		\$300.00 ?
S/N TOTAL				\$350.00

### LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST REAR ACCIDENT AREAS & ETC.

*200*  
\$300.00

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR BUMPER & ETC.

*200*  
\$300.00

LABOUR CHARGES TO REMOVE & REPLACE REAR BUMPER REVERSE SENSOR & ETC.

\$120.00 *500*

TO CHECK WIRING & ELECTRICAL SYSTEM.

\$80.00 *150*

TING AN	LKK Auto Consultants hence notify the Repairer of the following:	LABOUR TOTAL	\$800.00
	• 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	TOTAL	\$1,966.00
Acknowledged by Repairer Signature: Date:		Branch (Motor Insurance Claims)	

#### Head office

8 Kung Chong Road Singapore 159143  
Tel: (+65) 6472 1313 | F.O: (+65) 6472 2112

#### Branch

9A Serangoon North Ave 5 Singapore 554500  
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1993

Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047  
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011





## 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	07/06/2023 18:03 (SGT)
Reported by	Actual Driver
Date of Accident	07/06/2023 14:25 (SGT)
Exact Location of Accident	Choa Chu Kang Central, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNJ8277Y
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#### 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) +65-94874215
Alternative Phone No	(Office) +65-87781765

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Yaris
Variant	CROSS
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 - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1490

#### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MN000815-R00

#### DRIVER

Name of Driver	NG MEISHAN
NRIC No	SXXXX603E
Date Of Birth	21/05/1987
Occupation	Outdoor

## SKETCH PLAN

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6. The 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 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 (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.



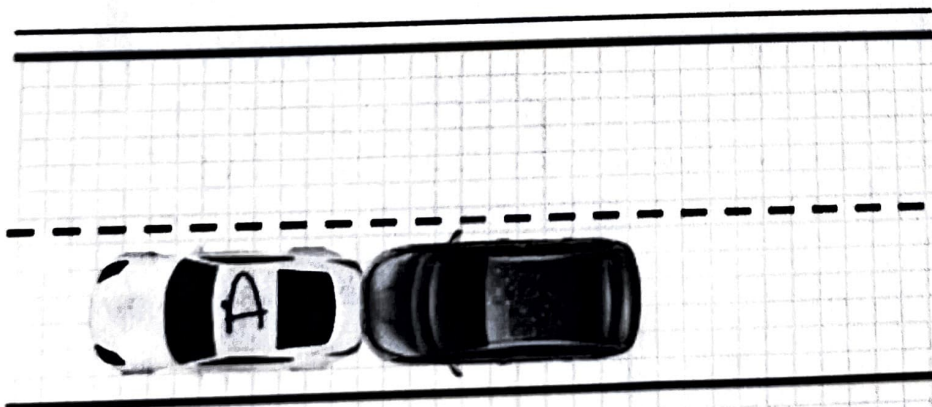
Policyholder's Signature / Date & Time

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

FLASH ACCIDENT  
REPORTING OFFICER  
FRO HAKIM

Witnessed by Reporting Centre Personnel

### Sketch Plan



CCK CENTRAL

A SNJ8277Y  
B SLA2075Z