

22/03/2002

ASS. REC. BY:

REF: CS/MSG18006772/At b2

Special Instruction:

SURVEYOR

ASSIGNMENT (Office)

Maimun

From (Person): Chhila Nyuk Pui of MSLH Date/Time: 12042018 2:02pm

Estimated Cost: Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SLB 7680M Insured: FBK 6085J

at Workshop m/s Fong Mutus Tel: 8182 0548

of Blk 1 Kaki Bukit Ave 6 #01-49

Policy No: MSD / VMS / 17-987209 Claim No:

Sum Insured: Excess:

Make of Veh: D.O.A. 08012018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'WP'

H.O.D. Endorsement:

Date/Time: 12042018 2:21pm Person Contacted: Siew Cheng Vehicle: IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SLB 7680M - x
	FBK 6085J - x
13/4/18	Report via Maimun
	lump sum \$3900 (Reel: 5945.90 : 60%)

REF:

ASS. REC. BY: Adrian Ling**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: _____

IDAC Accident Rpt: _____ 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: SLB7680MYr Regn: 2016 / Apr 1Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Wishc.c. 1797Colour white

A/C: Insured / Std / NI / NA

Sp. Reading 42562

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: Z6E206027573Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65 R15R: 195/65 R15BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /TOYO / YOKO or

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A. _____

D.O.I. 12/04/18Survey held at FongDes. 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 Action / Instruction

TP 11g. mornAdrian check part price already

RECEIVED 13 JUL 2018

Date/Time, File Pass to?

☐

Preli. Report

1) 13/7 Typist☒

Final Report

Date/Time, File Return to?

2) _____

Report Format :

Lump Sum / I.B.I. (\$) 39007Days Of Repair: 6Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

20010210

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	10 Apr 2018		12 Apr 2018 14:02 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	FAST CLASS SERVICES PTE LTD, Co. Reg. No.: 201323390W								
Main Claimant:	MOHD SIDEK BIN HASHIM, ID: S1440218G								
Vehicle Reg. No.:	SLB7680M	Date of Loss:	08/04/2018 00:00 - :59 [29 Months and 2 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP	Policy/Cover Note No.:	MSD/VMS/17-987209 Coverage: 07/11/2017 - 06/11/2018						
Vehicle Reg. No. (Insured):	FBK6085J	Policy No. (Claimant):							
		Excess:							
Repairer:	Fong Motors (HQ) 1 Kaki Bukit Ave 6 #01-45, Autobay@ Kaki Bukit, 417883 Kaki Bukit - Tel:								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Chhia Nyuk Pui - 6594 2521]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 13/04/2018]								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

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 Authorised 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 ability.
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 Report	09/04/2018 12:22
Date Of Accident	08/04/2018 11:20
Exact Location Of Accident	PASIR RIS ST 21
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLB7680M
Insured/Policyholder	
Name Of Registered Owner	MOHD SIDEK BIN HASHIM
NRIC No	S1440218G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93236313
Alternative Phone No	OFFICE-93236313
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5079491629-01
Cover Note Number	
Driver	
Name of Driver	NOR RASIDAH BINTE MOHAMMAD
NRIC No	S7205918B
Date Of Birth	16/02/1972
Occupation	INDOOR
Date Of Driving Pass	04/07/2001
Driving Experience	16 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98207323
Fax Number	
Contact Number	
Email Address	ZABIDAH@SINGNET.COM.SG

Address	BLK 725 PASIR RIS ST 72 #06-151
Postcode	510725
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACHED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK6085J
Vehicle Make/Model/Colour	NA
Details Of Properties	NA
Vehicle Category	MOTORCYCLE
Name of Driver	REMY
NRIC/Passport Number	
Contact Number	NA
	NA
Address	NA
	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report directly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised 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 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

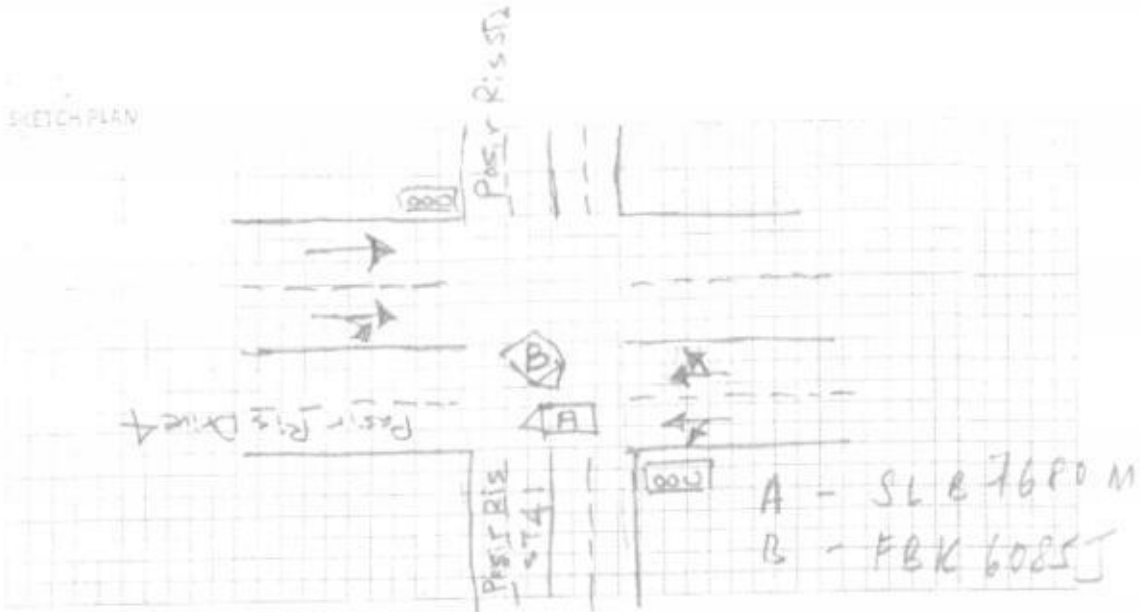
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NIC/FIN No.:

Individual Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8/4/2018 @ 11.30am driving along Passer R's Drive 4 when driving after the traffic light turn green I was on the straight Road and suddenly the motor. FBK 6085 J turning on the right and hit onto my side I making the report is to claim against his insurance.

Insurance Co.	
Vehicle No.	Date of Accident
<input type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage Claim <input checked="" type="checkbox"/> Third Party Claim	

@ Passer Motor

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:

Reporting Centre Person's Signature
Name:
NRIC/ID No:

Email on 20/4/18

Fong Motors

1, Kaki Bukit Ave 6, #01-45/27, Autobay, Singapore 417883

Vehicle No. SLB7680M
 Make/Model TOYOTA WISH
 Year 2015
 Chassis No. DBA-ZGE20G-HPXNP

TP MS16
 Denise
 2015

DATE: 20/4/2018

ZGE206027573

PARTS LIST

1	1 pc	RH FRONT FENDER Repair
2	1 pc	RH FRONT DOOR Distorted
3	1 pc	RH FRONT DOOR GEAR MOTOR new
4	1 pc	RH FRONT DOOR OUTER HANDLE at
5	1 pc	RH FRONT DOOR LOWER CHROME cranked
6	2 pc	RH FRONT DOOR STICKER @43.50 new
7	1 pc	RH REAR DOOR Distorted
8	1 pc	RH REAR DOOR OUTER HANDLE new
9	2 pc	RH REAR DOOR STICKER @44.60 new
1	1 pc	LOCKER PANEL Repair
1	1 pc	SIDE SKIRT Distorted
10	pcs	SIDE SKIRT CLIP @8.80 new
1	1 pc	PC RIM at
		RH Rear Door Lower Chrome 211.50 ✓
		LABOUR CHARGES cranked

Unit Price	
\$ 851.20 X	
\$ 1,993.00 ✓	1218
\$ 785.00 X	
\$ 105.00 X	
\$ 211.50 N ✓	
\$ 87.00 ✓	
\$ 1,285.00 ✓	1171
\$ 105.00 X	
\$ 89.20 ✓	
\$ 1,090.00 X	
\$ 495.00 ✓	
\$ 88.00 30	
\$ 895.00 N	550(SN)
\$ 7,485.90	

361820
 2713.65
 SN: 550

TO REMOVE AND REPLACE THE DAMAGE
 AND KNOCKING

\$ 900.00 600

TO SPRAY PAINTING

\$ 1,000.00 800

TUFF KOTE

\$ 120.00 X 1390

TO TRANSFER BOTH DOOR TO NEW DOOR

\$ 240.00 160

TO CHECK WIRING

\$ 100.00 30
 \$ 9,845.90

1005740

total 486365

h/s: 3.9K

06 Days

FONG MOTORS

LKK & 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
- Supplemental item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

3.9K

06 Days

LKK Auto Consultants Pte Ltd (Co.Reg.No:199807198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/MSG18006772/ATBN2

Date: 18/07/2018

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	MSD/VMS/17-987209
Claimant Vehicle No :	SLB7680M	Insured Vehicle No :	FBK6085J
Date of Loss:	08/04/2018	Nature of Claim:	TP
		Claim No:	MSCN/18-000555

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SLB7680M	Engine No:	2ZR1676233
Make & Model:	TOYOTA WISH, 1.8 X CVT (A)	Chassis No:	ZGE206027573
Reg. Date:	21/04/2016 (Man. Year: 2015)	Odometer:	42562 km
Colour:	White		
Engine Capacity:	1797 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	195/65R15	Rear Tyre Size:	195/65R15
Front Left Side:	Yokohama 6 mm	Rear Left Side:	Yokohama 6 mm
Front Right Side:	Yokohama 6 mm	Rear Right Side:	Yokohama 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	7,697.40	3,263.65	4,433.75	57.60
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,360.00	1,590.00	770.00	32.63
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	10,057.40	4,853.65	5,203.75	51.74
Approved Total (Overridden) (S\$)		3,900.00		
Nett Amount (S\$)	10,057.40	3,900.00	6,157.40	61.22

INSPECTION

Date of Assignment:	12/04/2018	
Date Inspected:	12/04/2018 Inspected At:	Fong Motors (HQ) 1 Kaki Bukit Ave 6 #01-45, Autobay@ Kaki Bukit Singapore 417883

Estimated Period of Repair: 6.0 days

Adjuster: ADRIAN LING

Manager: DENISE TAY KWEE CHENG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 18 Jul 2018)
Parts:	M1-MPV	TOYOTA WISH 1.8 X CVT (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SLB7680M)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*RH FRONT FENDER	Repair	851.20 F	*- FL
2	1		*RH FRONT DOOR	Distorted	1,398.00 F	*1,218.00 FL
3	1		*RH FRONT DOOR GEAR MOTOR	Not Necessary	786.00 F	*- FL
4	1		*RH FRONT DOOR OUTER HANDLE	Cut	105.00 F	*105.00 FL
5	1		*RH FRONT DOOR LOWER CHROME	Cracked	211.50 F	*211.50 FL
6	2		*RH FRONT DOOR STICKER	Necessary	87.00 F	*87.00 FL
7	1		*RH REAR DOOR	Dented	1,285.00 F	*1,171.00 FL
8	1		*RH REAR DOOR OUTER HANDLE	Not Necessary	105.00 F	*- FL
9	2		*RH REAR DOOR STICKER	Necessary	89.20 F	*89.20 FL
10	1		*LOCKER PANEL	Repair	1,090.00 F	*- FL
11	1		*SIDE SKIRT	Deformed	495.00 F	*495.00 FL
12	10		*SIDE SKIRT CLIP	Necessary	88.00 F	*30.00 FL
13	1		*RIM	Cut	895.00 FS	*550.00 FS
14	1		*RH REAR DOOR LOWER CHROME	Cracked	211.50 F	*211.50 FL

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (\$\$)	7,697.40	4,168.20
- List Item Discount on L Items 0.00/25.00% (\$\$)	0.00	904.55
Total Parts (\$\$)	7,697.40	3,263.65

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	TO REMOVE AND REPLACE THE DAMAGE AND KNOCKING	New	900.00	600.00
2	TO SPRAY PAINTING	New	1,000.00	800.00
3	TUFF KOTE	New	120.00	-
4	TO TRANSFER BOTH DOOR TO NEW DOOR	New	240.00	160.00
5	TO CHECK WIRING	New	100.00	30.00
Gross Labour Cost (S\$)			2,360.00	1,590.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >