

ASS. REC. BY:

REF:

MSG/

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:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04

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:

STR 37462

Yr Regn:

06, 09

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

Truck / Trailer or

Make:

Kia Cerato

c.c

1591

Colour

m. Brown

A/C:

Insured / Std / NI / NA

Sp. Reading

170.614

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KNAI-H 2213 950 85363

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / SRIm / STD A/RIm or

Tyre Size:

F: Yoko

225/45R17

R: Dayton

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

5

mm

L/Bal.

6

mm

L/Bal.

5

mm

D.O.A.

11/6/20

D.O.I.

11/6/2020

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

12/06/20 @ 9.29am revised to Fievel Foo via Merimen.

Kenneth confirmed LS \$2600, 4 days
(Red \$1047.40, 29%)

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

11/25/06 Typist

Date/Time, File Return to?

Days Of Repair:

4

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

S - RS, SI

Fees

Others

TOTAL

Add Fee:

☐

Site Insp

(\$

☐

Interview

(\$

☐

Tech Invs

(\$

☐

Weekend

(\$

Report Format:

MER-TP

Lump Sum / B. (\$

2600

Cheng Hoe Motor Pte Ltd

Blk 1019, Yishun Industrial Park A #01-374/382, Singapore 768761
 TEL: 67556142 (YIS) FAX: 67557719 (YIS) Email: chmotor@singnet.com.sg
 GST:201001158E RCB NO:201001158E

M/S : MSIG INSURANCE (S) PTE LTD (SGX)
 16 RAFFLES QUAY
 #24-01 HONG LEONG BUILDING
 SINGAPORE 048581

TEL: 68277660 FAX: 62257402
 ATTN: Motor Claim Department

WS Ref: TP MSIG
 Claim Type: Third Party
 Accident Date: 11/06/2020
 TP Veh Reg No: SMA8716G

Not Authorized
1/1 Imp & ?
Resurvey After Paint
4 days

Estimate No: ES2090455/WS
 Date: 11 Jun 2020
 Policy No:
 Veh Reg No: SJR3746Z
 Make/Model: KIA KIA CERATO FORTE
 Chassis No: KNAFH221395085363
 Engine No:
 Reg. Date: 22/06/2009

Estimate Repair Cost to Vehicle No :SJR3746Z

Description	U/Price	Quantity	List Price S\$	Amount S\$
Net Price				
1 REAR BUMPER	701.00	1 PC	701.00	✓
2 REAR BUMPER LOWER SKIRT	220.00	1 PC	220.00	✓
3 REAR BUMPER SIDE RETAINER LH	28.00	1 PC	28.00	✓
4 REAR BUMPER CLIP	3.50	6 PCS	21.00	✓
5 REVERSE SENSOR	214.00	2 PCS	428.00	✓
			1,398.00	
		Less 10%	139.80	1,258.20
Special Net				
6 REAR BOOT LOGO	25.00	1 PC	25.00	✓
			25.00	25.00
Labour				
7 TO REMOVE AND REFIX REAR BUMPER ASSY, LOWER SKIRT, TAILLAMPS, KNOCK AND REPAIR REAR PANEL, BOOT AND RE-ALIGN TO SAME	580.00	1 LA	580.00	450
8 PUTTY AND RESPRAY ON REAR BUMPER, LOWER SKIRT, RERA PANEL, BOOT	750.00	1 LA	750.00	650
9 TO REMOVE AND REFIX REVERSE SENSOR AND RESET SYSTEM	50.00	1 LA	50.00	✓
			1,380.00	1,380.00
Total				S\$ 2,663.20

Add GST @ 7% 186.42

Total Amount Payable **S\$ 2,849.62**

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:

For Cheng Hoe Motor Pte Ltd

AUTHORISED SIGNATURE

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 11/06/2020 12:54
Date Of Accident 11/06/2020 07:55
Exact Location Of Accident JLN AHMAD IBRAHIM
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJR3746Z
Insured/Policyholder
Name Of Registered Owner MOHAMMAD HARRIS BIN SARIP
NRIC No SXXXX876Z
Email Address DANI_IS81@HOTMAIL.COM
Mobile Phone No (LOCAL) +65-92220356
Alternative Phone No OTHERS-92220356

Vehicle Particulars

Manufacturer KIA
Model CERATO FORTE 1.6(A) SX ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident PTE 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 NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5109598846
Cover Note Number 30/04/19 - 21/06/20

Driver

Name of Driver MOHAMMAD HARRIS BIN SARIP
NRIC No SXXXX876Z
Date Of Birth 14/04/1981
Occupation INDOOR
Date Of Driving Pass 23/11/2016
Driving Experience 3 YEARS AND 6 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-92220356
Fax Number
Contact Number OTHERS-92220356
Email Address DANI_IS81@HOTMAIL.COM

Address
Postcode
Was driver an employee of the Insured's Company
If No, Relationship of the Driver with the Insured
Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle

BLK 481 SEMBAWANG DR #06-473
750481
NO
OWNER
-
-
-
-

General Information of the Accident

Type Of Accident
Weather Conditions
Road Surface

COLLISION - HEAD TO REAR
CLEAR
DRY

Other Information

Was any foreign vehicle involved in this accident?
Number of vehicles (including own vehicle) involved in the accident
Was any body injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other material or property damaged?
I have been approached by unknown person(s) soliciting/offering accident claims assistance.
Number of Passengers (Including Driver)
Passenger 1

NO
2
YES
NO
YES
NO
2

NAME: : PASSENGER
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?
If Yes, Please state which Police Station
Was notice of intended Prosecution given?
If Yes, against whom?

NO

NO

Circumstances of Accident

I stop as traffic light had turned red. The next moment, I felt an impact on my rear and realised m/car (B) had collided onto my vehicle. Both drivers alighted to check. We then exchanged contact number before leaving the scene. Due to the impact, I felt pain and I had consulted the doctor and was given 1 day MC. My passenger is fine and not injured.

Attachment(s)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Remarks/ Reasons:
Was there any audio recorded?

YES
YES
EMAIL DIRECT TO NTUC
NO

DETAILS OF OTHER VEHICLE PROPERTY 1

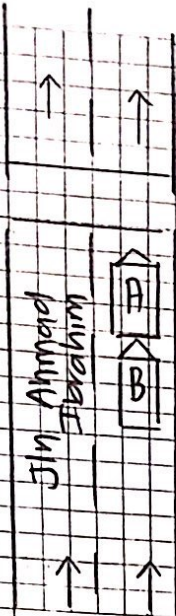
Vehicle Registration Number
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode

SMA8716G

PRIVATE CAR
ROYSTAN TAN

90238150

He PLAN



A = SJR 3746Z
 B = SMA 8716G
 Royston Tan
 HP: 9023 8150

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stop as traffic light had turned red. The next moment, I felt an impact on my rear and realized M/car CB had collided onto my vehicle.

Both drivers alighted to check. We then exchanged contact no before leaving the scene.

Due to the impact, I felt pain and I had consulted the doctor and was given 1 day MC. My passenger is fine and not injured.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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 Personnel's Signature
 Name: Eeeda
 NRIC/FIN No.: CYS

GIARMC SketchPlanForm_V3 () Claim Own Policy () Claim Third Party () Reporting Only
 () Claim OD/TP at other workshop