

**Kenneth**

ASS. REC. BY: \_\_\_\_\_ REF: **MSG / 200074671K9**

**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 Report: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

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

Lum Sum: **1.81** % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Date / Time Action / Instruction

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

**29/07/20 @ 8.48am Kenneth confirm final fig \$995.79, 2 days. (Red \$725.73, 42%)**

**no Lump Sum**

Date/Time, File Pass to? ☐: Prell. Report

1) **29/07** Typist ☐: Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Report Format: **MER-TP**

**Lump Sum / I.B.I. (\$ 995.79)**

Veh No: **G8D 8856A** Yr Regn: **06, 15**

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

Truck / Trailer or \_\_\_\_\_

Make: **NIS NV200** C.C. **1961**

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

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

Eng/No: \_\_\_\_\_

C/No: **VSKYBAM 208 0100192**

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

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

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

Mod: **MT / S/Rlm / STD A/Rlm** or

Tyre Size: F: **175/70R14**

R: \_\_\_\_\_

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

**TOYO / YOKO** or

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

Survey held at \_\_\_\_\_

Des. of Damages: **Frnt** / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Days Of Repair: **2**

Resurvey No. of Trip: **1**

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S - RS - SI

Fuel/Oil

Others

Site Insp (\$ \_\_\_\_\_)

Interview (\$ \_\_\_\_\_)

Tech Invs (\$ \_\_\_\_\_)

Weekend (\$ \_\_\_\_\_)

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@myearworkshop.com.sg

## ESTIMATE

MS MSG 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 \$
		<b>Cost Items:-</b>	
1	1	Front Bumper	\$ 563.10
2	2	Front Bumper Side Retainer	\$ 47.80
3	1	Front Reinforcement Bar	\$ Repair 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

# **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 \$
		<b>Balance c/f</b>	
		<b>Special Nett Items:-</b>	
1	1 Set	Front Bumper Clips	\$ 44.00
2	1 Set	Front Number Plate With Frame	\$ 50.00
3			
4			
5			
6			
		<b>Total - SN Item</b>	\$ 94.00
		<b>Labour Charges:-</b>	
1		Spray painting on all affected area.	\$ 500.00
2		Labour remove/refix accident damages parts to knock, jack, cut weld and realign accident affected area.	
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
		<b>Total - L/C</b>	\$ 500.00
		<b>Sub-Total</b>	\$ 1,470.96
		<b>7% GST</b>	\$ 102.97
		<b>Total</b>	\$ 1,573.93

## 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 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 SXXX023H  
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

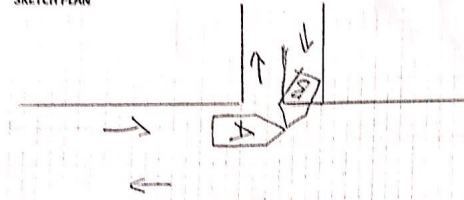
#### Attachment(s)

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 - 9608852A  
B - SJT7237

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at BLK 863 Clementi AVE 2 - car park entrance. after I enter the car park. suddenly there is a vehicle come out from the left side - the must need to stop but not. The vehicle hit my front position. there front bumper got damage. there is no marks.

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:

IBAC BUNKIT LAYON (PAC)  
511 Bukit Batok Street 23  
Singapore 659545  
Tel: 6560 3312 Fax: 6560 0722  
Email: vacbb@singnet.com.sg

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