

ASS. REC. BY: T. J. SmithREF: CS/FCI 24070125/Tvh 3

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

Bal. or Market Value: \$62K

IDAC Accident Rpt _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMD850M Yr Regn: 2018, 07Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Kia Carens c.c. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 470138 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNVHUB15VS 7211 654Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt or _____Brake: In order / Jammed / Leaked / Burnt or _____Modl: NI / SRM / STD A/Rim or _____Tyre Size: F: 205/55R16

R: _____

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

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 8/7/24Survey held at Premier AutoDes. of Damages: Frt / Rear / O/S N/S / " " " " " " " " " " " "

The U/C / Chassis frame / Body Stru.

to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS \$ _____

Phone _____

Others _____

TOTAL

Rep. Format: _____

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

ESTIMATION REPORT

Vehicle No : SMD850M
 Make & Model : KIA, Carens EX 1.7 Diesel, KNAHU815VJ7211654
 Year of Manufacture : 2018
 Estimation No. : E24060001
 Date : 05/07/2024

No.	Code	Description	Qty	U/P	Disc %	Amt
<u>Section: Remark</u>						
1		MS FIRST CAPITAL INS DOA:03.07.2024 TP	1.00	0.00	0.00	0.00
Subtotal						S\$ 0.00

<u>Section: Parts</u>						
2		REAR DOOR LH	1.00	1,320.00	0.00	1,320.00 <i>bt</i>
3		REAR DOOR CHECK LH	1.00	63.25	0.00	63.25 ?
4		REAR DOOR HINGE UPP LH	1.00	106.25	0.00	106.25 ?
5		REAR DOOR HINGE LOWER LH	1.00	106.25	0.00	106.25 ?
6		FRONT DOOR LH	1.00	1,425.00	0.00	1,425.00 <i>Ry</i>
Subtotal						S\$ 3,020.75

<u>Section: Spray paint</u>						
7		LABOUR FOR PANEL BEATING AND REPLACE REAR DOOR LH & FRONT DOOR LH	1.00	800.00	0.00	800.00 <i>400</i>
8		LABOUR FOR SPRAY PAINT REAR DOOR LH AND FRONT DOOR LH INCLUDED ALL AFFECTED AREAS	1.00	800.00	0.00	800.00 <i>450</i>
9		TO APPLY ANTI-TUST	1.00	80.00	0.00	80.00 <i>30</i>
10		ELECTRICAL WORK	1.00	45.00	0.00	45.00 <i>X</i>
11		TO TRANSFER REAR DOOR LH MECHANISM	1.00	150.00	0.00	150.00 <i>60</i>
Subtotal						S\$ 1,875.00

Section: Special nett

Continue on next page...

ESTIMATION REPORT

Vehicle No : SMD850M Estimation No. : E24060001
 Make & Model : KIA, Carens EX 1.7 Diesel, KNAHU815VJ7211654 Date : 05/07/2024
 Year of Manufacture : 2018

No.	Code	Description	Qty	U/P	Disc %	Amt
12		FRONT DOOR LH CLIP SET	7.00	7.00	0.00	49.00 X
13		REAR DOOR LH CLIP SET	7.00	7.00	0.00	49.00 <i>ack</i> ✓
Subtotal						S\$ 98.00

Tan Min 97495749
wp 2/7/24 15pm
tan min c/m auto.com
- 3 days
p/p Resury before paint

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:

Remarks:

MS FIRST CAPITAL INS
 DOA:03.07.2024
 TP

Remark Subtotal S\$ 0.00
 Parts Subtotal S\$ 3,020.75
 Spray paint Subtotal S\$ 1,875.00
 Special nett Subtotal S\$ 98.00
 Total Discount S\$ 0.00
 Total S\$ 4,993.75



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	05/07/2024 09:43 (SGT)
Reported by	Actual Driver
Date of Accident	03/07/2024 23:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAXI PICK UP POINT WOODLAND CHECKPOINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD850M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	BIS MOTORING PTE LTD
Company Reg No	2XXXXX055D
Email Address	KOKWAH.WONG@STRIDESPREMIER.COM.SG
Mobile Phone No	(Phone) +65-68662627
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Carens
Variant	-
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	1700

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A400002215MCX

DRIVER

Name of Driver	MUHAMMAD AMINUDDIN BIN AHZMI
NRIC No	SXXXX545F
Date Of Birth	15/12/1991
Occupation	Outdoor

Driving Pass Date	13/07/2018
Driving experience	6 YEARS
Gender	Male
Mobile Number	(Phone) +65-81816499
Alt. Phone Number	-
Email Address	AMINUDDIN151114@OUTLOOK.COM
Address	BLK 242 HOUGANG STREET 22
Address complement	#02-71
Postcode	530242
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO THE ATTACHED

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4722T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	YEO BOON CHUAN MOSES
NRIC No	-1

Contact Number	(Phone) +65-92292902
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

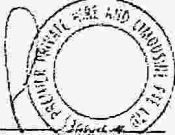
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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for 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.

5. 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

[Signature]

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



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

Sketch Plan

TAXI PICK UP POINT Woodland Checkpoint

Pick up point	<i>[Sketch of a taxi pick-up point with a car icon and a person icon]</i>	A: <i>SMD #501M</i>
		B: <i>SHS 7722T</i>
		C: <i>passenger</i>

[Arrows pointing up from the bottom of the sketch plan area]

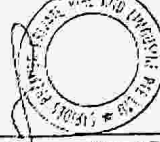
vJun2022

Describe Circumstance of the Accident

I WAS AT PICK UP POINT WOODLAND CHECKPOINT PICKING UP
PASSENGER ON 3 JULY 2024 AT 11:20 PM. MY PASSENGER OPEN THE REAR
DOOR AT IN A SUDDEN A YELLOW TAXI MOVE OFF AT HIT MY REAR DOOR
TILL BEND TO THE FRONT

Declaration

I/we declare the foregoing particulars are true in every respect.

 POLICYHOLDER'S SIGNATURE / DATE & TIME

 ACTUAL DRIVER'S SIGNATURE (if driver is not the policyholder)

/ DATE & TIME

 WITNESSED BY REPORTING CENTRE PERSONNEL

(Name as in NRIC/ID card)