ASS. REC. BY: ____ REF: CS | MSG21002213 | D+J3

ASSIGNMENT

COE June 2021

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. ____

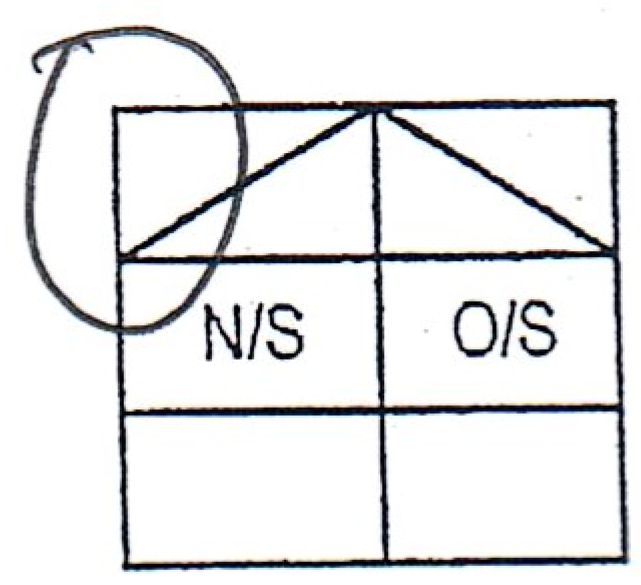
Sum Insured: ____ Excess: ____

(Client's Record)

Make of Veh: ____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Veh No: SGH 8372Z Yr Regn: June 2006

Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or ____

Make: Honda Jazz c.c ~~1497~~ 1339

Colour: Yellow A/C: Insured / Std / NI / NA

Sp.Reading: 209344 T/Radio: Insured / Std / NI / NA

Eng/No: L13A5300648

C/No: JHMGD18506S221540

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or ____

Brake: (Inorder) / Jammed / Leaked / Burnt or ____

Modi: Nil / (S/Rim) / STD A/Rim or ____

Tyre Size: F: 195/55R15

R: —"—

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

Bal. or Market Value: ____

IDAC Accident Rport: ____ Consistent? : Yes or No

GIA / PR Seen: ____ Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: ____ Person Contacted: ____

Front		Rear	
R/Bal.	5 mm	R/Bal.	8 mm
L/Bal.	5 mm	L/Bal.	5 mm

D.O.A. 16/02/2021 D.O.I. 17/02/2021

Survey held at: JWG AMK

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

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

Date / Time	Action / Instruction
	MSIG ~~SAES~~ SMJ5357G
	MV 4K
	VTA 1K
	HL 3K
05/04/2021	Final L/S 2950/- with 5 days J ve
	(Red: 8613.50; 74%)

Date/Time, File Pass to? ☐ : Preli. Report

1) ____ ☑ : Final Report

Date/Time, File Return to?

2) ____

Days Of Repair: 5

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($ ____) ☐ : Interview ($ ____) ☐ : Tech. Invs ($ ____) ☐ : Weekend ($ ____)

Survey Fee:
Transportation:
__S + RS. __SI
Photos
Others
TOTAL

Rep[redacted]Format : TP

Lump Sum / L.B.I. ($ 2950)

NAME
ADDRESS

Home Tel.:
VIN:
Registration: SGH 8372 Z
Technician:
Mileage:
Time Printed 17.2.21 11:33 AM

HONDA JAZZ

Front : Left

Actual	BEFORE	Specified Range
-1°30'		-1°00' 1°00'
1°50'		1°10' 3°10'
0°09'		-0°07' 0°07'
15°53'		
14°23'		

	Front : Right		
	Actual	BEFORE	Specified Range
Camber	-0°01'		-1°00' 1°00'
Caster	0°55'		1°10' 3°10'
Toe	-0°23'		-0°07' 0°07'
SAI	7°41'		
Included Angle	7°40'		
Turning Angle Diff.			

Front

	Actual	BEFORE	Specified Range
Cross Camber	-1°29'		
Cross Caster	0°55'		
Cross SAI	8°12'		
Total Toe	-0°13'		-0°14' 0°14'
Cross Turn Diff.			

Rear : Left

Actual	BEFORE	Specified Range
-1°35'		-2°00' 0°00'
0°21'		0°00' 0°09'

	Rear : Right		
	Actual	BEFORE	Specified Range
Camber	-1°19'		-2°00' 0°00'
Toe	-0°16'		0°00' 0°09'

Rear

	Actual	BEFORE	Specified Range
Cross Camber	-0°15'		
Total Toe	0°05'		0°00' 0°19'
Thrust Angle	0°19'		
Axle Offset	0mm		

SK0L212G0007 / KAN FOOK SING MOTOR WORKSHOP [539147]
ENTRY DATE & TIME: 16/02/2021 13:11 (SGT)
SUBMITTED BY: Boo Miow Hwa
VERSION: 1 (16/02/2021 13:11 (SGT))

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 witholding 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	16/02/2021 13:11 (SGT)
Date of Accident	16/02/2021 07:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG WEST AVENUE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH8372Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM KWEE BENG
NRIC No	SXXXX291Z
Email Address	lsyshuyi@yahoo.com.sg
Mobile Phone No	(Phone) +65-90084439
Alternative Phone No	(Home) +65-97599690

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	Great American Insurance
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	-
Cover Note Number	MT20201799

DRIVER

Name of Driver	LIM SHU YI
NRIC No	SXXXX080B
Date Of Birth	28/03/1997
Occupation	Indoor

Date Of Driving Pass	21/08/2020
Driving experience	6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90084439
Alt. Phone Number	-
Email Address	lsyshuyi@yahoo.com.sg
Address	APT BLK 612 CHOA CHU KANG ST 62 #12-201
Address complement	-
Postcode	680612
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collision - Change/cross lane
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GE XIANG YI
Gender	Male

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

While driving at the junction of jurong west ave 2 on the 3rd lane. Suddenly car SMJ5357G change into my lane without checking and hit onto my car front left portion.

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	SMJ5357G
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JIA XIN XIN

Contact Number	(Phone) +65-96334605
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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**.
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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 lodgment 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.

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

   (e) the information so collected under (d) above may be shared / disclosed:

   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

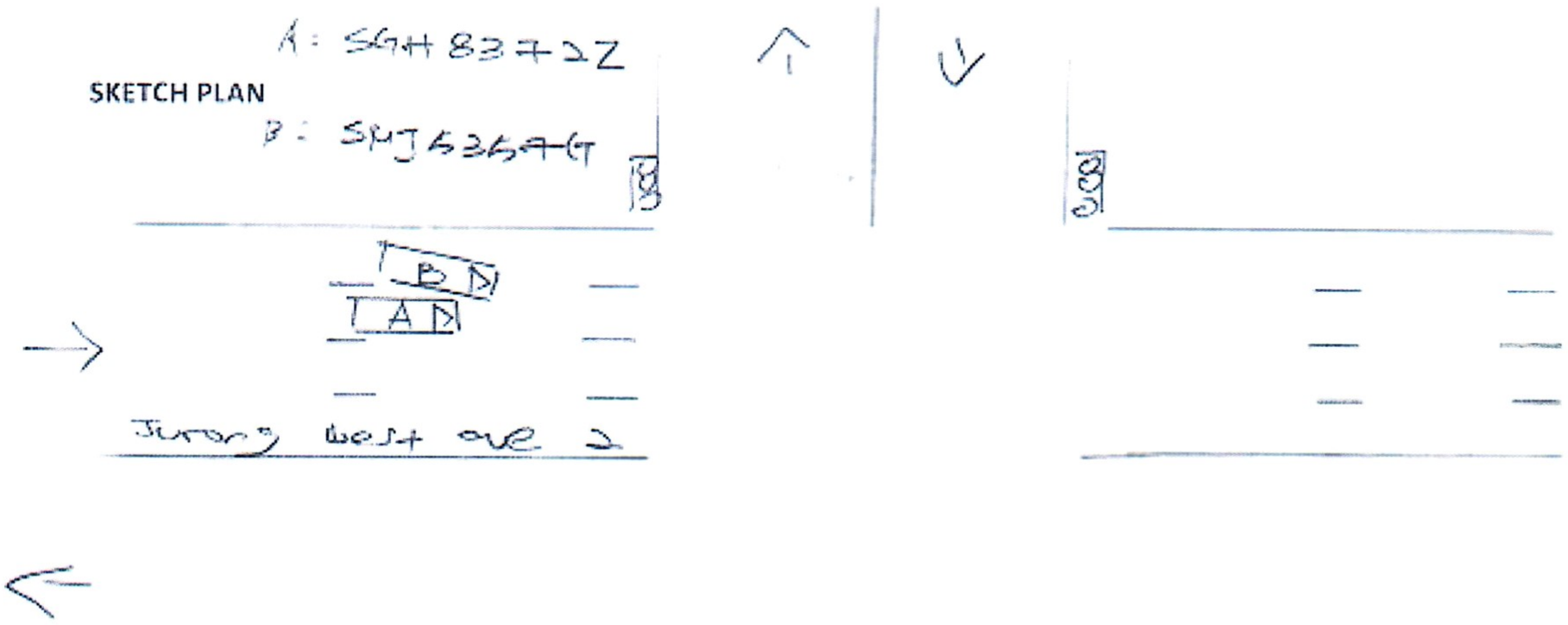
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 14/2/21
11.57am

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While driving at the junction of jurong west ave 2 on the 3rd lane.
Suddenly car SMJ5357G change into my lane without checking and hit onto my car front left portion.

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: 18/2/21
11.57 am.

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

JWG INTERNATIONAL PTE. LTD.

10, ANG MO KIO IND PARK 2A, #03-08 AMK AUTOPOINT, SINGAPORE 568047
H/P: 8299 6103 | FAX: 6909 9592
E-Mail: jwg.claims@yahoo.com

To: MSIG INSURANCE SINGAPORE PTE LTD
Att: Motor Claims Dept

ACCIDENT INVOLVING SMJ5357G [YOUR INSURED] & SGH8372Z [OUR CLIENT]
ON 16/02/2021.

ESTIMATED REPAIR COSTS FOR SGH8372Z

QTY	PARTS			AMOUNT
1PC	BONNET H+L			$ 770.08
1PC	BONNET INNER TRIM H+L			$ 137.75
4PC	BONNET RUBBER SEAL H+L			$ 67.54
1PC	HEAD LAMP LH Scratched		486.20	$ ~~984~~.20
1PC	HEAD LAMP LOWER BRACKET LH H+L			$ 72.30
1PC	FRONT BUMPER distorted	13.50	525.30	$ ~~706.44~~
2PC	FRONT BUMPER SIDE RETAINER L+R @ ~~$85.62~~ EACH	SVC O/S		$ 171.24
1PC	FRONT FENDER LH Dented	375.60	M/S broken	$ ~~698.20~~
1PC	FRONT REINFORCEMENT BAR H+L			$ 397.32
1PC	FRONT WHEEL BEARING LH ~~2~~ Down		146.70	$ ~~219.00~~
1PC	FRONT WHEEL BEARING HUB LH H+L			$ 240.00
1PC	FRONT KNUCKLE ARM LH 2 distorted		245.60	$ ~~530~~.00
1PC	FRONT LOWER ARM LH 2 distorted		215.20	$ ~~482.00~~
1PC	FRONT ABSORBER LH 2 distorted		228.70	$ ~~410.00~~
1PC	FRONT TIE ROD LH H+L			$ 198.20
1PC	FRONT TIE ROD END LH H+L			$ 278.00
1PC	STEERING RACK & PINION ASSY H+L			$ 1,398.40
1PC	DRIVE SHAFT LH H+L			$ 1,006.20
1PC	FRONT FENDER INNERSHIELD torn M/S		70.20	$ ~~1&050~~

2407.00
1845.60

PARTS SUM: $ 8,766.87
PARTS LESS 20%: $ 1,753.37
PARTS TOTAL: **$ 7,013.50**

LABOUR & SPECIAL NETT ITEMS

*	TO SUPPLY 1 PC SPORT RIM C+A		$ ~~600.00~~ 450/-
*	TO SUPPLY 1 PC TYRE SVC		$ 300.00 X
*	TO SUPPLY FRONT BUMPER CLIPS H+C	470.00	$ 50.00 20/-
*	TO SUPPLY HEAD LAMP CLIPS H+L		$ 50.00 X

*	TO REMOVE & PANEL BEAT ALL DAMAGED ABOVE PARTS & PANELS	$	~~1,200.00~~	500/-
*	TO RESPRAY NEW PAINTWORK FOR ALL DAMAGED AREAS 600/-	$	~~1,200.00~~	~~300/-~~
*	TO TUFF COAT DAMAGED AREAS	$	~~400.00~~	40/-
*	TO CHECK & RE-FIX ALL ELECTRICAL WIRINGS 1380.00	$	~~200.00~~	30/-
*	TO RNR FRONT UNDERCARRIAGE TO FACILITATE REPAIRS	$	~~400.00~~	150/-
*	TO CONDUCT WHEEL ALIGNMENT	$	~~150.00~~	60/-

LABOUR & S/N TOTAL: $ 4,550.00

GRAND TOTAL ESTIMATED REPAIR COSTS (NON-INCLUSIVE OF 7% GST): $ 11,563.50

3695.60

L/S 2950/-

17/02/2021 @ 1100hrs

H/A Auto

L/S

5 days.

Ryan

LKK Auto

Check & A prices.

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: