ASS. REC. BY: Kenneth

REF: MSG/2000746T/KQ

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Accord

of _____

Insured: _____

Policy No. 1001134217

Claims No. 245776

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 Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 1.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: GBD 8856A Yr Regn: 06 15

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: NIS NV200 c.c 1461

Colour White A/C: Insured / Std / NI / NA

Sp.Reading 89212 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VSKYBAM20Z0100192

Gen. Cond: Good / Fair / Poor / Burnt

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

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

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 175/70R14

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	13/7/20	D.O.I.	21/7/2020

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
	22/07/20@3.16pm revised to Monica Chung via Merimen.

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech Invs ($ _____)

☐ : Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: ($ _____)

Survey Fee: _____

Transportation: _____ S - RS. _____ SI

Parking: _____

Others: _____

TOTAL: _____

ACCORD AUTO SERVICES PTE LTD

10 Ang Mo Kio Industrial Park 2A
#03-11 AMK Autopoint Singapore 568047
Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

ESTIMATE

MS MSIG Insurance (Singapore) Pte Ltd
4 Shenton Way #21-01
SGX Centre 2
Singapore 068807

Not authorised
Running after Paint
2 days

Date :	18.07.2020
Vehicle No :	GBD8856A
Veh Make/Model :	Nissan NV200 1.5L
YOM :	2015
Chassis No :	VSKYBAM20Z0100192
Date of Accident :	13.07.2020

No	Qty	Description	Amount $
		Cost Items:-	
1	1	Front Bumper	$ 563.10
2	2	Front Bumper Side Retainer	$ 47.80
3	1	Front Reinforcement Bar	$ 641.90
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
		Total - List Item	$ 1,252.80
		Less 30%	$ 375.84
		Total	$ 876.96

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:

ACCORD AUTO SERVICES PTE LTD

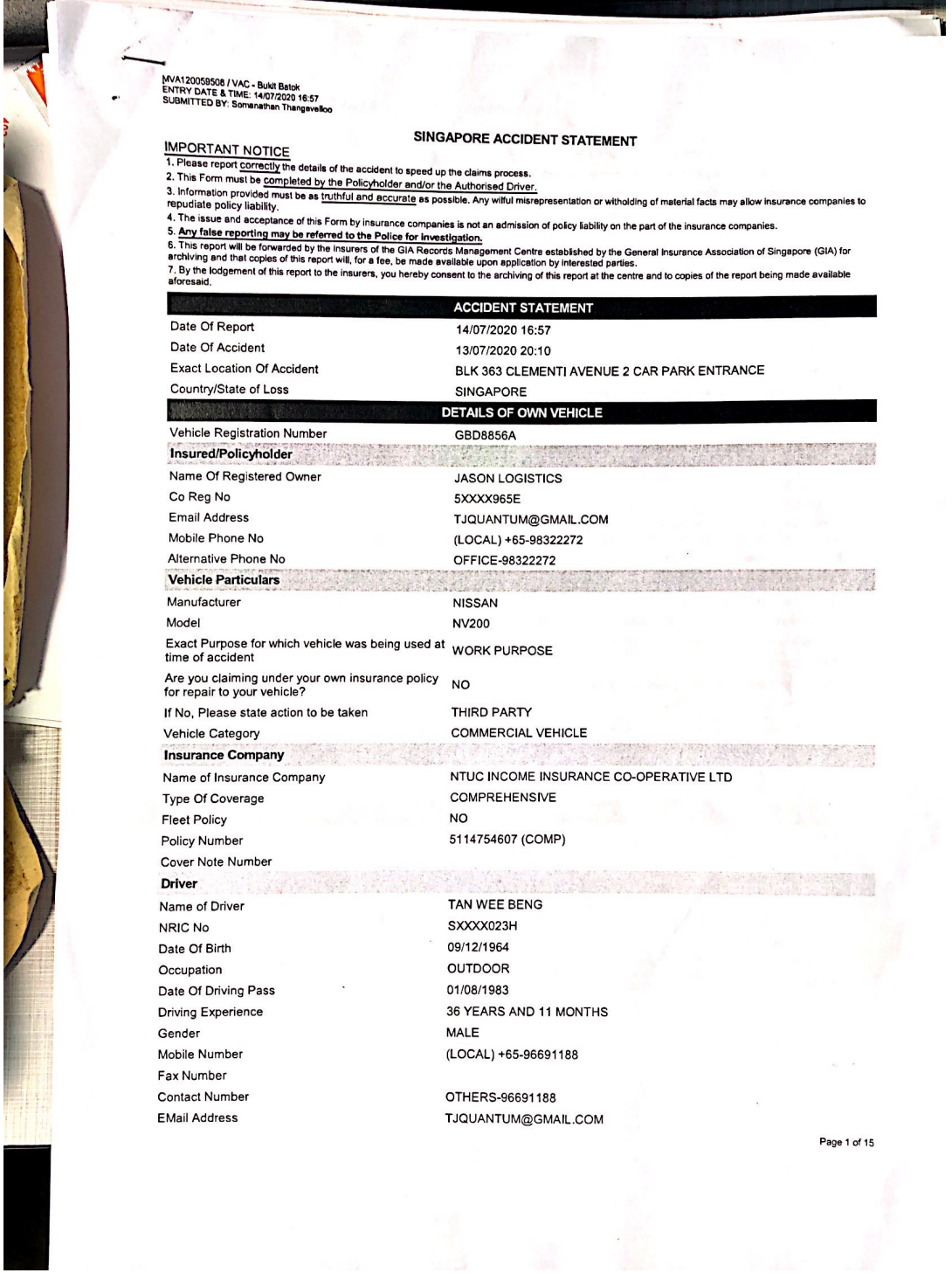
10 Ang Mo Kio Industrial Park 2A
#03-11 AMK Autopoint Singapore 568047
Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

ESTIMATE

MS MSIG Insurance (Singapore) Pte Ltd
4 Shenton Way #21-01
SGX Centre 2
Singapore 068807

Date : 18.07.2020
Vehicle No : GBD8856A
Veh Make/Model : Nissan NV200 1.5L
YOM : 2015
Chassis No : VSKYBAM20Z0100192
Date of Accident : 13.07.2020

No	Qty	Description	Amount $
		Balance c/f	
		Special Nett Items:-	
1	1 Set	Front Bumper Clips	$ 44.00
2	1 Set	Front Number Plate With Frame	$ 50.00
3			
4			
5			
6			
		Total - SN Item	$ 94.00
		Labour Charges:-	
1		Spray painting on all affected area.	
2		Labour remove/refix accident damages parts to knock, jack, cut weld and realign accident affected area.	$ 500.00
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
		Total - L/C	$ 500.00
		Sub-Total	$ 1,470.96
		7% GST	$ 102.97
		Total	$ 1,573.93



MVA120059508 / VAC - Bukit Batok
ENTRY DATE & TIME: 14/07/2020 16:57
SUBMITTED BY: Somanathan Thangavelloo

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 witholding 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	14/07/2020 16:57
Date Of Accident	13/07/2020 20:10
Exact Location Of Accident	BLK 363 CLEMENTI AVENUE 2 CAR PARK ENTRANCE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD8856A
Insured/Policyholder	
Name Of Registered Owner	JASON LOGISTICS
Co Reg No	5XXXX965E
Email Address	TJQUANTUM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98322272
Alternative Phone No	OFFICE-98322272
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114754607 (COMP)
Cover Note Number	
Driver	
Name of Driver	TAN WEE BENG
NRIC No	SXXXX023H
Date Of Birth	09/12/1964
Occupation	OUTDOOR
Date Of Driving Pass	01/08/1983
Driving Experience	36 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96691188
Fax Number	
Contact Number	OTHERS-96691188
EMail Address	TJQUANTUM@GMAIL.COM

Address	APT BLK 509 WEST COAST DRIVE #07-277
Postcode	120509
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 ON COLLISION
Weather Conditions	AFTER RAIN
Road Surface	WET

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 STATEMENT ATTACH

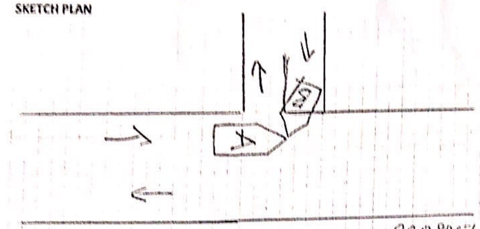
Attachment(s)

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	SJT723Z
Vehicle Make/Model/Colour	NISSAN / SILVER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEONG CHANG KHAI , RONALD
NRIC/Passport Number	SXXXX175J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



A- 9BD8852A
B- SJT7237.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at BLK 363 Clementi AVE 2 - car park entrance. after I enter the carpark. Gantry. Suddenly there is a vehicle come out from ~~EH~~ Left side. He must need to stop but not. The vehicle hit. my ~~Ba~~ Front portion. ~~there~~ front bumper got Damage. There is no injures.

DECLARATION

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

JASON LOGISTICS UEN 53402946E

Jason

Policyholder's Signature
Date & Time:

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

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg

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