

ASS. REC. BY:

REF:

CS / MSG 21002376 / DTJ 3

ASSIGNMENT

COB Feb 2024

Feb 2009

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 / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or NoLum Sum: 71P % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No:

SMC 98542

Yr Regn:

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

Truck / Trailer or

Make:

Toyota Wish

c.c. 1794

Colour

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

198849

T/Radio: Insured / Std / NI / NA

Eng/No:

1223228833

C/No:

STD BR 12W703002054

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: 225/50 R17

R: — 11 —

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

TOYO / YOKO or

Bridgestone

Front

Rear

R/Bal. S mmR/Bal. S mmL/Bal. S mmL/Bal. S mm

D.O.A. 18/02/2021

D.O.I. 19/02/2021

Survey held at

JWG AMK

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

O/S Rmt

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

Date / Time

Action / Instruction

MSG. GBH 7578 M

Part by Part as only labour y painting. No parts allowed.

05/04/2021 Insured 4 P/P 500/- with 2 dgs for
(red: 1977831: 9790)

Date/Time, File Pass to?

☐

: Preli. Report

1)

☒

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

S + RS. SI

Photos

Others

Rep. Format:

Lump Sum / L.B. / 500

SV0M212J000A / VICOM LTD (VAC) - Sin Ming [575718]
ENTRY DATE & TIME: 19/02/2021 16:15 (SGT)
SUBMITTED BY: Zarifah Majeed
VERSION: 1 (19/02/2021 16:15 (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 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	19/02/2021 16:15 (SGT)
Date of Accident	18/02/2021 18:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Braddell Road towards Bishan Flyover after Slip Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC9854Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAY CHUN XIAN TERENCE
NRIC No	SXXXX812J
Email Address	aden.1111@gmail.com
Mobile Phone No	(Phone) +65-84990438
Alternative Phone No	+65-84990438

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	5108570971-01 (CLASSIC)
Cover Note Number	-

DRIVER

Name of Driver	TAY CHUN XIAN TERENCE
NRIC No	SXXXX812J
Date Of Birth	28/07/1997
Occupation	Outdoor

Date Of Driving Pass	26/11/2016
Driving experience	4 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84990438
Alt. Phone Number	+65-84990438
Email Address	aden.1111@gmail.com
Address	Blk 83 Lorong 2 Toa Payoh #05-45
Address complement	-
Postcode	310083
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Gai Weng Kuin
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

Refer to Sketch Plan

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	GBH7578M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN


IMPORTANT NOTICE


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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.
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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


 Policyholder's Signature / Date & Time

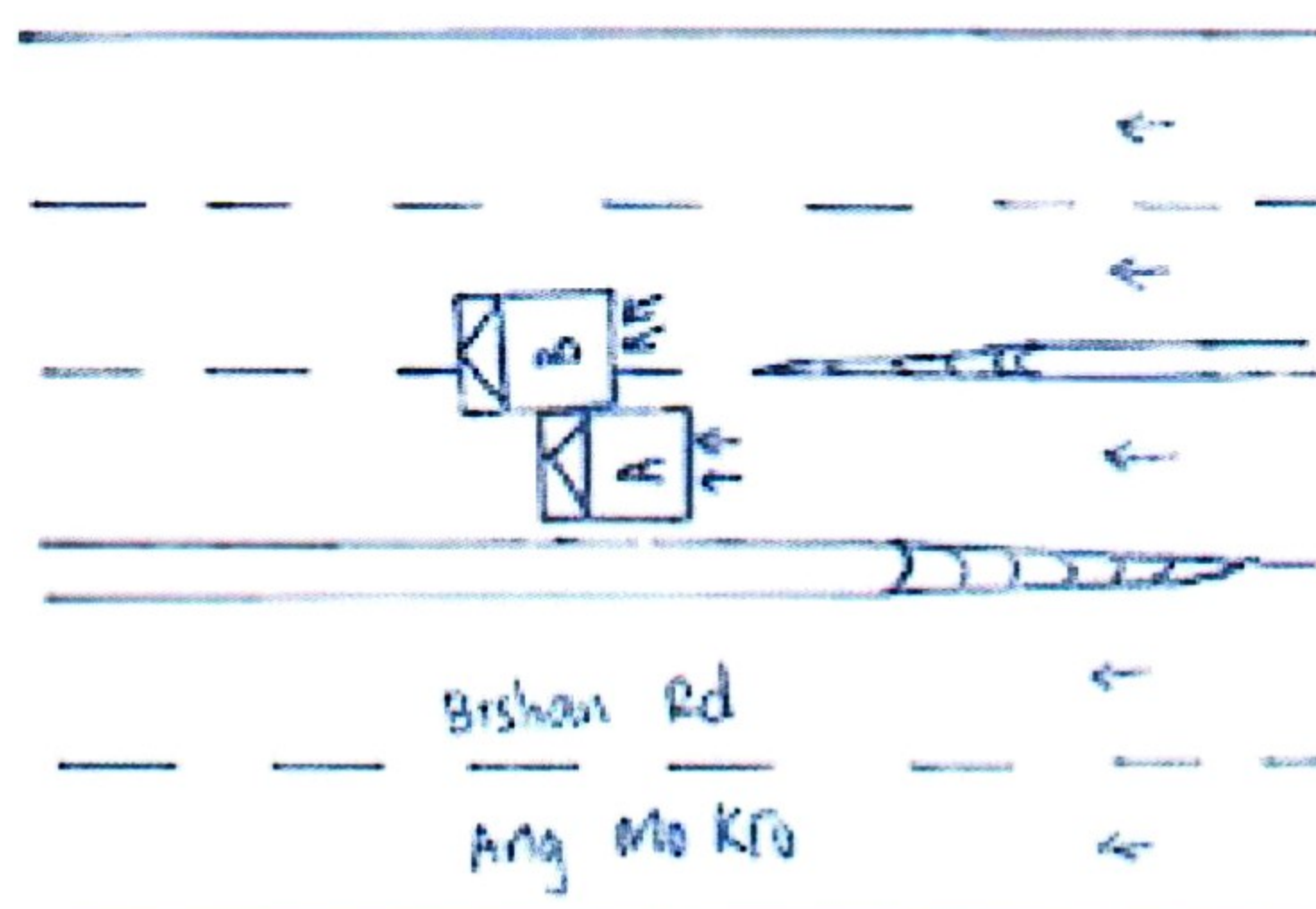

 Driver's Signature (If driver is not the policyholder) / Date & Time

IDAC KAKI BUKIT (VICOM LTD)
 23 KAKI BUKIT AVENUE 4 S(415933)
 Witnessed by Reporting Centre Personnel

Sketch Plan

Braddell Rd TWDr Bishan Flyover after Slip Rd

Vehicle A - SM C9854Z
 Vehicle B - GBH 7578M




Describe Circumstances of the Accident

On the stated date and time, I, vehicle A (SMC9854Z) was travelling straight along at the stated location on lane 3. Out of sudden, vehicle B (GBH7578M) cut into my lane and collided onto the front right portion of my vehicle causing damages.

Declaration

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

IDAC KAKI BUKIT (VICOM LTD)
23 KAKI BUKIT AVENUE 4S(415933)
Witnessed by Reporting Centre
Personnel

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 GBH7578M [YOUR INSURED] & SMC9854Z [OUR CLIENT]
ON 18/02/2021.

ESTIMATED REPAIR COSTS FOR SMC9854Z

<u>QTY</u>	<u>PARTS</u>	<u>AMOUNT</u>	
1PC	BONNET ㄣ	\$ 1,365.00	X
1PC	BONNET INSULATOR ㄣ	\$ 312.75	X
2PCS	BONNET HINGE LH / RH @ \$67.74 EACH ㄣ	\$ 135.48	X
1PC	BONNET LOCK ㄣ	\$ 276.65	X
1PC	BONNET SEAL ㄣ	\$ 136.54	X
1PC	BONNET CHROME MOULDING ㄣ	\$ 293.06	X
2PCS	HEAD LAMP RH ㄣ	\$ 1,692.80	X
2PCS	FRONT BUMPER SIDE RETAINER LH / RH @ \$83.60 EACH ㄣ	\$ 167.20	X
1PC	FRONT BUMPER SPONGE ㄣ	\$ 195.97	X
1PC	FRONT REINFORCEMENT BAR ㄣ	\$ 875.48	X
1PC	FRONT SUPPORT PANEL ㄣ	\$ 1,148.92	X
1PC	FRONT SUPPORT PANEL TOP GARNISH ㄣ	\$ 215.78	X
1PC	FRONT BRACE PANEL ㄣ	\$ 84.63	X
1PC	A/C CONDENSOR ASSY ㄣ	\$ 1,557.84	X
1PC	A/C CONDENSOR DISCHARGE HOSE ㄣ	\$ 346.10	X
1PC	A/C CONDENSOR SUCTION HOSE ㄣ	\$ 720.85	X
1PC	FRONT FENDER RH ㄣ	\$ 825.40	X
1PC	FRONT FENDER INNER SHIELD RH ㄣ	\$ 190.10	X
1PC	FRONT WHEEL BEARING RH ㄣ	\$ 297.60	X
1PC	FRONT WHEEL BEARING HUB RH ㄣ	\$ 341.82	X
1PC	FRONT ABSORBER RH ㄣ	\$ 498.72	X
1PC	FRONT KNUCKLE ARM RH ㄣ	\$ 712.93	X
1PC	FRONT LOWER ARM RH ㄣ	\$ 551.92	X
1PC	FRONT TIE ROD RH ㄣ	\$ 249.80	X
1PC	FRONT TIE ROD END RH ㄣ	\$ 378.41	X

PARTS SUM: \$ 13,571.75
PARTS LESS 25%: \$ 3,392.94
PARTS TOTAL: \$ 10,178.81

LABOUR & SPECIAL NETT ITEMS

*	TO SUPPLY BONNET INNER TRIM CLIPS HH	\$ 50.00	X
*	TO SUPPLY HEAD LAMP CLIPS HH	\$ 50.00	X
*	TO SUPPLY FRONT BUMPER 197	\$ 2,000.00	X
*	TO SUPPLY FRONT BUMPER CLIPS HH	\$ 50.00	X
*	TO SUPPLY 1PC SPORT RIM HH	\$ 1,200.00	X
*	TO SUPPLY 1PC TYRE HH	\$ 300.00	X
*	TO SUPPLY COOLANT HH	\$ 100.00	X
*	TO SUPPLY FRONT NO. PLATE & CASING HH	\$ 100.00	X
*	TO REMOVE ALL INTERIOR UPHOLSTERLY ITEMS TO FACILITATE REPAIRS	\$ 500.00	HH
*	TO REMOVE & PANEL BEAT ALL DAMAGED ABOVE PARTS & PANELS	\$ 2,000.00 200/-	
*	TO RESPRAY NEW PAINTWORK FOR ALL DAMAGED AREAS	\$ 2,000.00 300/-	
*	TO TUFF COAT DAMAGED AREAS	\$ 300.00	HH
*	TO RNR A/C CONDENSOR & REFILL GAS TO FACILITATE REPAIRS	\$ 200.00	HH
*	TO RNR RADIATOR ASSY & REFILL COOLANT TO FACILITATE REPAIRS	\$ 200.00	HH
*	TO RNR FRONT UNDERCARRIAGE TO FACILITATE REPAIRS	\$ 400.00	HH
*	TO CONDUCT COMPUTERIZED WHEEL ALIGNMENT TEST	\$ 150.00	HH
*	TO CHECK & RE-FIX ALL ELECTRICAL WIRINGS	\$ 200.00	HH
*	TO COMPUTERIZE DIAGNOSE FAULT CODES & CONTROL UNITS. RESET ALL MEMORIES TO FACTORY DEFAULT SETTINGS	\$ 300.00	HH

LABOUR & S/N TOTAL: \$ 10,100.00

GRAND TOTAL ESTIMATED REPAIR COSTS (NON-INCLUSIVE OF 7% GST): \$ 20,278.81

19/02/2024 @ 1730m

7/8 500/-

Wt Andru

7/8 At

2 dgs.

7/8

LKK Andru

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: