

ASS. REC. BY:

REF:

MSG/ 20009314/Kt

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.

Claims No.

Sum Insured:

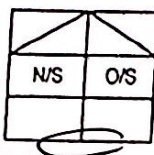
Excess:

(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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4-5 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLJ 4091R Yr Regn: 12, 16

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

Truck / Traller or

Make:

Toy Harrier c.c. 1986

Colour

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

Sp. Reading

39522 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.I.

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

lump sum 3650,4days
(red: 4079.56;52%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ - RS. \$

Fees

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$

KUM CHEW MOTOR WORKSHOP

160, SIN MING DRIVE #05-08

SIN MING AUTOCITY, SINGAPORE 575722.

Tel No. : 64536256/64563715 Fax No. : 64557754

E-Mail : kumchew1@singnet.com.sg

GST Reg.No. : M90367665T Buss. Reg. No. : 52865130K

MSIG INSURANCE (SINGAPORE) PTE LTD

16, RAFFLES QUAY #24-01

HONG LEONG BUILDING, SINGAPORE 048581

motorsurvey@sg.msig-asia.com

Attention : Motor Claim Department

Contact : 68277888 Fax No. : 66431349

Estimate : ES005027

Date : 01/09/2020

Vehicle Num. : SLJ 4091 R

Make/Model : TOYOTA HARRIER

Chassis/Eng# :

Accident Date : 16/08/2020

Claim No. :

Reference : KC/TP4091/2908-10

Policy No. :

*Not Authorized**1/1 Sing &**Resurvey After Paint**4-5 days*

S/N	Quantity	Particular	Unit Price	Amount S\$
-----	----------	------------	------------	------------

- | | | | | |
|-----|--------|----------------------------|--|--|
| 1. | 1 PC | LIST ITEMS : | | |
| 2. | 1 PC | REAR LID | | |
| 3. | 1 PC | REAR LID INNER GARNISH | | |
| 4. | 1 PC | REAR LID LOCK | | |
| 5. | 1 PC | REAR LID HANDLE | | |
| 6. | 1 PC | REAR LID RUBBER | | |
| 7. | 1 PC | REAR LID 'TOYOTA' EMBLEM | | |
| 8. | 1 PC | REAR LID 'HARRIER' EMBLEM | | |
| 9. | 1 PC | REAR LID EMBLEM | | |
| 10. | 1 PC | REAR BUMPER | | |
| 11. | 1 PC | REAR BUMPER REFLECTOR | | |
| 12. | 12 PCS | REAR BUMPER RETAINER | | |
| 13. | 1 PC | REAR BUMPER CLIPS | | |
| 14. | 1 PC | REAR BUMPER SPOILER | | |
| 15. | 1 PC | REAR BUMPER SPONGE | | |
| 16. | 1 PC | REAR END PANEL | | |
| | | REAR WINDSCREEN INNER SEAL | | |

List TotalS\$:

25.00% Discount S\$:

- | | | | | |
|----|-------|----------------------|--|--|
| 1. | 1 PC | SPECIAL NETT ITEMS : | | |
| 2. | 1 SET | SEALANT | | |
| | | REVERSE SENSOR | | |

Special Nett Total S\$:

Bu	1,409.36	✓
Sn	488.73	X
On	523.88	✓
Sn	1,082.93	X
	447.61	?
nn	86.41	X
nn	62.73	✓
nn	59.21	X
Bu	1,621.19	✓
sn	58.74	X
sn	75.72	X
8.50	102.00	✓
Ref/Car	423.12	✓
	158.25	?
R	792.84	?
nc	86.70	✓
	7,479.42	
	1,869.86	
	5,609.56	

nc	60.00	4050-
	280.00	?
	340.00	

CONTINUE / ...

KUM CHEW MOTOR WORKSHOP

160, SIN MING DRIVE #05-08
 SIN MING AUTOCITY, SINGAPORE 575722.
 Tel No. : 64536256/64563715 Fax No. : 64557754
 E-Mail : kumchew1@singnet.com.sg
 GST Reg.No. : M90367665T Buss. Reg. No. : 52865130K

MSIG INSURANCE (SINGAPORE) PTE LTD
 16, RAFFLES QUAY #24-01
 HONG LEONG BUILDING, SINGAPORE 048581
 motorsurvey@sg.msig-asia.com
 Attention : Motor Claim Department
 Contact : 68277888 Fax No. : 66431349

Estimate : ES005027

Date : 01/09/2020
 Vehicle Num. : SLJ 4091 R
 Make/Model : TOYOTA HARRIER
 Chassis/Eng# :
 Accident Date : 16/08/2020
 Claim No. :
 Reference : KC/TP4091/2008-10
 Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
		LABOUR :		
		TO PULL, KNOCK ON REAR ACCIDENT PORTION & CHANGE THE ABOVE PARTS.		650.00 7
		TO SPRAY & PAINT ON REAR ACCIDENT PORTION.		600 800.00
		TO ANTI-RUST REAR AFFECTED AREAS.		80.00 ?
		TO CHECK WIRING FUNCTION.		15 50.00
		TO DISMANTLE & REPLACE 1 SET REVERSE SENSOR.		50 80.00
		TO DISMANTLE & REFIX REAR WINDSCREEN.		120.00 ✓
		Labour Total S\$:		1,780.00

SingDollars : Seven Thousand Seven Hundred Twenty-Nine & Cents Fifty-Six Only

Total S\$: 7,729.56

KUM CHEW MOTOR WORKSHOP

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 17/08/2020 21:53
Date Of Accident 16/08/2020 19:50
Exact Location Of Accident FILTER LANE OF BEDOK RESV RD TOWARDS BEDOK NORTH RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ4091R
Insured/Policyholder
Name Of Registered Owner COMFORTDELGRO RENT-A-CAR PTE.LTD
Co Reg No 1XXXXX775H
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-68820888
Vehicle Particulars
Manufacturer TOYOTA
Model HARRIER ELEGANCE 2.0 CVT
Exact Purpose for which vehicle was being used at time of accident PRIVATE
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 INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy YES
Policy Number M460802
Cover Note Number
Driver
Name of Driver SRINIVAS TATI
NRIC No GXXXX398R
Date Of Birth 22/06/1969
Occupation INDOOR
Date Of Driving Pass 16/03/2011
Driving Experience 9 YEARS AND 5 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-81298950
Fax Number
Contact Number
Email Address SRINIVASTATI@HOTMAIL.SG

Address NIL
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 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) 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

slow down and stop Along the stop line to give way to oncoming traffic when veh b suddenly hit against my rear. My rear was damaged. No injury involved.

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

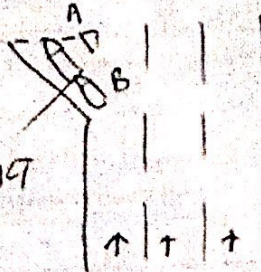
Vehicle Registration Number SJZ3256D
 Vehicle Make/Model/Colour TOYOTA / COROLLA ALTIS 1.6 AUTO
 Details Of Properties NA
 Vehicle Category PRIVATE CAR
 Name of Driver ONG MI KE
 NRIC/Passport Number SXXXX661E
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

TOY PLAN

BEDOK NORTHAD

A-SLYHOKIR
B-SJ23256D

CONTACT



BEDOK
RESV
RD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

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:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR

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