

ASS. REC. BY:

REF:

MSK-1 2000 8687/K

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

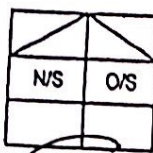
Excess:

(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:

4-5 days

Res.: Yes or No

Lum Sum:

1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

SUBMIT PRELI \$2800.00 (RED: \$5319.40, 65%)

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 24/09/20 TYPIST

Report Format :

Lump Sum / I.B.I. (\$) \$2800.00

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee:

☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech Invs (\$)

☐ Weekend (\$)

Survey Fee:

Transportation:

Fees

Others

TOTAL

Veh No:

SLK 22241 Yr Regn: 01, 17

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

Truck / Trailer or

Make:

Honda Shuttle c.c. 1496

Colour

M. Silver A/C: Insured / Std / NI / NA

Sp. Reading

93.186 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

GK8 1008624

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 185/60R15

R:

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

TOYO / YOKO or

Front

R/Bal.

4 mm

Rear

R/Bal.

3 mm

L/Bal.

4 mm

L/Bal.

3 mm

D.O.A.

14/8/20

D.O.I.

20/8/2020

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.



LIM YEW BOO SPRAY PAINT CO.

Blk 10, Sector C, #01-10, Sin Ming Ind. Est. Singapore 575645
No. 176, Sin Ming Drive, #03-05, Sin Ming AutoCare, Singapore 575721
Tel: 6453 4177 Fax: 6459 3724
Email: limyewboo@singnet.com.sg
Company Reg. No. : 200514/001.

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MSIG INSURANCE (SINGAPORE) PTE LTD
16 RAFFLES QUAY #24-01
HONG LEONG BUILDING SINGAPORE 048581

Attention : Motor Claim Department

Contact : 62209644 Fax No. : 62257402

Estimate : TP20/028

Date : 19/08/2020
Vehicle Num. : SLK 2224H
Make/Model : HONDA SHUTTLE-2017
Chassis/Eng# : GK81006624/L15B3537783
Accident Date : 14/08/2020
Claim No. :
Reference : LYB/SLK2224H/MSIG/tp/sy
Policy No. :

Not Attached
1-B.1, 6/2/20

SN	Quantity	Particular	Unit Price	Amount S\$
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LIST ITEMS :				
1.	1	REAR TAILGATE	1,193.00	✓
2.	1	REAR TAILGATE OUTER HANDLE	383.10	✓
3.	1	REAR TAILGATE EMBLEM 'H'	27.90	✓
4.	1	REAR TAILGATE EMBLEM 'SHUTTLE'	55.00	✓
5.	1	REAR TAILGATE RUBBER	168.50	✓
6.	2	REAR TAILGATE ABSORBER	156.90	✓
7.	1	REAR TAILGATE INNER GARNISH	313.80	✓
8.	1	REAR TAILGATE LOCK /UPPER	320.00	✓
9.	2	REAR TAILGATE REFLECTOR	157.10	✓
10.	2	REAR TAILGATE PANEL TEROSTAT SEALANT	360.80	✓
11.	1	REAR TAILGATE PANEL	54.20	✓
12.	1	REAR BUMPER	560.80	✓
13.	2	REAR BUMPER RETAINER	1,150.60	✓
14.	2	REAR BUMPER SPONGE/ SIDE	36.50	✓
15.	2	REAR BUMPER REFLECTOR	56.50	✓
16.	2	REAR BUMPER REFLECTOR COVER	45.00	✓
17.	1	REAR BUMPER TOWING COVER	45.10	✓

List TotalS\$: 5,543.00
20.00% Discount S\$: 1,108.60

4,434.40

1. 1 SET SPECIAL NETT ITEMS :
REAR REVERSE SENSOR

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:

CONTINUE / ...

All cheques should be crossed and made payable to
Lim Yew Boo Spray Paint Co.

Customer

E. & O. E.



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 Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
2.	1	REAR W/SCREEN SEALANT		Ne 60.00 40/n
3.	1	REAR W/SCREEN INNER SEAL		Ne 50.00 30/n
4.	1	REAR NO PLATE (EMBOSS) + HOLDER		Ne 55.00 45/n
5.	20	CLIPS	3.50	Ne 70.00 ✓
Special Nett Total S\$:				485.00
LABOUR :				120/
LABOUR CHARGE FOR REMOVAL & REFIX REAR W/SCREEN GLASS				150.00
TO CHECK WATER SEEPAGE				60.00 20/
LABOUR TO REPLACE THE SENSOR & CHECK SENSOR FUNCTIONS				80.00 50/
TO APPLY RUST-PROOFING ON REPAIRED/ REPLACED PANELS				120.00 ?
TO REPAIR,RE-ALIGN ON REAR EXHAUST SILENCER				Ne 120.00 X
LABOUR TO REMOVE/REFIX REAR SEAT,INTERIOR GARNISH IN FACILATES REPAIR JOB				120.00 60/
MOUNT VEHICLE ON JIG BENCH TO FACILIATE REPAIR JOB				Ne 350.00 X
TO REPAIR, PANEL BEAT, STRAIGHTEN, ALIGN ON REAR FLOOR PANEL & AFFECTED AREA. TO CUT & WELD ON REPLACED PANEL & LABOUR TO REPLACED THE ABOVE MENTIONED PARTS				1,000.00 ?

CONTINUE / ...

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TO PUTTY, PRIMER & SPRAY PAINT ON REAR TAILGATE, REAR
 END PANEL, REAR FLOOR PANEL, REAR BUMPER & REAR REVERSE
 SENSOR USING 2K PAINT

700l

1,200.00

Labour Total S\$:

3,200.00

E. & O.E.

Total S\$: 8,119.40

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for LIM YEW BOO SPRAY PAINT CO.

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Customer

E. & O.E.

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 17/08/2020 09:20
Date Of Accident 14/08/2020 19:45
Exact Location Of Accident HENDERSON ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK2224H
Insured/Policyholder
Name Of Registered Owner WONG JIH PING
NRIC No SXXXX950E
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-96759225
Alternative Phone No OFFICE-96759225

Vehicle Particulars

Manufacturer HONDA
Model SHUTTLE-1.5 G (A)
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 5104757954-01
Cover Note Number

Driver

Name of Driver WONG JIH PING
NRIC No SXXXX950E
Date Of Birth 18/10/1966
Occupation OUTDOOR
Date Of Driving Pass 15/02/1986
Driving Experience 34 YEARS AND 5 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96759225
Fax Number
Contact Number OFFICE-96759225
Email Address NOEMAIL

Address BLK 68 TELOK BLANGAH HEIGHTS
#03-293
Postcode 100068
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 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? NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 2
Passenger 1 NAME: : YEO SOO FENG
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

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

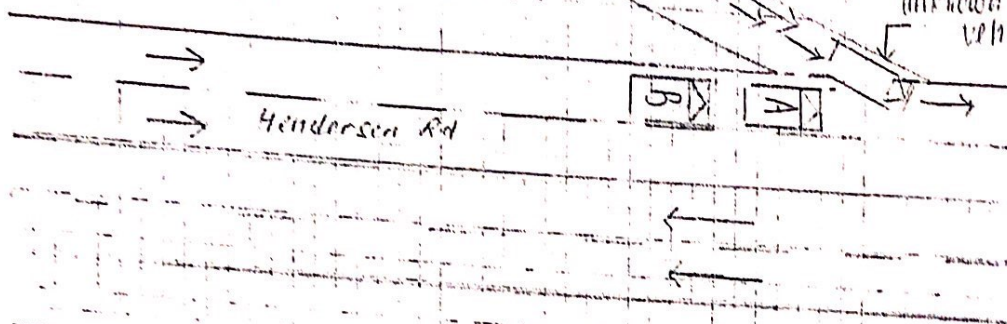
Vehicle Registration Number SLM7487Y
Vehicle Make/Model/Colour TOYOTA VIOS
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver FAIZAL BIN WANNOR
NRIC/Passport Number SXXXX255E
Contact Number 87932798
Address
Postcode
Insurance Company Name
Nature Of Damage

Sketch Plan Pg. 1

SKETCH PLAN

A) SLK 222411

B) SLM 748701



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Henderson Road.
 I realised there was an oncoming vehicle from
 side road of Tim Teng Bahru direction moving
 at a very fast speed.
 I began to slow down and came to a stopped
 position and the vehicle instant stopped too.
 Later after 3 seconds suddenly vehicle B hit
 onto the rear of my stationary vehicle A.
 The impact was so hard that it caused both
 myself and my spouse to jerk forward and
 backward, hit against my headrest.
 That is all.

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time:

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



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