

ASS. REC. BY:

REF:

MSG/ 20013269/KF

Kenneth

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or NoLum Sum: 1.81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SKW 913P Yr Regn: 10, 15Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Vezel c.c. 1496Colour: M. P. White A/C: Insured / Std / NI / NASp. Reading: 72080 T/Radio: Insured / Std / NI / NA

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

C/No: RU 3 1703166Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60R16

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYOTA / YOKO or

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 28/11/20

Survey held at

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

Rt N/S

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

Date / Time Action / Instruction

Date/Time, File Paste to?

☐ : Prel. Report☐ : Final Report1) \_\_\_\_\_  
Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee:

Transportation:

\$ + P.S. \$

Fees

Others

TOTAL

Report Format :

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

# 趙 源 摩 哆 Chew Goon Motor

Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5  
#01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047  
Tel: 6484 1626 (24Hrs) Fax: 6484 0465  
Business Reg. No: 221880/00C GST Reg. No: MX-0486007-A0

To: MSIG Insurance (S) Pto Ltd

Policy No: Third Party

Date: 01.02.2020

Accident Date : 28.11.2020

Specialised in Car Painting, Welding,  
Panel-Beating and Insurance Claim.

## ESTIMATE

承接汽车烧焊喷漆及  
代理各种车辆赔偿

数量 Quantity	货 名 DESCRIPTION	单 价 Unit Price	银 Amount 额 \$ cts.
	Estimate Cost of Repair "Honda Vezel" Reg. No. SKW913P Claiming Against Your Insured Veh. No. GBC4245U		
1pc	Bonnet		By 1,089.00 ✓
2pcs	Bonnet Side Stoppers	13.00	Sn 26.00 X
2pcs	Bonnet Rubber Seal	39.00	Sn 78.00 X
8pcs	Bonnet Insulator Clips	3.80	na 30.40 X
1pc	Headlamp LH		Sn 1,970.00 X
1pc	Grille Top Garnish		Sn 195.00 X
1pc	Grille Top Garnish Emblem		na 32.00 ✓
1pc	Grille Top Garnish Moulding LH		Sn 150.00 ✓
1pc	Front Bumper		cmf 963.00 ✓
14pcs	Front Bumper Clips	3.80	na 53.20 ✓
1pc	Front Bumper Reinforcement		na 340.00 X
	Less 20%		4,926.60
			985.32
			3,941.28
	Front Number Plate	na (nd)	45.00 SN X
	Labour Charge - Panel Beating, Repairing Of Bonnet Hinge, Brace Panel and Parts Replacement		300.00 2001
	To Respray Affected Areas		480.00 4001
		Total :	4,766.28

Not Authorized  
Survey By Rep  
3 days

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:



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## 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 Submission	01/12/2020 13:19 (SGT)
Date of Accident	28/11/2020 15:50 (SGT)
Exact Location of Accident	111 Compassvale Bow, Singapore 544998
Additional Location Information	CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKW913P

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WOO YOKE CHUN
NRIC No	SXXXX568H
Email Address	ANDY.YEW.PRUDENTIAL@GMAIL.COM
Mobile Phone No	(Phone) +65-93391317
Alternative Phone No	+65-93391317

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5112730734-01
Cover Note Number	-

#### DRIVER

Name of Driver	YEW KOK HAW (YOU GUOHAO)
NRIC No	SXXXX638E
Date Of Birth	08/12/1986
Occupation	Indoor

Driving Pass	23/11/2007
Experience	13 YEARS
Gender	Male
Phone Number	(Phone) +65-93830531
Email Address	ANDY.YEW.PRUDENTIAL@GMAIL.COM
Address	117 COMPASSVALE BOW
Address complement	#15-13
Postcode	544816
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

ON 28/11/2020 15:50H, I WENT TO PICK UP MY CAR AT THE CARPARK LOT, SAW THERE WAS A COMMERCIAL LORRY INFORMED ME THAT HE HAD JUST REVERSED INTO MY CAR DAMAGING THE BONNET AND FRONT BUMPER . HE ADMITTED AND SIGN AN WRITTEN NOTE ADMITTING HIS FAULT.

#### 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	GBC4245U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIANG WEI QIANG
Contact Number	-
Address	-
Address complement	-



# SKETCH PLAN

Expiring Residences Campsite lot (Exist Flyer)




A: SKW913P  
B: G13C 4245U


## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 28/11/2020 15:50H, I went to pick up my car at the campsite lot, saw there was a ~~car~~ commercial lorry in front of my car. The driver of the lorry informed me that he had just reversed into my car damaging the bonnet and rear bumper. He admitted and sign an written note admitting his fault.

## 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.: