

ASS. REC. BY:

REF: MSG/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: 848k

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 05 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLP6673LYr Regn: 06.17Type: M.Cab / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: 707 MTISc.c. 1598Colour M. Brown

AC: Insured / Std / NI / NA

Sp. Reading 108583

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR053REH104563030Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orMod: NII / SRIM / STD A/Rim or

Tyre Size: F: _____

R: 225/458R17BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. 8 mmR/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 11/9/24D.O.I. 13/9/2024

Survey held at _____

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S - RS. SI

Fees

Others

TOTAL

Add Fee: ☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech Invs (\$)

☐

: Weekend (\$)

Report Format :

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

ACCORD AUTO SERVICES PTE LTD

10 Ang Mo Kio Industrial Park 2A

#03-11 AMK Autopoint Singapore 568047

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

Not Authorize

ESTIMATE

3RD PARTY

MSIG Insurance (Singapore) Pte Ltd

ATTN: ACCIDENT CLAIMS DEPARTMENT

FIRST REGISTRATION: 14.06.2017

DATE :

12.09.2024

VEHICLE NO :

SLP6675L

VEH MAKE/MODEL :

TOYOTA ALTIS

YOM :

2016

CHASSIS NO :

MR053REH104563030

DATE OF ACCIDENT :

11.09.2024

61 Rg &

Running After 5 days

5 days

NO	QTY	DESCRIPTION	AMOUNT \$
		LIST PRICE:-	
1	1	FRONT BONNET	
2	1	FRONT BONNET HINGES LH & RH	\$ <i>R</i> 1,743.90 ✓
3	1	FRONT HEADLAMP LH	\$ <i>R</i> 163.60 X
4	1	FRONT HEADLAMP BRACKET LH	\$ <i>cm</i> 4,617.90 ✓
5	1	FRONT BUMPER	-
6	1	FRONT BUMPER SIDE RETAINER LH	\$ <i>cm</i> 905.40 ✓
7	1	FRONT FOG LAMP LH	\$ <i>cm</i> 130.80 ✓
8	1	FRONT FOG LAMP GARNISH LH	\$ 473.20 ✓
9	1	AIR BOX ASSY <i>P?</i>	\$ <i>sm</i> 171.60 X
10	1	FRONT FENDER LH	\$ <i>cm</i> 1,582.40 ✓
11	1	FRONT FENDER INNER SHIELD LH	\$ <i>R</i> 1,386.90 ✓
12	1	FRONT SHOCK ABSORBER LH	\$ <i>T</i> 381.30 ✓
13	1	FRONT SHOCK ABSORBER SPRING LH	\$ 676.30 ✓
14	1	FRONT SHOCK ABSORBER MOUNTING KH	\$ 230.00 ✓
15	1	FRONT SHOCK ABSORBER DUST COVER LH	\$ 303.30 ✓
16	1	STEERING RACK	\$ 46.50 ✓
17	1	FRONT DRIVE SHAFT LH	\$ 2,732.00 ✓
18	1	FRONT KUNCKLE ARM LH	\$ 1,663.70 ✓
19	1	FRONT WHEEL BEARING LH	\$ 878.60 ✓
20	1	FRONT WHEEL BEARING HUB LH	\$ 100.80 ✓
21	1	FRONT ANTI ROLL BAR LH	\$ 362.50 ✓
22	1	FRONT ANTI ROLL BAR LINKAGE LH	\$ 582.20 ✓
23	1	FRONT LOWER ARM LH	\$ 328.00 ✓
24	1	FRONT CROSSMEMBER	\$ 1,113.90 ✓
25	1	RIM <i>P?</i>	\$ <i>Red</i> 2,803.60 ✓
TOTAL - LIST ITEM			\$ 26,410.50
LIST PRICE:- 25%			\$ 6,602.63
TOTAL			\$ 19,807.88

ACCORD AUTO SERVICES PTE LTD

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#03-11 AMK Autopoint Singapore 568047

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

MSIG Insurance (Singapore) Pte Ltd

ATTN: ACCIDENT CLAIMS DEPARTMENT

FIRST REGISTRATION: 14.06.2017

ESTIMATE

3RD PARTY

DATE : 12.09.2024
VEHICLE NO : SLP6675L
VEH MAKE/MODEL : TOYOTA ALTIS
YOM : 2016
CHASSIS NO : MR053REH104563030
DATE OF ACCIDENT : 11.09.2024

<u>SPECIAL NETT ITEMS:-</u>				
1	SET	FRONT BUMPER CLIPS	\$	50.00
2	SET	FRONT FENDER INNER SHIELD CLIPS	\$	50.00
3	1	TYRE	\$	200.00
4				
5				
6				
Total - SN Item			\$	300.00
<u>Labour Charges:-</u>				
1		SPRAY PAINT ON ALL AFFECTED AREA	\$	1,500.00
2		LABOUR REMOVE/REFIX ACCIDENT DAMAGE PARTS TO KNOCK, JACK, CUT WELD AND REALIGN ACCIDENT AFFECTED AREA	\$	1,500.00
3		TO CHECK WIRING SYSTEM	\$	100.00
		TO APPLY ANTI RUST TREATMENT	\$	120.00
4		WHEEL ALIGNMENT	\$	100.00
5		TO REMOVE/REPLACE/REFIX/ CHECK UNDERCARRIAGE	\$	280.00
6				
7				
Total - L/C			\$	3,600.00
Sub-Total			\$	23,707.88
9% GST			\$	2,133.71
Total			\$	25,841.58

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 First Submission	11/09/2024 16:21 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/09/2024 10:41 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	222 JALAN KAYU
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP6675L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEW YING WEI, NATHANIEL
NRIC No	SXXXX565G
Email Address	nathaniellew37@gmail.com
Mobile Phone No	(Phone) +65-97731635
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1598
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC24A00273100

DRIVER

VEH A: SLP 6675L
 VEH B: SMJ1868A
 VEH C:

SKETCH PLAN**IMPORTANT NOTICE**

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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.


 110924
 1546

Policyholder's Signature / Date & Time

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



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

Sketch Plan