

ASS. REC. BY:

REF:

MSG/210007941Kt

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / FR 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

Date:

5/18

Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Honda Fit

c.c

1996

Colour:

M. Black

AC: Insured / Std / Nil / NA

Sp. Reading

303894

T/Radio: Insured / Std / Nil / NA

Eng/No:

Ch/No:

GEB

1011524

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

205/45 ER16

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

TOYO / YOKO or

Kumho

Front

Rear

R/Bal.

6

mm

R/Bal.

4

mm

L/Bal.

6

mm

L/Bal.

4

mm

D.O.A.

13/1/21

D.O.I.

18/1/2021

Survey held at

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

Rear O/S

The UIC / 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 Trip:

Survey Fee:

Transportation:

S - RS - St

), F. m. s.

) Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$



# 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) Pte Ltd

*Not Notwithstanding*

Policy No: Third Party

*UTB 3*

*Recovery After Pain*

Date: 14.01.2021

Accident Date : 13.01.2021

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

## ESTIMATE

*4 days*

承接汽车烧焊喷漆及  
代理各种车辆赔偿

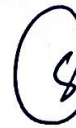
数量 Quantity	货 名 DESCRIPTION	单 价 Unit Price	银 Amount 额 \$ cts.
	Estimate Cost of Repair "Honda Fit" Reg. No. SJE8584J Claiming Against Your Insured Veh. No. FBC2575E		
1pc	Tailgate		813.00 ✓
1pc	Tailgate Glass Moulding Top		110.00 —
1pc	Tailgate Glass Moulding Lower		75.00 —
1pc	Tailgate Badge "Fit"		38.50 —
1pc	Tailgate Weatherstrip		101.50 x50% ✓
10pcs	Tailgate Trim Board Clips	3.80	38.00 X
10pcs	Rear Bumper Clips	3.80	38.00 —
2pcs	Rear Bumper Brackets	16.00	32.00 X
			1,246.00
	Less 20%		249.20
			996.80
	Tailgate Glass Sealant		50.00 SN ✓
	Tailgate Glass Fastener		50.00 SN ✓
	Tailgate Badge "RS"		75.00 SN —
	Rear Bumper (RS) <i>P-1</i>		950.00 SN ✓
	Rear Bumper Lower Diffuser Cover		250.00 SN ✓
	Rear Bumper Reverse Sensor		280.00 SN 2004
	Rear Exhaust (HKS)		1,850.00 SN X
	To Dismantle / Transfer Tailgate Fittings / Ancillary Accessories		150.00 601
	To Conduct Electrical Check, replace Reverse Sensors, Module, Rewiring etc		120.00 501
	To Dismantle / Refit Tailgate Glass		120.00
	To Apply Rust Proofing / Reseal Tuff Coating Treatment to Respray / Replaced / Repair Panel		60.00 301
	Labour Charge - Panel Beating, Repairing Of End Panel, Lower Floor Panel and Parts Replacement		500.00 400
	To Respray Affected Areas		680.00 400
	Total :		6,171.80

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:





# 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 ..... 14/01/2021 10:20 (SGT)  
Date of Accident ..... 13/01/2021 14:05 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PAYA LEBAR ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJE8584J

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NEO LING CHONG, JASON  
NRIC No ..... SXXXX087G  
Email Address ..... NEOLINGCHONG@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-90262264  
Alternative Phone No ..... +65-90262264

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Fit  
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 ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5111935002-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NEO LING CHONG, JASON  
NRIC No ..... SXXXX087G



Date Of Driving Pass .....  
 Driving experience .....  
 Gender .....  
 Mobile Number .....  
 Alt. Phone Number .....  
 Email Address .....  
 Address .....  
 Address complement .....  
 Postcode .....  
 Is the driver the policyholder? .....  
 If No, Relationship of the Driver with the Insured .....  
 Does Driver Own Other Vehicles? .....  
 Vehicle Registration Number of Other Vehicle Owned by Driver .....  
 Insurance Company of Other Vehicle Owned by Driver .....

27/04/1999  
 21 YEARS AND 9 MONTHS  
 Male  
 (Phone) +65-90262264  
 +65-90262264  
 NEOLINGCHONG@GMAIL.COM  
 APT BLK 435 ANG MO KIO AVE 10  
 #04-1379  
 560435  
 Yes

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Collision - Head to Rear  
 Weather Conditions ..... Clear  
 Road Surface ..... Wet

#### 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

AT AFTERNOON AROUND 1400HRS, I WAS TRAVELLING ALONG PAYA LEBAR ROAD GOING TOWARDS GEYLANG DIRECTION. I STOPPED BEHIND THE YELLOW BOX NEAR @PAYA LEBAR BUILDING AS THE TRAFFIC LIGHT WAS RED. SUDDENLY A MOTORBIKE KNOCKED THE REAR OF MY STATONARY VEHICLE.

#### 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 ..... FBC2575E  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Motorcycle  
 Name of Driver ..... -  
 Contact Number ..... -  
 Address ..... -



## SKETCH PLAN

### 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. The 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

(a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

