

ASS. REC. BY: Taupp

REF:

UP

## 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
	X

Bal. or Market Value: 9140K.

IDAC Accident Report \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

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

Veh No: SMY 2610R Yr Regn: 2021 FebType: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Prius c.c. 1798Colour: silver A/C: Insured / Std / NI / NASp. Reading: 256799 T/Radio: Insured / Std / NI / NA

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

C/No: STDR SSE430J06000Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NI / S/Rim / STD A/Rim orTyre Size: F: 205/60R16R: 77

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

TOYO / YOKO or Sailun.Front 6 mm Rear 6 mmR/Bal. 6 mm L/Bal. 6 mmD.O.A. \_\_\_\_\_ D.O.I. 24/7/25Survey held at My Car Consultants

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Format: \_\_\_\_\_

Lump Sum / L.S.: \_\_\_\_\_ )

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

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

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_ )☐ : Interview (\$ \_\_\_\_\_ )☐ : Tech. Invs (\$ \_\_\_\_\_ )☐ : Weekend (\$ \_\_\_\_\_ )

Survey Fee:

Transportation:

\$ + RS. \$1

Photos

Others

TOTAL



# MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z

Address: 60 JALAN LAM HUAT, CARROS CENTRE #05-68 S737986

HP: 98888885

## Estimation

Date: 24/7/2023

Vehicle: SMY2610R

Make / Model: TOYOTA PRIUS

No.	Description	Unit	Unit Price	Amount
1	TAILGATE	1	\$ 1,598.00	\$ 1,598.00
2	TAILGATE TOP SPOILER	1	\$ 798.00	\$ 798.00
3	TAILGATE THIRD BRAKE LIGHT	1	\$ 312.00	\$ 312.00
4	TAILGATE WEATHERSTRIP	1	\$ 212.00	\$ 212.00
5	TAILGATE OUTER GARNISH	1	\$ 521.00	\$ 521.00
6	TAILGATE LOGO	1	\$ 95.50	\$ 95.50
7	TAILGATE EMBLEM PRIUS t	1	\$ 89.40	\$ 89.40
8	TAILGATE EMBLEM HYBRID	1	\$ 82.30	\$ 82.30
9	TAILGATE LOCK	1	\$ 312.00	\$ 312.00
10	TAILGATE WINDSCREEN GLASS	1	\$ 1,359.00	\$ 1,359.00
11	TAILGATE WINDSCREEN MOULDING	1	\$ 198.00	\$ 198.00
12	TAILGATE WINDSCREEN HEATER HARNISH	1	\$ 187.00	\$ 187.00
13	TAILGATE INNER TRIM BOARD	1	\$ 459.00	\$ 459.00
13	TAILGATE INNER TRIM SIDE	2	\$ 251.00	\$ 502.00
14	TAILGATE INNER TRIM CENTRE	1	\$ 321.00	\$ 321.00
15	TAILGATE WIPER MOTOR	1	\$ 698.00	\$ 698.00
16	TAILGATE WIPER ARM	1	\$ 298.00	\$ 298.00
17	REAR BUMPER	1	\$ 798.00	\$ 798.00
18	REAR BUMPER SIDE RETAINER	2	\$ 112.00	\$ 224.00
19	REAR BUMPER REINFORCEMENT	1	\$ 498.00	\$ 498.00
20	REAR BUMPER BRACKET	2	\$ 159.00	\$ 318.00
21	REAR BUMPER LIP	1	\$ 728.90	\$ 728.90
22	REAR BUMPER REFLECTOR	2	\$ 68.00	\$ 136.00
23	REAR BUMPER UNDER COVER	1	\$ 321.00	\$ 321.00
24	REAR FENDER RH	1	\$ 1,025.00	\$ 1,025.00
25	REAR FENDER QUARTER GLASS C/W MOULDING RH	1	\$ 412.00	\$ 412.00
26	REAR FENDER INNER TRIM BOTTOM	2	\$ 798.00	\$ 1,596.00
27	REAR FENDER INNER TRIM TOP	2	\$ 412.00	\$ 824.00
28	REAR FENDER COWLING	2	\$ 198.00	\$ 396.00
29	REAR FENDER AIR VANT RH	1	\$ 112.00	\$ 112.00
30	TAILLAMP	2	\$ 694.00	\$ 1,388.00
31	TAILLAMP LOWER BRACKET	2	\$ 82.00	\$ 164.00
32	TAILLAMP WIRE HARNES	1	\$ 587.00	\$ 587.00
33	REAR END PANEL	1	\$ 612.00	\$ 612.00
34	REAR END PANEL TOP GARNISH	1	\$ 212.00	\$ 212.00
35	REAR FLOOR SIDE PANEL RH	1	\$ 311.00	\$ 311.00
36	REAR FLOOR PANEL TOP SIDE SPONGE	2	\$ 312.00	\$ 624.00
37	REAR EXHAUST PIPE	1	\$ 878.00	\$ 878.00
38	REAR EXHAUST HEAT SHIELD	1	\$ 352.00	\$ 352.00
				\$ 20,559.10
			Less 25%	\$ 5,139.78

			<b>Total</b>	<b>\$ 15,419.33</b>	
	<b>S/Nett items:</b>				
1	REAR BUMPER CLIPS	1	\$ 80.00	\$ 80.00	80.00
2	REAR TAILGATE INNER TRIM BOARD CLIPS	1	\$ 80.00	\$ 80.00	80.00
3	REAR WINDSCREEN SEALANT	1	\$ 80.00	\$ 80.00	80.00
4	REAR WINDSCREEN INNER SEAL	1	\$ 80.00	\$ 80.00	80.00
5	REAR FENDER INNER TRIM CLIPS SET	1	\$ 50.00	\$ 50.00	50.00
6	REAR NUMBER PLATE	1	\$ 50.00	\$ 50.00	50.00
7	REAR NUMBER PLATE GARNISH	1	\$ 50.00	\$ 50.00	50.00
8	REAR REVERSE SENSOR	1	\$ 250.00	\$ 250.00	250.00
9	INTERIOR CAMERA	1	\$ 350.00	\$ 350.00	350.00
10	REAR END PANEL TOP GARNISH CLIPS	1	\$ 80.00	\$ 80.00	80.00
11	REAR END PANEL SEALANT	1	\$ 60.00	\$ 60.00	60.00
				<b>\$ 1,570.00</b>	
	<b>Labour to: REAR</b>				
1	TO CHECK REAR ELECTRICAL WIRING	1	\$ 150.00	\$ 150.00	150.00
2	TO REMOVE AND RENEW REVERSE SENSOR	1	\$ 150.00	\$ 150.00	150.00
3	TO REMOVE AND REFIT REAR GLASS	1	\$ 150.00	\$ 150.00	150.00
4	TO REMOVE AND REFIT REAR FENDER QUARTER GLASS	1	\$ 100.00	\$ 100.00	100.00
5	REMOVE AND RENEW REAR GARNISH / UPHOLSTERY	1	\$ 400.00	\$ 400.00	400.00
6	REMOVE AND RENEW TAILGATE MECHANISM	1	\$ 80.00	\$ 80.00	80.00
7	APPLY ANTI RUST ON AFFECTED AREAS	1	\$ 200.00	\$ 200.00	200.00
8	SPRAY PAINTING ON AFFECTED AREAS	1	\$ 1,800.00	\$ 1,800.00	1,800.00
9	PANEL BEATING ON AFFECTED AREAS	1	\$ 2,000.00	\$ 2,000.00	2,000.00
				<b>\$ 5,030.00</b>	
			<b>Parts Replacement Amount</b>	<b>\$ 16,989.33</b>	
			<b>Total Amount for Labour</b>	<b>\$ 5,030.00</b>	
			<b>Total Amount</b>	<b>\$ 22,019.33</b>	

Taylor 97495745 / WP  
 WP 21/7/23 & 3pm  
 Lb Missing after repair  
 Taylor C / Mark.com  
 8-9 days

**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	21/07/2023 10:05 (SGT)
Reported by	Actual Driver
Date of Accident	20/07/2023 18:15 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS CITY , BEFORE AMK AVE 1 EXI
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY2610R

#### 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) +65-98338990
Alternative Phone No	(Office) +65-87781765

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	PLUS
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	KEE ENG HONG
NRIC No	SXXXX187A
Date Of Birth	17/02/1976
Occupation	Outdoor

Date Of Driving Pass	04/10/1995
Driving experience	27 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98338990
Alt. Phone Number	-
Email Address	kokhow.tay@lumens.sg
Address	466 HOUGANG AVENUE 8 #09-1530
Address complement	-
Postcode	530466
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 - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

#### 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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	LIM SIEW NEE
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

ON THE 20/07/2023 AT AROUND 1815HRS, I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SMY2610R ALONG CTE TOWARDS THE DIRECTION OF CITY ON THE FOURTH LANE WITH A PASSENGER ON BOARD. AS I WAS TRAVELLING, SHORTLY AFTER, I FELT A HARSH IMPACT ON MY REAR AND REALISED THAT VEHICLE B BEARING REGISTRATION NUMBER YQ11H HAD REAR ENDED ME. MY PASSENGER SUFFERED INJURIES AND WAS CONVEYED. I SUFFERED INJURIES AS WELL AND WILL SEEK MEDICAL AFTER.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

# DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	YQ11H
Vehicle Manufacturer	Isuzu
Vehicle Model	NHR85EU3ES
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

# INJURED PERSONS DETAILS

## INJURED 1

Name of injured person	KEE ENG HONG
Gender	Male
Phone No	(Phone) +65-98338990
Address	466 HOUGANG AVENUE 8 #09-1530
Address Complement	-
Post Code	530466
Approximate Age Years Old	47
Injuries Sustained	-
Injured person in which vehicle?	SMY2610R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

## INJURED 2

Name of injured person	LIM SIEW NEE
Gender	Female
Phone No	(Phone) +65-91018058
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	INJURED
Injured person in which vehicle?	SMY2610R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process
2. This Form must be completed by the Policyholder and/or the Authorized 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. 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.



FLASH ACCIDENT  
REPORTING OFFICER  
FROM NG

Policyholder's Signature / Date & Time

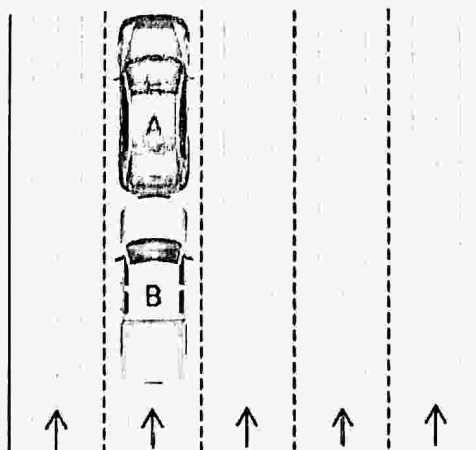
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

21072023 0210HRS

A - SMY2610R  
B - YQ11H



CTE TOWARDS CITY,  
BEFORE AMK AVE 1 EXIT



Describe Circumstances of the Accident

ON THE 20/07/2023 AT AROUND 1815HRS, I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SMY2610R ALONG CTE TOWARDS THE DIRECTION OF CITY ON THE FOURTH LANE WITH A PASSENGER ON BOARD. AS I WAS TRAVELLING, SHORTLY AFTER, I FELT A HARSH IMPACT ON MY REAR AND REALISED THAT VEHICLE B BEARING REGISTRATION NUMBER YQ1 1H HAD REAR ENDED ME. MY PASSENGER SUFFERED INJURIES AND WAS CONVEYED. I SUFFERED INJURIES AS WELL AND WILL SEEK MEDICAL AFTER.

Declaration

I/We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time

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

21072023 0210HRS

FLASH ACCIDENT  
REPORTING OFFICER  
FROM MING

Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20230721/7013

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20230721/7013

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/07/2023 10.52		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KEE ENG HONG			Address: APT BLK 466 HOUGANG AVENUE 8 #09-1530 SINGAPORE 530466		
ID Type / ID No.: NRIC NO / S7677187A			Contact No.: Home/Office:		Mobile: 98338990
Nationality: SINGAPORE CITIZEN			Email: KEEBLDG@GMAIL.COM		
Sex: Male	Age: 47	Date of Birth: 17/02/1976	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/07/2023 18:15	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
SMY2610R	Car					0
YQ11H	TOW TRUCK	ISUZU				0

**Details of Person Involved**

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: Nil		



**SINGAPORE  
POLICE FORCE**



T/20230721/7013

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20230721/7013

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	LIM SIEW NEE	ID No.	S7583804B
Related Vehicle	SMY2610R (Car)	Contact No.	91018058
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	20/07/2023	Date	20/07/2023
No. of Days granted Medical Leave	NIL	Degree of	Serious
<b>Driver</b>			
Name	KEE ENG HONG	ID No.	S7677187A
Related Vehicle	SMY2610R (Car)	Contact No.	98338990
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	20/07/2023	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON THE 20/07/2023 AT AROUND 1815HRS, I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SMY2610R ALONG CTE TOWARDS THE DIRECTION OF CITY ON THE FOURTH LANE WITH A PASSENGER ON BOARD. AS I WAS TRAVELLING, SHORTLY AFTER, I FELT A HARSH IMPACT ON MY REAR AND REALISED THAT VEHICLE B BEARING REGISTRATION NUMBER YQ11H HAD REAR ENDED ME MY PASSENGER SUFFERED INJURIES AND WAS CONVEYED. I SUFFERED INJURIES AS WELL AND WILL SEEK MEDICAL AFTER. I WENT TO SENGKANG GENERAL HOSPITAL A&E AFTER I SETTLE MY DAMAGE VEHICLE AND I WAS ISSUED WITH 3 DAYS MC.



**SINGAPORE  
POLICE FORCE**



T/20230721/7013

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3  
Report No. T/20230721/7013

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report.  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case  
TP / TPiB /  
NADYA BINTI MOIDEEN  
Contact No.: 65476331

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required

Date/Time:  
21/07/2023 10.52

Classification Of Case.

TJP:168