

ASS. REC. BY:

REF:

C72/20006639/Kt

Kenneth

## 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:

06 days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMJ 9994R

Yr Regn:

03, 19

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

Truck / Trailer or

a)

Wagon

Make:

Renault

Scenic

c.c

1461

Colour

M. Black

A/C:

Insured / Std / NI / NA

Sp. Reading

79001

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VF1RFA00561789257

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

195/55R20

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

23/6/20

D.O.I.

26/6/2020

Survey held at

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

O/S Rear

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

TOTAL

# Munich Autocare Pte Ltd

60 Jalan Lam Huat #02-02/03 Carros Centre Singapore 737869  
Tel: +65 6255 2288 | Fax: +65 6265 5388  
Company Reg. No.: 201832250M | GST Reg. No.: 201832250M

*Not Authorised*  
*Rummy Bepaim*  
*6 days*

## ESTIMATION REPORT

Vehicle No : SMJ9994R  
Make & Model : RENAULT, GRAND SCENIC IV 1.5 DCI AT EU6,  
VF1RFA00561789257

Estimation No. : E20060008  
Date : 24/06/2020

No.	Description	Qty	U/P	Amt
<b>Section: Remark</b>				
1	TP CLAIM AGAINST CHINA TAIPING INSURANCE PTE LTD DOA: 23.06.2020 CASE NO: SNM20D202219C02/SMK8542M/Chngpw SURVEYOR: KENNETH KONG HANDLE: ANGELA TAN	1.00	0.00	0.00

Amt S\$ 0.00  
Discount (0.00%) S\$ 0.00  
Subtotal S\$ 0.00

<b>Section: Parts</b>				
2	TAILLAMP ASSY 265503413R	<i>Sm</i> 1.00	443.40	443.40 <i>X</i>
3	REAR BUMPER 850221774R	<i>Bulldo</i> 1.00	1,060.08	1,060.08 <i>✓</i>
4	REAR BUMPER RETAINER RH 850448822R	<i>Dit</i> 1.00	371.52	371.52 <i>✓</i>
5	REAR QUARTER PANEL RH 760308688R	<i>Bilwarp</i> 1.00	2,476.08	2,476.08 <i>✓</i>
6	REAR DOOR RH 821003918R	<i>R</i> 1.00	2,051.00	2,051.00 <i>X</i>

Amt S\$ 6,402.08  
Discount (10.00%) S\$ 640.21  
Subtotal S\$ 5,761.87

<b>Section: Special nett</b>				
7	REAR WHEEL RH 403007153R	<i>L.A</i> <i>ser</i> 1.00	1,183.68	1,183.68 <i>1501n</i>
8	BUMPER CLIPS	<i>ser</i> 4.00	5.00	20.00 <i>✓</i>

Amt S\$ 1,203.68  
Discount (0.00%) S\$ 0.00  
Subtotal S\$ 1,203.68

<b>Section: Labour</b>				
9	LABOUR FOR PUTTY & SPRAY PAINT ALL AFFECTED AREAS	1.00	1,300.00	1,300.00 <i>6606</i>
10	LABOUR FOR PANEL BEATING ALL AFFECTED AREAS	1.00	1,000.00	1,000.00 <i>759</i>
11	LABOUR FOR REMOVE & REINSTALL INNER TRIM BOARD, MOTOR REGULATOR, DOOR GLASS & DOOR HANDLE TO NEW DOOR	1.00	250.00	250.00 <i>1006</i>
12	TO WHEEL ALIGNMENT	1.00	80.00	80.00 <i>606</i>

Continue on next page...



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Company Reg. No.: 201832250M | GST Reg. No.: 201832250M

## ESTIMATION REPORT

Vehicle No : SMJ9994R  
Make & Model : RENAULT, GRAND SCENIC IV 1.5 DCI AT EU6,  
VF1RFA00561789257

Estimation No. : E20060008  
Date : 24/06/2020

No.	Description	Qty	U/P	Amt
13	LABOUR FOR REMOVE & REPLACE NEW REAR QUARTER PANEL <i>8/16/11</i>	1.00	400.00	400.00
				<b>Amt</b> S\$ 3,030.00
				<b>Discount (0.00%)</b> S\$ 0.00
				<b>Subtotal</b> S\$ 3,030.00

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:

MILEAGE: 78,718KM  
TP CLAIM AGAINST CHINA TAIPING INSURANCE PTE LTD

Remark Subtotal	S\$ 0.00
Parts Subtotal	S\$ 5,761.87
Special nett Subtotal	S\$ 1,203.68
Labour Subtotal	S\$ 3,030.00
<b>Total</b>	<b>S\$ 9,995.55</b>

PAGE 2 OF 2

## 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	24/06/2020 14:14
Date Of Accident	23/06/2020 13:50
Exact Location Of Accident	SLE (BKE) SLIP ROAD INTO WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ9994R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	2XXXXX055D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86881311

### Vehicle Particulars

Manufacturer	RENAULT
Model	GRAND SCENIC IV-1.5 DCI EU6 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE & REWARDS
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	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	M0014925
Cover Note Number	

### Driver

Name of Driver	TEI CHEE SENG
NRIC No	SXXXX867J
Date Of Birth	06/06/1972
Occupation	OUTDOOR
Date Of Driving Pass	16/03/1998
Driving Experience	22 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96876946
Fax Number	
Contact Number	



Address	582 WOODLANDS DRIVE 16 #07-470
Postcode	730582
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NPP 25 SIN MING ROAD
Police Station Address	ROAD: 25 SIN MING ROAD #01-180 , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT NO: T/20200623-2084

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMK8542M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Sketch Plan #2

SKETCH PLAN

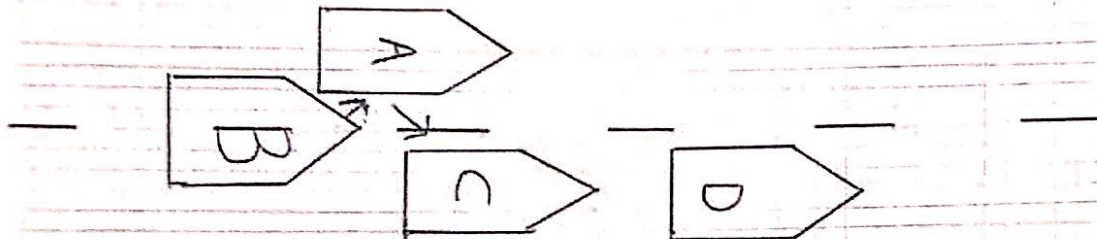
VEHICLE

A. SMS 9994

C. SMM 6938H

B. SMK 8542M

D. SBD 51H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SLE TOWARDS BLE EXIT NO. 9  
WOODS AVE 12 SLIP ROAD

REFER POLICE REPORT NO. T/20200623/2084

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 Officer's Signature  
Name:  
NRIC/FIN No.:





## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200623/2084

2 of 4

Report No. T/20200623/2084

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Name	Unknown	ID No.	NIL
Related Vehicle	SBD51H (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	TEI CHEE SENG	ID No.	S7219867J
Related Vehicle	SMJ9994R (Car)	Contact No.	96876946
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/06/2020	Date Discharge	23/06/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Person Involved</b>			
Name	Unknown	ID No.	NIL
Related Vehicle	SMK8542M (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL