

12/1/2020

ASS. REC. BY:

REF: CS/MSG20012850/Kcd3

Special Instruction:

SURVIVOR

**ASSIGNMENT (Office)**

From (Person): Katherine Wong of MSJG Date/Time: 20/11/2020

Estimated Cost: Bill to:

OD ☒ TP WS TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SJM 8865G Insured: SMM 223B

at Workshop m/s BH Auto Tel: 90011685 Lewis

of Blk 1 Sin Ming Ind Est #01-111

Policy No: 1001262728 Claim No: 249640

Sum Insured: Excess:

Make of Veh: D.O.A. 05/11/2020  
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 20/11 Person Contacted: Lewis Vehicle IN ☒ OUT

Date/Time	Action/Instruction ( <input checked="" type="checkbox"/> ) Estimate
	SJM 8865G - X
	SMM 223B - X

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 No

Lum Sum:

20

%

3 Val.:

Yes or No

CA / REV / REP 12/28 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

STN 88156

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

98806

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

Mod: Nil / STD A/Rim or

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Wetake

Front

R/Bal.

8

mm

Rear

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

24/12

11pm @ 13006 Calhoun Rd 3473.50, 7220

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

4

Resurvey No. of Trip:

-

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

TP

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

1300f

TOTAL





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\$)
	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	7.00	0.49	7.49
	20201119184331956284			
	<b>Sub-Total</b>	7.00	0.49	7.49
	<b>Total Before Rounding</b>	7.00	0.49	7.49
	<b>Rounding Difference</b>			0.04
	<b>Total Amount Payable</b>			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'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:

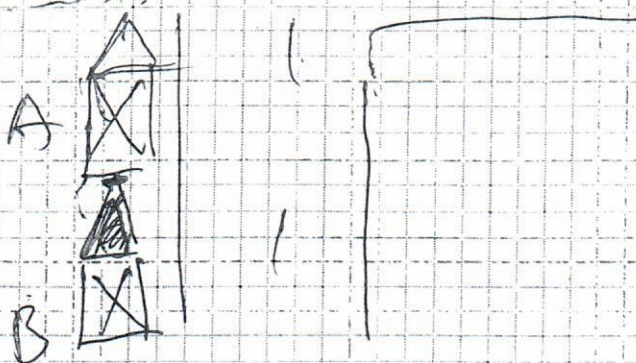
\*Independent Witness (If Any): Contact No:

Preferred Workshop Name: Contact No:

*Jan*



Scotts Road. Orchard Road.



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.:

# 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

*Not Authorised  
Call 813006  
Recovery After Claim  
4 days*

DEAR SIR / MADAM :

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

**CHASSIS NO : JTDER12W603001624**

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: 20/11/2020  
Page : 1 of 2

DATE / TIME OF ACCIDENT: 5/11/2020 Time: 1645Hrs along SCOTTS AND ORCHARD ROAD JUNCTION  
**THIRD PARTY VEHICLE NO: SMM223B**

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

### Replacement Of Parts

S/N	Quantity	Unit Price	Condition	Amount
		S\$		S\$
1 REAR BUMPER <i>780 / 500</i>		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	<i>400</i>
2	Provide skill labour to sticker wrap & painting	1,500.00	<i>800</i>
3	Provide skill labour to disconnect and check electrical wiring	80.00	<i>150</i>
4	Provide skill labour to wheel alignment	150.00	X
5	Provide skill labour to check undercarriage	150.00	X

**Total Labour:**

**3,380.00**

**Total Parts & Labour:**  
**GST 7%**

**4,773.50**  
**334.15**



Chris JTDER12  
W603001624  
2008 Wish 1.8 Auto

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Driver's Contact No.: 88118088 Company Contact No (Company Veh Only):  
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**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  
\*Passanger 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: \_\_\_\_\_

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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*

*Calculated  
12/1/2021*

500•+

55•+

=

555•\*

555•×

75•%

416•25\*

0•C

400•+

800•+

15•+

=

1,215•\*

0•C

416•25+

1,215•+

=

1,631•25\*

1,631•25×

80•%

1,305•\*