

ASS. REC. BY:

REF:

CTL

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / QD 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:

01 days

Res.: Yes or No

Lum Sum:

1.B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SNK 1093B

Yr Regn:

03, 23

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

Truck / Trailer or

Make:

Toyota Prius

C.G.

1798

Colour

N. Red

A/C: Insured / Std / NI / NA

Sp. Reading

23922

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTD8S3E400J068372

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/60R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

16/7/23

D.O.I.

20/7/2023

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, File Pass to?

☐

: Prel. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS, SI

Fuel

Others

TOTAL

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

Tech Invs (\$)

☐

Weekend (\$)

Report Format:

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



MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z

Address: 60 JALAN LAM HUAT, CARROS CENTRE 05-68 S737896

HP: 98888885

Not Notarized
Running After Rain
1 day

Estimation

Date:

20/7/2023

Vehicle:

SNK1093B

Make / Model:

TOYOTA PRIUS

Chassis No:

CHINA TAIPING

No.	Description	Unit	Unit Price	Amount
Parts Replacement:				
1	REAR BUMPER	1	\$ 798.00	\$ 798.00 X
2	REAR BUMPER LOWER LIP	1	\$ 698.00	\$ 698.00 X
	TOTAL PART			\$ 7,595.00
	LIST DOWN	25%		\$ 1,898.75
	AFTER LIST DOWN			\$ 5,696.25
SPECIAL NETT				
1	REAR BUMPER CLIPS SET	1	\$ 50.00	\$ 50.00 X
2	REAR WHEEL SPORTS RIM RH	1	\$ 800.00	\$ 800.00 X
	TOTAL AMOUNT			\$ 1,000.00
LABOUR				
1	CHECK WIRING	1	\$ 100.00	\$ 100.00 X
2	REMOVE AND REPAIR REAR UPHOLSTERY AND SEAT	1	\$ 300.00	\$ 200.00 X
3	PANEL BEAT EFFECTED AREAS	1	\$ 300.00	\$ 300.00 600
4	REPAIR EFFECTED AREAS	1	\$ 300.00	\$ 300.00 2000
	TOTAL AMOUNT			\$ 900.00
Parts Replacement Amount				\$ 6,696.25
Total Amount for Labour				\$ 2,720.00
Total Amount				\$ 9,416.25

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:

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	18/07/2023 11:09 (SGT)
Reported by	Actual Driver
Date of Accident	16/07/2023 18:30 (SGT)
Exact Location of Accident	Malaysia
Additional Location Information	JB CUSTOMS TOWARDS SINGAPORE
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNK1093B
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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) +65-87781765
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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 hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

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

DRIVER

Name of Driver	MOHAMED RIDWAN BIN ABDUL WAHAB
NRIC No	SXXXX985D
Date Of Birth	02/10/1981
Occupation	Outdoor

SKETCH PLAN**IMPORTANT NOTICE**

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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.

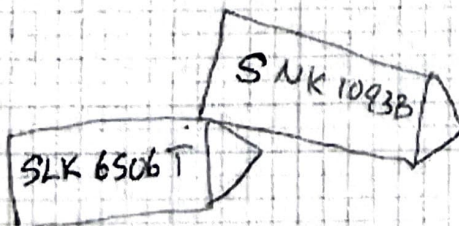


Policyholder's Signature / Date & Time

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 575843
Tel: 6453 1235 Fax: 6453 7544
(Claims Section)

Witnessed by Reporting Centre Personnel

Sketch Plan

JB CUSTOMS TOWARD SINGAPORE