

ASS. REC. BY:

REF:

TU / 2000 5572/k

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

MBM

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:

02 days

Res.: Yes or No

Lum Sum:

1.12 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

Smv 1822 K

Yr Regn:

07, 19

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

Truck / Trailer or

Wagon

Make:

Honda Shuttle

c.c

1496

Colour

M. D. Blue

A/C: Insured / Std / NI / NA

Sp. Reading

52897

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

GP 7 - 2009807

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: M / S / Rim / STD A / Rim or

Tyre Size:

Pirelli 185/60R15

R: Yokohama

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

3

mm

L/Bal.

4

mm

L/Bal.

3

mm

D.O.A.

4/5/20

D.O.I.

12/8/2020

Survey held at

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

o/s body

The U/C / 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)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Report Format:

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

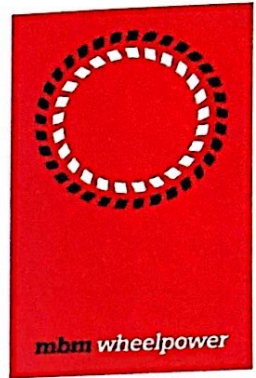
☐

Tech Invs (\$

☐

Weekend (\$

MBM WHEELPOWER PTE LTD



Your Ref: SHD4343T

Our Ref: SMN1822K

*Not Authorised
Returning After Paint
2 days*

To: INDIA INTERNATIONAL

CC

Fax

Date: 5/5/2020
From: Danny
Fax: 64525333
Contact: 93288668
Make / Model: HONDA SHUTTLE HYBRID 1.5
Chassis No.: GP72009807
Engine No.: LEB7112247
Year of Make: 2019
Accident Date: 4 May 2020

ESTIMATE FOR VEHICLE NO. : SMN1822K

DESCRIPTION

FRONT RH DOOR
FRONT RH DOOR HINGE UPP
FRONT RH DOOR HINGE LOWER
RH SIDE SKIRT
FRONT RH DOOR TAPE SET

QTY		List Price	
1	\$	1,154.00	X
1	\$	78.00	X
1	\$	78.00	X
1	\$	535.00	X
1	\$	60.00	X
Total:		\$ 1,905.00	
LESS 20%		\$ (381.00)	
Parts Total:		\$ 1,524.00	

SPECIAL NETT

BODY SEALANT

1 \$ 80.00 X

LABOUR

TO REMOVE, REFIT & REPAIR AFFECTED DAMAGED PARTS. INCLUDING TO KNOCK-OUT, WELD & STRAIGHTEN ON THE AFFECTED PARTS.

\$ 700.00

TO REMOVE, REFIT & UPHOLSTERY TO FACILITATE REPAIRS

\$ 100.00 X

TO REMOVE & REPLACE BUMPER SENSORS

\$ 40.00 X

TO CHECK & RECONNECT ALL NECESSARY WIRING

\$ 80.00 X

TO SPRAY PAINT ON THE AFFECTED AREAS

\$ 400.00

Total: \$ 3,224.00

7% GST: \$ 225.68

Grand Total: \$ 3,449.68

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:

Mbm wheelpower pte ltd
160 SIN MING DRIVE
#06-02
SIN MING AUTOCITY
t 62628888 f 64525333

Company Registration Number : 200204110W

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 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 Report	05/05/2020 14:52
Date Of Accident	04/05/2020 11:10
Exact Location Of Accident	57 GEYLANG BAHRU - DRIVEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN1822K
Insured/Policyholder	
Name Of Registered Owner	BW SELECTION PTE LTD
Co Reg No	2XXXXX619E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93622220
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (A)
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5073279352-03
Cover Note Number	
Driver	
Name of Driver	THAM YEW SOON
NRIC No	SXXXX465I
Date Of Birth	11/08/1956
Occupation	OUTDOOR
Date Of Driving Pass	09/05/1977
Driving Experience	42 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81215412
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 547 ANG MO KIO AVE 10 #04-2236
Postcode	560547
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	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

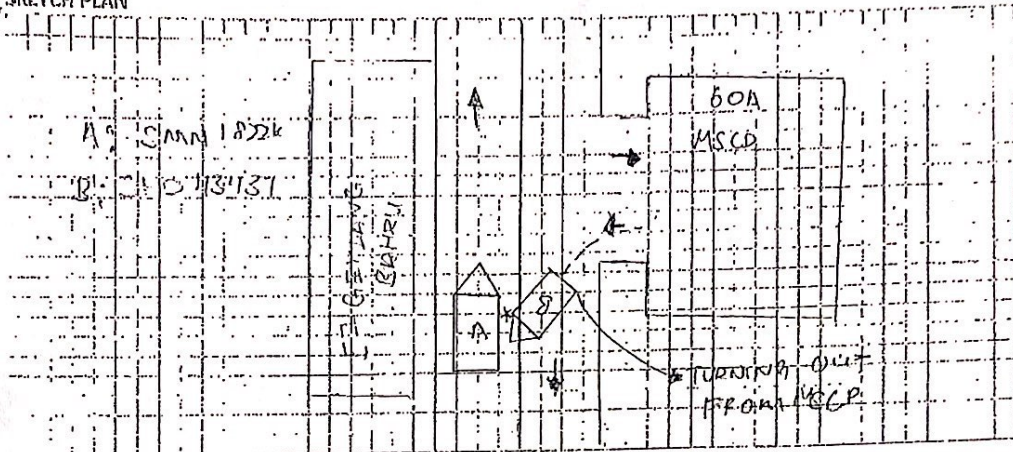
REFER TO ATTACHED SKETCH PLAN

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	SHD4343T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



This morning at about 11.10 am, I was driving my vehicle towards Kallang Bahru BKE 62 at a speed of 15kmh. Suddenly a taxi from my right side came out from multi storey carpark and hit my driver's seat front door.

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

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