

ASS. REC. BY:

REF:

C3/C711SD16235/Kabmz

Special Instruction:

SUBV./OY

ASSIGNMENT (Office)

Maxima

From (Person):

Irene Tay

of

C71

Date/Time:

05/09/2018 5:06pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SFV 8736X

Insured:

SKB 8389R

at Workshop m/s

Henderson Motors

Tel:

6453 8167

of

Blk 160 Sin Ming

Drive.

03-02

Policy No:

DMPCSN 3016201801

Claim No:

SNM18003786C02

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 31/07/2018

CA / REV / REP. / REV 24 HRS wpr

10/09/2018 @ morning

H.O.D. Endorsement:

Date/Time:

05/09/2018 5:13pm

Person Contacted:

Gary

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SFV 8736X - X

SKB 8389R - C93 / AV14013326 / (Gibby)

D.O.A. 1/4/2014

81940-62 encl

11/10

1970-4p Cefman

(Red \$ 651.98, 75%)

no lump sum.

REF: CT1

ASSIGNMENT

From: _____ Date: 10/9/18

Estimated Cost: _____

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

To inspect Vehicle No: SFV 8736X

at Workshop m/s Henderson Motors

of Blk 160 Sin Ming Drive # 03-02

Insured: _____

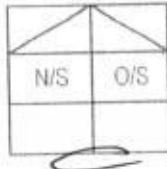
Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: Morning



(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res: Yes or No

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

CA / REV / REP. / -24 HRS ^{hps}

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SFV 8736X Yr Regn: 06 15

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

Truck / Trailer or _____

Make: Honda ^{AI} ₁₄₉₆

Colour: M. Blue A/C Insured / Std / NI / NA

Sp. Reading: 62186 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: Rui 1019113

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt or

Brake: ☒ In order / Jammed / Leaked / Burnt or

Modi: Nil / ☒ SRim / STD A/Rim or

Tyre Size: F: 215/55R17

R: _____

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

TOYO / YOKO or Nexen

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 3.17/18

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 Action / Instruction

11/9 File pass to Captain

RECEIVED 12 OCT 2018

[Signature]

12/10/2018

Date/Time, File Pass to?

11/10 to [Signature]

Date/Time, File Return to?

2)

Report Format: MER-TP

Lump Sum / I.B.I. (\$) 1970.49

Days Of Repair: 4

Resurvey No. of Trip: 1

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

Survey Fee: _____

Transportation: _____

) S + RS, SI

) Photos

) Others

TOTAL

220

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	05 Sep 2018		05 Sep 2018 17:06 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS		[Created by insurer]	
Insured:			
Main Claimant:	WONG NAM FOOK DANIEL, ID: S2000503C		
Vehicle Reg. No.:	SFV8736X	Date of Loss:	31/07/2018 16:00 - :59
Claim Type:	TP / SNM18D03786C02	Policy/Cover Note No.:	DMPCSN3016201802
Vehicle Reg. No. (Insured):	SKB8387R	Policy No. (Claimant):	SVPCB1802460 (COMP)
		Excess:	S\$0.00
Repairer:	Henderson Motors (HQ) BLK 21 SIN MING IND EST #01-54 SINGAPORE 575679, 575679 Sin Ming - Tel:		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Irene Tay Hui Ping - 638986192]		
Claimant's Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 14/09/2018]		
Adj Asp. Remarks:	PLEASE SURVEY AND REVERT		

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	01/08/2018 08:29
Date Of Accident	31/07/2018 16:25
Exact Location Of Accident	CAUSEWAY SINGAPORE SIDE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFV8736X
Insured/Policyholder	
Name Of Registered Owner	WONG NAM FOOK DANIEL
NRIC No	S2000503C
Email Address	DANIELNFWONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98344784
Alternative Phone No	OTHERS-64585284

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SVPCB1802460 (COMP)
Cover Note Number	

Driver

Name of Driver	WONG NAM FOOK DANIEL
NRIC No	S2000503C
Date Of Birth	16/10/1952
Occupation	INDOOR
Date Of Driving Pass	23/02/1976
Driving Experience	42 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98344784
Fax Number	
Contact Number	OTHERS-64585284
Email Address	DANIELNFWONG@GMAIL.COM

Address	21 THOMSON TERRACE
Postcode	574552
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	3
Passenger 1	NAME: : EMILY HO ENG LIAN GENDER: : FEMALE
Passenger 2	NAME: : ANDREW WONG GENDER: : MALE

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

REFER TO STATEMENT ATTACHED. (ATTENDED BY CHRISTINA)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	UNABLE TO UPLOAD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB8387R
Vehicle Make/Model/Colour	HYUNDAI AVANTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BENJAMIN PAUL TAN
NRIC/Passport Number	S0198113G
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: : UNKNOWN

GENDER: : FEMALE

Sketch Plan Pg. 1


SKETCH PLAN

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 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 centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

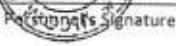
I understand, acknowledge, agree and consent that:

- (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.

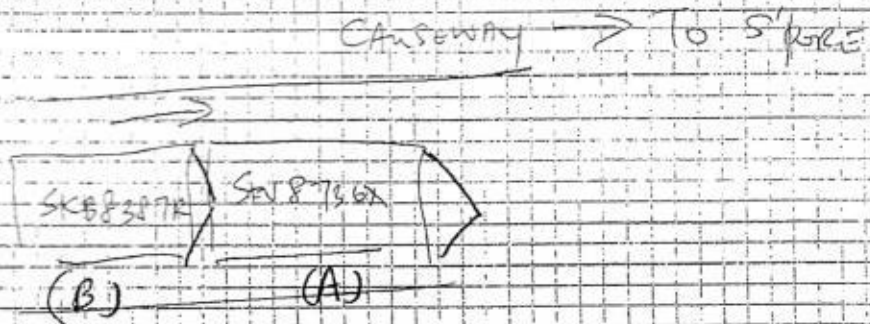

Policyholder's Signature
Date & Time:

1/8/2018 0830

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


Reporting Centre 
Name:
NRIC/FIN No.:

SKETCH PLAN



DOA - 31/7/18

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While IN QUEUE FOR IMMIGRATION SINGAPORE, CAR WAS
A STATIONARY WHEN VEHICLE FROM BACK KNOCKED
INTO MY CAR.

DECLARATION

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

Policyholder's Signature

Date & Time:

1/8/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





MSIG

MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way # 21-01, SGX Centre 2, Singapore 069807
Tel: +65 (647) 2888 111 Fax: +65 (647) 5102
Company No. 2004 22142-K (S) Reg No. R004122102

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M X-1
Individual Ownership

MOTOR MAX
Comprehensive

Certificate No. A 23770542 20X

Excess : SGD500
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

BFV8736X

2. Name of Policyholder

Wong Nam Fook Daniel

3. Effective Date of the Commencement of Insurance for the purposes of the Act

19/06/2018

4. Date of Expiry of Insurance

18/06/2019

5. Persons or Classes of Persons entitled to drive*

Wong Nam Fook Daniel

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use*

Use only for social domestic and pleasure purposes and for the Policyholder's business.
The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.


PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG
AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

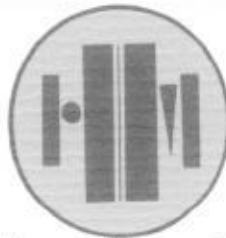
This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers


for Chief Executive Officer



安 徒 生 摩 咯
HENDERSON MOTORS
SUBSIDIARY: HENDERSON AUTOMOTIVE ENGINEERS

New address: -

160 Sin Ming Drive #03-01
Sin Ming AutoCity
Singapore 575722
Tel: 64533167, 97909779

BLOCK 21, SIN MING INDUSTRIAL ESTATE #01-50 TO 54, SINGAPORE 575679.
TEL: 453 3167, 453 2602 FAX: (65) 453 7683 TELEX: RS 23861 "RALEIGH"

3rd September 2018

Wong Nam Fook Daniel
21 Thomson Terrace
Singapore 574552

Vehicle No. SFV8736X (Third party against SKB8387R)

Quantity	Particulars	Amount
1 pc	Rear Door	1,019.71 ✓
1 pc	Rear Bumper	543.56 ✓
1 pc	VEZEL Logo	37.34 ✓
1 pc	HONDA Logo	14.98 X
		1,615.59
	Less 20%	323.12
		1,292.47
	To dismantle & Fix rear w/screen glass	180.00 120/-
	To knock out dents & replace rear door	350.00 320/-
	To touch up painting	800.00 250/-
	Total amount : -	2,622.47

Thank you

Ong Lily
Henderson Motors

Not Notified
1.31.6.19
Resurvey

1940.62
1970.49

4 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 oncos are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No finger modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by:

Signature:

Date:

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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/CT118016235/KQBN2

Date: 15/10/2018

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMPCSN3016201802
Claimant Vehicle No :	SFV8736X	Insured Vehicle No :	SKB8387R
Date of Loss:	31/07/2018	Nature of Claim:	TP
		Claim No:	SNM18D03786C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SFV8736X	Engine No:	L15B3519127
Make & Model:	HONDA VEZEL, 1.5 (A)	Chassis No:	RU11019113
Reg. Date:	19/06/2015 (Man. Year: 2015)	Odometer:	62196 km
Colour:	Metallic Blue		
Engine Capacity:	1496 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	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:	215/55R17	Rear Tyre Size:	215/55R17
Front Left Side:	Nexen 7 mm	Rear Left Side:	Nexen 7 mm
Front Right Side:	Nexen 7 mm	Rear Right Side:	Nexen 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,292.47	1,280.49	11.98	0.93
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,330.00	690.00	640.00	48.12
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (\$\$)	2,622.47	1,970.49	651.98	24.86

INSPECTION

Date of Assignment:	05/09/2018	
Date Inspected:	10/09/2018	Inspected At: Henderson Motors (HQ) BLK 21 SIN MING IND EST #01-54 SINGAPORE 575679 Singapore 575679

Estimated Period of Repair: 4.0 days

Adjuster: KENNETH KONG

Manager: SHIAU CHAN

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: 15 Oct 2018)
Parts: M1-SUV	HONDA VEZEL 1.5 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SFV8736X)	
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		*REAR DOOR	Bent	1,019.71 FL	*1,019.71 FL
2	1		*REAR BUMPER	Buckled	543.56 FL	*543.56 FL
3	1		*VEZEL LOGO	Necessary	37.34 FL	*37.34 FL
4	1		*HONDA LOGO	Not Necessary	14.98 FL	*- FL
F=Franchise part. L=ListItemDisc.						
Sub Total (S\$)					1,615.59	1,600.61
- List Item Discount on L Items 20.00/20.00% (S\$)					323.12	320.12
Total Parts (S\$)					1,292.47	1,280.49

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
Labour Items				
1	TO DISMANTLE & FIX REAR W/SCREEN GLASS	New	180.00	120.00
2	TO KNOCK OUT DENTS & REPLACE REAR DOOR	New	350.00	320.00
3	TO TOUCH UP PAINTING	New	800.00	250.00
Gross Labour Cost (S\$)			1,330.00	690.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >