

ASS. REC. BY:

REF:

CS MSG 20012850Kcd3

C

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. \_\_\_\_\_

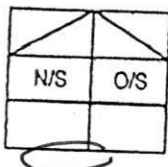
Claims No. \_\_\_\_\_

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 NoLum Sum: 20 % 3 Val.: Yes or NoCA / REV / REP 12/28 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: STN 88856 Yr Regn: 01, 09

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

Truck / Trailer or

Make: Toy Wish c.c. 1794Colour: M. Silver A/C: Insured / Std / NI / NASp. Reading: 98808 T/Radio: Insured / Std / NI / NA

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

C/No: JTD ER12W 603001624Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim orTyre 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 mmL/Bal. 8 mm L/Bal. 8 mmD.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

24/12 11 Lm @ 1300h Cabman (Red 3473.50, 7220)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4Resurvey No. of Trip: -

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format: TPLump Sum / I.B.I.: (\$ 1300)



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 19 Nov 2020 / 18:45:27

Receipt Date/Time : 19 Nov 2020 / 18:45:27

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-201119-003479

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SMM223B

As at 05 Nov 2020/16:45:00

Insurance Co: MSIG INSURANCE (SINGAPORE) PTE LTD

1 Insurance Enquiry - SMM223B  
Enquiry Fee  
20201119184331956284

7.00 0.49 7.49

**Sub-Total** 7.00 0.49 7.49

**Total Before Rounding** 7.00 0.49 7.49

**Rounding Difference** 0.04

**Total Amount Payable** 7.45

Paid By

462845XXXXXX4725 eNETS Credit Card 7.45

**Total** 7.45

Cash Change 0.00

Tendered Amount 7.45

Excess Refundable Amount 0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

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): \_\_\_\_\_

\*Passanger Name: Wife

Gender: Male / Female

\*Passanger Name: \_\_\_\_\_

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' 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: \_\_\_\_\_

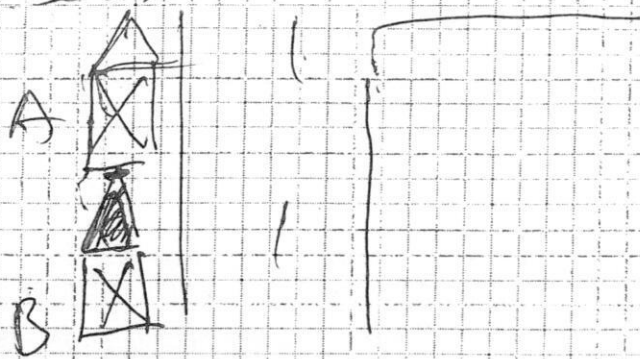
Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

*Jan*

Scotts Road Orchard Road



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationing 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.:

# 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:

Not Authorised  
11/11/2020 @ 1300hr  
Running After Police  
4 days

Date: 20/11/2020

Page : 1 of 2

Time: 1645Hrs along SCOTTS AND ORCHARD ROAD JUNCTION

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

Replacement Of Parts		Quantity	Unit Price	Condition	Amount
S/N			S\$		S\$
1	REAR BUMPER 780 / 545		500.00	Bu	500.00 ✓
2	REAR BUMPER CLIPS	10	5.50	na	55.00 ✓
3	REAR BUMPER SIDE RETAINER LH (at rr fender)		60.00	na	60.00 X
4	REAR BUMPER SIDE RETAINER RH (at rr fender)		60.00	na	60.00 X
5	REAR END PANEL		468.00	na	468.00 X
6	REAR END PANEL TRIM		245.00	na	245.00 X
7	REAR END PANEL TRIM CLIPS		5.50	na	5.50 X
8	REAR REFLECTOR LH		58.00	na	58.00 X
9	REAR REFLECTOR RH		58.00	na	58.00 X
258					
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)	1,500.00	4001
2	Provide skill labour to sticker wrap & painting	1,500.00	8001
3	Provide skill labour to disconnect and check electrical wiring	80.00	151
4	Provide skill labour to wheel alignment	150.00	na X
5	Provide skill labour to check undercarriage	150.00	na X

**Total Labour:**

**3,380.00**

**Total Parts & Labour:**

**4,773.50**

**GST 7%**

**334.15**