

ASS. REC. BY:

REF:

MSG / 20012850KS

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:

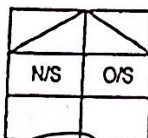
Excess:

(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:

04

days

Res.:

Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP 24 HRS

12/28

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

STM 88856

Yr Regn:

01, 09

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

Truck / Trailer or

Make:

Toy Wish

c.c

1794

Colour

M. Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

98808

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTD ER12W 603001624

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:

195/65R15

R:

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

TOYO / YOKO or

Wetake

Front

Rear

R/Bal.

8 mm

R/Bal.

8 mm

L/Bal.

8 mm

L/Bal.

8 mm

D.O.A.

3/11/20

D.O.I.

24/11/2020

Survey held at

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

Rear N/S

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation:

S + R.S. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format:

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

BH AUTO SERVICES PTE LTD

Blk 1, Sector C, Sin Ming Industrial Estate #01-111 / 113 / 115 / 117 Singapore 575636
Tel: 6559 8944 / Fax: 6269 2404

MSIG Insurance (Singapore) Pte Ltd
16 Raffles Quay
#24-01 Hong Leong Building
Singapore 048581
Tel: 6220 9644 Fax: 62257402
ATTN: MOTOR CLAIM DEPARTMENT

DEAR SIR / MADAM :

ACCIDENT REPAIR ON: SJM8865G
MODEL : TOYOTA WISH1.8 (A)

CHASSIS NO : JTDER12W603001624

DATE / TIME OF ACCIDENT: 5/11/2020

THIRD PARTY VEHICLE NO: SMM223B

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:

Time: 1645Hrs along SCOTTS AND ORCHARD ROAD JUNCTION

Date: 20/11/2020
Page : 1 of 2

Appended below are the estimated cost of repair and parts to be replaced for the above vehicle: -

<u>Replacement Of Parts</u>		Quantity	Unit Price	Condition	Amount
S/N			S\$		S\$
1	REAR BUMPER		500.00		Bu 500.00 ✓
2	REAR BUMPER CLIPS	10	5.50		~ 55.00 ✓
3	REAR BUMPER SIDE RETAINER LH (at rr fender)		60.00		~ 60.00 X
4	REAR BUMPER SIDE RETAINER RH (at rr fender)		60.00		~ 60.00 X
5	REAR END PANEL		468.00		~ 468.00 X
6	REAR END PANEL TRIM		245.00		~ 245.00 X
7	REAR END PANEL TRIM CLIPS		5.50		~ 5.50 X
8	REAR REFLECTOR LH		58.00		~ 58.00 X
9	REAR REFLECTOR RH		58.00		~ 58.00 X

Sub-Total: 1,393.50

Total Parts : 1,393.50

Labour Charges For Rear Portion

- 1 Provide skill labour to remove all damaged parts, panel beat, cut & weld if necessary and align all panel and reinstall all damaged parts. (Rear)
- 2 Provide skill labour to sticker wrap & painting
- 3 Provide skill labour to disconnect and check electrical wiring
- 4 Provide skill labour to wheel alignment
- 5 Provide skill labour to check undercarriage

4001
1,500.00
1,500.00 800
80.00 152
~ 150.00 X
~ 150.00 X

Total Labour:

Total Parts & Labour:
GST 7%

3,380.00
4,773.50
334.15

punof

Chris JTOER12
W603001624
2008 Wish 1.8 Auto

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 5/11/2020 (dd/mm/yy) Time of Accident: 16:45 (24-HR-FORMAT)
Vehicle No.: SJM88656 Vehicle Make & Model: Toyota Wish Private Hire: (Y/N)
Exact location of Accident: Scotts Road Orchard Road Junction
Policyholder's Name / IC No.: TAN TENG KANG
Driver's Name / IC No.: S1499550A (As Above) ☐
Driver's Contact No.: 88118088 Company Contact No (Company Veh Only):
Driver's Address: Blk. 472 Ang Mo Kio Ave 10 #11-872 S(56042)
Email address: Insurance Company: NTUC

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☐ Outdoor

☐ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): _____

*Passenger Name: Wife
*Passenger Name: _____

Gender: Male / Female
Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: TAS Vehicle No.: SMM 223B

Driver's Contact No.: 94279755 Insurance Company: _____

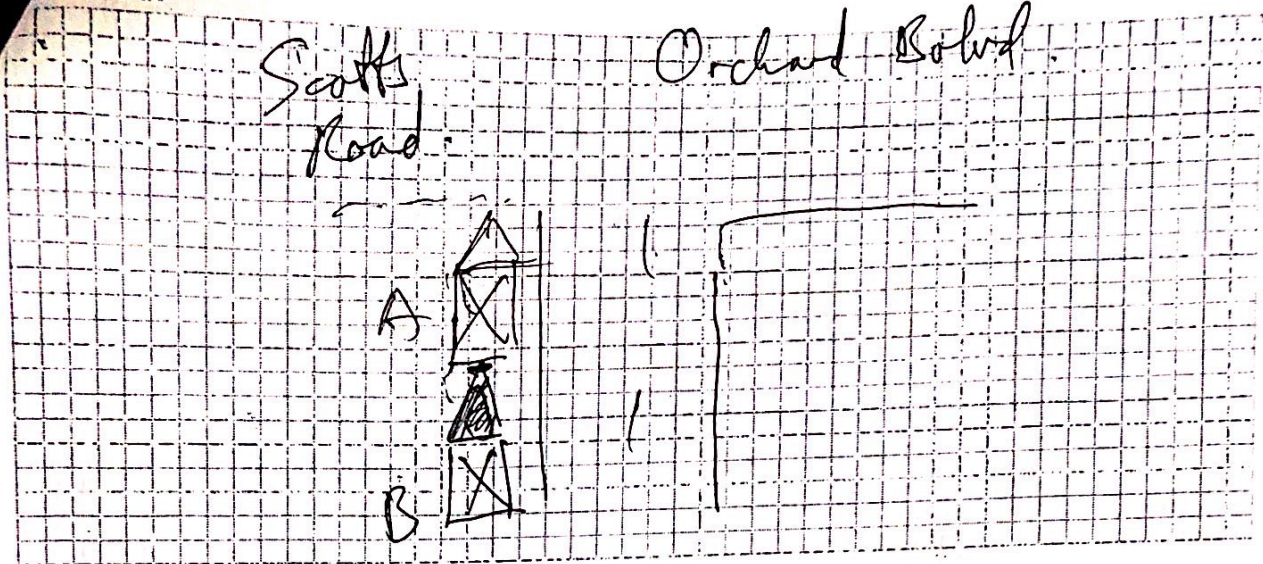
2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

Jan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary at Scotts Road Junction awaiting for traffic light change to turn to Orchard Road when suddenly Car B hit onto me.

A - SIM 8865G

B - SMM 233B

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/FIN No.: