

ASS. REC. BY:

REF:

MSG-1 20013497/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 _____ *Munich*
 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 Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: *04* days Res.: Yes or No
 Lum Sum: *1.31* % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: *SMG-5554U* Yr Regn: *12, 18*
 Type: *M. Car* / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: *Opel* *1598*
 Colour: *M. Brown* A/C: Insured / Std / NI / NA
 Sp. Reading: *126.901* T/Radio: Insured / Std / NI / NA
 Eng/No: _____

C/No: *W0V8MBEF0J1070854*Gen. Cond: *Good* / Fair / Poor / BurntSteering: *In order* / Jammed / Leaked / Burnt orBrake: *In order* / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: *245/45 R18*
R: _____BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or *Continental*

Front

R/Bal. *8* mmL/Bal. *8* mmD.O.A. *6/12/20*

Survey held at _____

Rear

R/Bal. *8* mmL/Bal. *8* mmD.O.I. *8/12/2020*Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
O/S Frt

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

Date / Time Action / Instruction

lump sum \$2300, 4days (red: 4912.28; 68%)

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: *4*

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Fees

Others

TOTAL

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

Report Format :

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

Munich Autocare Pte Ltd

60 Jalan Lam Huat #02-02/03 Carros Centre Singapore 737869
Tel: +65 6255 2288 | Fax: +65 6265 5388
Company Reg. No.: 201832250M | GST Reg. No.: 201832250M

ESTIMATION REPORT

Vehicle No : SMG5554U
Make & Model : OPEL, INSIGNIA GRANDSPORT B16DTH,
W0VZM6EF0J1070854

Estimation No. : E20120007
Date : 07/12/2020

No.	Description	Qty	U/P	Amt
Section: Remark				
1	3rd party claim against SLG5655Z - MSIG Insurance	1.00	0.00	0.00

Amt S\$ 0.00
Discount (0.00%) S\$ 0.00
Subtotal S\$ 0.00

Section: Parts				
2	39125440 - Fender, RH	1.00	716.40 <i>R</i>	716.40 ✓
3	13312747 - 18" wheel	<i>new</i> 1.00	426.00	426.00 ✓
4	39186445 - Tyre sensor	1.00	181.20 <i>R</i>	181.20 X
5	39159652 - Front bumper	1.00	1,558.80 <i>R</i>	1,558.80 X
6	13491089 - Signal indicator, RH	<i>sun</i> 1.00	27.60	27.60 ✓
7	39186970 - Wing mirror assy, RH	<i>new</i> 1.00	616.80	616.80 ✓
8	39081047 - Wing mirror cover, RH	1.00	86.40 <i>new</i>	86.40 ✓
9	39171972 - Front door assy, RH	<i>R</i> 1.00	1,956.00	1,956.00 X

Amt S\$ 5,569.20
Discount (10.00%) S\$ 556.92
Subtotal S\$ 5,012.28

Section: Labour				
10	Labour for replacing/repairing damaged parts as per estimate.	1.00	1,000.00	1,000.00 <i>500</i>

Amt S\$ 1,000.00
Discount (0.00%) S\$ 0.00
Subtotal S\$ 1,000.00

Section: Spray paint				
11	Spray painting for:- -Front bumper -Front right fender -Front right door -Wing mirror cover, RH	1.00	1,200.00	1,200.00 <i>680</i>

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:

*Not with out
Repair B & paint*

4 days Continue on next page...

7212.28



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 07/12/2020 12:17 (SGT)
Date of Accident 06/12/2020 15:30 (SGT)
Exact Location of Accident 52 Chin Swee Rd, Singapore
Additional Location Information CHIN SWEE ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG5554U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BIS MOTORING PTE LTD
Company Reg No 2XXXXX055D
Email Address KEIFTAN@BISMOTORING.COM.SG
Mobile Phone No (Phone) +65-86881311
Alternative Phone No (Office) +65-68963633

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company Etiqa
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number M0015148
Cover Note Number -

DRIVER

Name of Driver LIM KIAT CHUA
NRIC No SXXXX131C
Date Of Birth 19/08/1970
Occupation Outdoor

Date Of Driving Pass	10/05/1994
Driving experience	26 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98364977
Alt. Phone Number	-
Email Address	SAMLIM0577@GMAIL.COM
Address	117 HO CHING ROAD
Address complement	10-45
Postcode	610117
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
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

REFER SKETCH PLAN

ATTACHMENT(S)

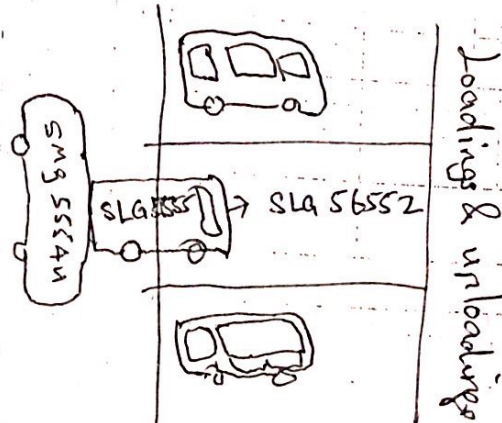
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG5655Z
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Outlander
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KO KOK YONG
NRIC No	SXXXX878Z
Contact Number	-
Address	-
Address complement	-
Postcode	-

He

Chin Swee Road, BIK 52



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06/12/2020 Sunday around 1520 hrs, i reached Chin Swee road BIK 52 to pick up Grab booking, suddenly a car SLG 5655 Z reversed and hit to smg 5554u on the right side door, both parties agree to report own insurance.

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.:

