

ASS. REC. BY: Steve

REF:

CS/MSG2008367/Gqf3

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: _____

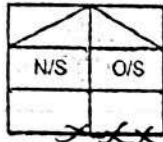
Policy No. MSD/VMS/20-510585-WTTClaims No. MSC/V/20-000660

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 4 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: SMP S476P Yr Regn: 30/9/19Type: M.Ca / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Vezel c.c. 1496Colour: White A/C: Insured / Std / NI / NASp. Reading: 14323 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU1313714Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rln / STD A/Rln orTyre Size: F: 215/65R16

R: _____

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

TOYO / YOKO or 8

Front _____ Rear _____

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 12/8/21 D.O.I. 14/7/21Survey held at Bifrost Auto 14/08/20Des. 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

MIV-8SK

17/08/20 @ 10.55am revised to Fievel Foo via Merimen.

Steve finalised LS \$4350, 4 days (Red \$9684.20, 69%)

Date/Time, File Pass to?

☐ : Prel. Report

020/08 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Formed:

Lump Sum 4350Days Of Repair: 4Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Steve (CLKK) ML PL
14/8/20, 12.33pm
4 days

Bifrost Auto Pte Ltd

NO.8 Kaki Bukit Ave 4, Premier @ Kaki Bukit, #01-49 Singapore 415875

Tel: 65 64524457 / Fax: +65 64524584

CO. Reg. No.: 201929175W

Model : Honda Vezel 1.5X CVT
Registraion No : SMP 5476 P
Chassis No: RU11313714
Year of Manufacturing: 2018

L/S
M PL SW

S/No	Qty	Items	Unit Price	Amount
1	1	Tailgate / DD	\$ 1,195.30	\$ 1,195.30
2	1	RHS Tailgate Hinge X	\$ 89.50	\$ 89.50
3	1	LHS Tailgate Hinge X	\$ 89.50	\$ 89.50
4	1	RHS Tailgate Damper X	\$ 210.20	\$ 210.20
5	1	LHS Tailgate Damper X	\$ 210.20	\$ 210.20
6	1	Tailgate Lock / OT	\$ 257.50	\$ 257.50
7	1	Tailgate lock Switch X	\$ 187.50	\$ 187.50
8	1	Tailgate Weather Strip X	\$ 185.20	\$ 185.20
9	1	Tailgate Inner Trim Board ? / BR	\$ 296.30	\$ 296.30
10	1	Tailgate Logo X	\$ 82.50	\$ 82.50
11	1	Tailgate Emblem "Vezel" / MC	\$ 75.20	\$ 75.20
12	1	RHS Tailgate Reflector X ? / BR	\$ 318.40	\$ 318.40
13	1	LHS Tailgate Reflector X	\$ 318.40	\$ 318.40
14	1	Rear Windscreen Moulding / MC	\$ 198.70	\$ 198.70
15	1	Rear Bumper / DD	\$ 995.40	\$ 995.40
16	1	RHS Rear Bumper ? / CR4	\$ 385.60	\$ 385.60
17	1	LHS Rear Bumper X	\$ 385.60	\$ 385.60
18	1	RHS Rear Bumper Reflector ? / BR	\$ 196.60	\$ 196.60
19	1	LHS Rear Bumper Reflector X	\$ 196.60	\$ 196.60
20	1	RHS Rear Bumper Bracket / BR	\$ 45.10	\$ 45.10
21	1	LHS Rear Bumper Bracket / BR	\$ 45.10	\$ 45.10
22	1	Rear Bumper Under Cover ? / BR	\$ 282.70	\$ 282.70
23	1	Smart Buzzer ? / BR	\$ 115.40	\$ 115.40
24	1	License Garnish Chrome X	\$ 89.70	\$ 89.70
25	1	End Panel X R	\$ 699.80	\$ 699.80
26	1	End Panel Top Garnish X	\$ 149.90	\$ 149.90
27	1	Spare Tyre Compartment X	\$ 789.40	\$ 789.40
28	1	Spare Tyre Panel Board X	\$ 257.80	\$ 257.80
29	1	Sponge Tool Box X	\$ 325.60	\$ 325.60
30	1	RHS Tail Lamp X	\$ 378.40	\$ 378.40
31	1	LHS Tail Lamp X	\$ 378.40	\$ 378.40
32	1	Exhaust Pipe X	\$ 979.10	\$ 979.10
33	2	Exhaust Mounting X	\$ 49.80	\$ 99.60
34	1	Exhaust Pipe Gasket X	\$ 68.90	\$ 68.90
35	1	RHS Rear Fender Inner Trim Board X	\$ 358.70	\$ 358.70
36	1	LHS Rear Fender Inner Trim Board X	\$ 358.70	\$ 358.70
				\$ 11,296.50
				-20% \$ 2,259.30
Total for spare parts				\$ 9,037.20

Special Nett

1	1	Rear Bumper Diffuser ✕ / OR	\$	680.00	\$	680.00
2	1	Rear Bumper Sticker / MC	\$	87.00	\$	87.00
3	1 set	Rear Bumper Reverse Sensor / BR	\$	380.00	\$	380.00 20
4	10	Rear Bumper Clip / MC	\$	5.00	\$	50.00 30
5	10	RHS Rear Fender Inner Trim Board Clip ✕	\$	5.00	\$	50.00
6	10	LHS Rear Fender Inner Trim Board Clip ✕	\$	5.00	\$	50.00
7	10	End Panel Top Garnish Clip ✕	\$	5.00	\$	50.00
8	10	Tailgate Inner Trim Board Clip ✕ / MC	\$	5.00	\$	50.00 15
9	1 set	Tail Lamp Clip ✕	\$	30.00	\$	30.00
10	1	Rear Windscreen Tinted ✕	\$	280.00	\$	280.00
11	1	End Panel Sealant ✕	\$	80.00	\$	80.00
12	1	Rear Windscreen Sealant ✕	\$	80.00	\$	80.00
13	1	Rear No. Plate With Casing ✕	\$	50.00	\$	50.00
Total for SP				\$	1,917.00	
Sub-Total for Parts :				\$	10,954.20	

S/No	Qty	Items	Unit Price	Amount
1		To dismantle, replace, cut, weld, knock out dents to straighten accident parts as- mention repair parts, inclusive of replacement parts.	\$	1,200.00 600
2		To putty and spray paint on all accident damage parts and other accident affected areas	\$	1,100.00 500
3		Apply rust proofing on the adjacent panels	\$	50.00 30
4		To supply under coating / putty on parts replaced	\$	50.00 ✕
5		To perform water seepage test after repair	\$	80.00 30
6		To remove and refit bumper reverse sensor	\$	80.00 30
7		To check wiring and lighting system	\$	50.00 30
8		To remove and refir rear windscreen	\$	150.00 120
9		To remove and refit rear luggage compartment	\$	80.00 30
10		Remove rear view camera re-align camera	\$	80.00 30
11		To remove and refit rear end panel lining and garnish to facilitate repair	\$	80.00 30
12		Remove and refit exhaust pipr/system to facilitate repair	\$	80.00 ✕

TOTAL AMOUNT : \$ 3,080.00
OVERALL COST: \$ 14,034.20

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:

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	13/08/2020 12:18
Date Of Accident	12/08/2020 15:45
Exact Location Of Accident	ALJUNIED ROAD TOWARDS MACPHERSON
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE:

Vehicle Registration Number	SMP5476P
Insured/Policyholder	
Name Of Registered Owner	YANG YANJIANG
NRIC No	SXXXX443Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98565982
Alternative Phone No	OFFICE-98565982
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	5112702294 CLASSIC
Cover Note Number	
Driver	
Name of Driver	QIU SHUI
NRIC No	SXXXX011Z
Date Of Birth	26/09/1975
Occupation	OUTDOOR
Date Of Driving Pass	06/01/2014
Driving Experience	6 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93839246
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 168C #15-653 PUNGGOL FIELD THE NAUTILUS @ PUNGGOL
Postcode 823168
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured SPOUSE
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
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) 4
Passenger 1
NAME: : JAMES
GENDER: : MALE
Passenger 2
NAME: : MASON
GENDER: : MALE
Passenger 3
NAME: : KATE
GENDER: : FEMALE

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 SKETCH PLAN ATTACHED

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 FBP9428H
Vehicle Make/Model/Colour YAMAHA/GDR155A (AEROX)
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver
NRIC/Passport Number
Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

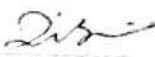
IMPORTANT NOTICE

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. The 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 lodgment 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes");
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:


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

13 AUG 2020

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vilon.com.sg

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

Sketch Plan #2

SKETCH PLAN

A. LUPULUS
 B. CEREALIA

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE SAME DATE AND TIME, I WAS TRAVELLING
STRAIGHT.

OUT OF A SUDDEN, I FELT AN IMPACT FROM MY REAR.
I WENT DOWN AND SAW VEHICLE 1 HIT MY VEHICLE'S REAR.

DECLARATION

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

Polyester's Signature

Data & Time

Driver's Signature _____

(If driver is not the policyholder)

Date & Time:

13 AUG 2020

Reporting Centre Personnel's Signature

Name:

2004/01/02 No.