

ASS. REC. BY:

REF: MSG/20009205/Kg

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. MSD/VMT/20-415634-CA

Claims No. MSC/V/20-000686

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: 04 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 11/20 Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SGA 7176S Yr Regn: 11.05

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

Truck / Traller or \_\_\_\_\_

Make: Toy Vias c.c. 1497

Colour: M. Red A/C: Insured / Std / NI / NA

Sp. Reading: 340742 T/Radio: Insured / Std / NI / NA

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

C/No: MR05314Y 420415 7018

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD A/Rlm or

Tyre Size: F: Feiken 185/65R14

R: Pir

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

TOYO / YOKO or Feiken

Front

R/Bal. 4 mm

L/Bal. 4 mm

D.O.A. 26/8/20

Survey held at

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

O/S Frt

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

Date / Time Action / Instruction

02/09/20 @ 4.34pm revised to Chhia Nyuk Pui via Merimen.

Kenneth confirmed LS \$1650, 4 days (Red \$2487.90, 60%)

Date/Time, File Pass to?

☐ : Prel. Report

1) 08/09 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech Invs (\$)☐ : Weekend (\$)

Report Format: MER-TP

Lump Sum 1650





# YEE AUTO PTE LTD

160 Sin Ming Drive #02-17/#07-12 Sin Ming AutoCity Singapore 575722

Tel: 6457 5768 Fax: 6252 8459 Mobile: 9687 4031

Email: yeeautopteLtd@gmail.com

Registration No.: 201719251W GST No: 201719251W

M/S : MSIG Insurance (Singapore) Pte Ltd

16 Raffles Quay

#24-01 Hong Leong Building

Singapore 048581

Estimate No: ES2000079

Date: 29 Aug 2020

Policy No:

Veh Reg No: SGA7176S

Make/Model: TOYOTA VIOS 1.5E A

Chassis No: MR053HY4204157018

Engine No: 1NZX333024

Reg. Date: 29/11/2005

ATTN: Motor Claim Department

Your Ref No: -

Claim Type: Third Party

Accident Date: 26/08/2020

TP Veh Reg No: FU215R

## Estimate Repair Cost to Vehicle No :SGA7176S

Description	U/Price	Quantity	List Price	Amount
			SS	SS
<b>Spare Parts</b>				
1 FRONT BUMPER	655.10	1 PC	655.10	✓
2 FRONT BUMPER SIDE RETAINER - RH	62.40	1 PC	62.40	✓
3 FRONT BUMPER CLIPS	50.00	1 SET	50.00	✓
4 HEAD LAMP - RH	711.20	1 PC	711.20	✓
5 FRONT FENDER - RH	498.60	1 PC	498.60	✓
6 FRONT FENDER DUST COVER RH	155.10	1 PC	155.10	✓
7 FRONT FENDER DUST COVER CLIP	50.00	1 SET	50.00	✓
8 FOG LAMP COVER - RH	85.50	1 PC	85.50	X
			2,267.90	2,267.90
<b>Labour</b>				
9 TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY.	800.00	1 JOB	800.00	400
10 TO PUTTY, APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION.	800.00	1 JOB	800.00	400
11 TO APPLY RUST- PROOFING ON REPAIRED, REPLACED PANEL.	150.00	1 JOB	150.00	30
12 TO CHECK WIRING FUNCTIONS.	120.00	1 JOB	120.00	15
			1,870.00	1,870.00
			Total	SS 4,137.90
			Add GST @ 7%	289.65
			Total Amount Payable	SS 4,427.55

TOTAL: SINGAPORE DOLLAR FOUR THOUSAND FOUR HUNDRED TWENTY SEVEN AND CENTS FIFTY FIVE ONLY

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:

For Yee Auto Pte Ltd

AUTHORISED SIGNATURE

## 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	27/08/2020 15:17
Date Of Accident	26/08/2020 18:45
Exact Location Of Accident	SIN MING DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA7176S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEO GEK HIANG
NRIC No	SXXXX184C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81119818
Alternative Phone No	OFFICE-81119818

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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 CAR

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3090921902
Cover Note Number	

### Driver

Name of Driver	YEO BAN NGOR
NRIC No	SXXXX607Z
Date Of Birth	20/11/1962
Occupation	INDOOR
Date Of Driving Pass	26/02/1980
Driving Experience	40 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81119818
Fax Number	
Contact Number	
EMail Address	NOEMAIL



Address -  
Postcode  
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 SIDE SWIPE  
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? 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 attached police report.

#### Attachment(s)

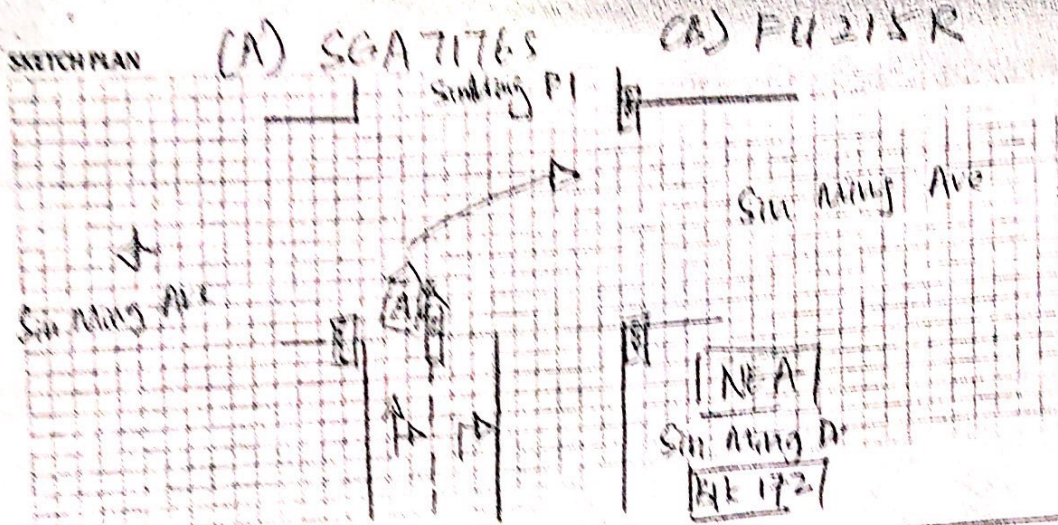
Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? NO  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FU215R  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category MOTORCYCLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Police Report No. T/20200827/2053

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 Centre Personnel's Signature  
Name:  
NRIC/ID No.: