REF: CS/MSG21002528/Dtg³

Surveyors

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: FBim 94724

Policy No: MSD/VMS/20-417944

Claims No: MSC/V/21-000101

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S | O/S

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

Bal. or Market Value:

IDAC Accident Rport: Consistent? Yes or No

GIA / PR Seen: Consistent? Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted

Veh No: SKF 6974M Yr Regn: June 2012

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

Make: Hyundai Elantra c.c. 1591

Colour: Red A/C: Insured / Std / Nil / NA

Sp.Reading: 160067 I/Radio: Insured / Std / Nil / NA

Eng No: G4FGCU573661

C/No: KMHDH41CMCU563178

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

Steering: (In order) / Jammed / Leaked / Burnt or

Brake: (In order) / Jammed / Leaked / Burnt or

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

Tyre Size F: 205/55 R16

R: —〃—

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

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

D.O.A 22/02/2021 D.O.I 24/02/2021

Survey held at: JWG AMK

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

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

Date / Time	Action / Instruction
	MSIG FBM 6974M MV 26K LTA 16.5K NL 9.5K (Red 24,268.38 : 83%)

21/04/2021 forward L/S 3200/- with 4 days [illegible]

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip:

Survey Fee:

Transportation:

) S+HS SI

) Photo

) Others

TOTAL

Add Fee: ☐ Side Insp (S$

☐ Interview (S$

☐ Tech. Invs (S$

☐ Weekend (S$

Report Format: TP

Lump Sum / I.B.I: (S$ 3200/-

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	23/02/2021 15:00 (SGT)
Date of Accident	22/02/2021 15:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SEBAWANG ROAD LAMP POST 230
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF6974M

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BARATHAN S/O KUNDAN
NRIC No	SXXXX811H
Email Address	phuaywei89@gmail.com
Mobile Phone No	(Phone) +65-96451993
Alternative Phone No	+65-96451993

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	HYUNDAI / ELANTRA 1.6 AT ABS D/AB 2WD 4DR
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	5101196333-02
Cover Note Number	-

DRIVER

Name of Driver	BARATHAN S/O KUNDAN
NRIC No	SXXXX811H
Date Of Birth	17/06/1964
Occupation	Outdoor

Date Of Driving Pass	21/05/2010
Driving experience	10 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96451993
Alt. Phone Number	+65-96451993
Email Address	phuaywei89@gmail.com
Address	BLK 786F #10-09 WOODLANDS DRIVE 60
Address complement	-
Postcode	736786
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 - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	SENTHAIMARAI D/O PACKRISAMY GOVINDARAJU
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 ATTACHED.

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	FBM9472U
Vehicle Manufacturer	Yamaha
Vehicle Model	YAMAHA / XABRE TFX150
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-
	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	BARATHAN S/O KUNDAN
Address	BLK 786F #10-09 WOODLANDS DRIVE 60
Address Complement	-
Post Code	736786
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKF6974M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SENTHAIMARAI D/O PACKRISAMY GOVINDARAJU
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKF6974M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@idvicom.com.sg

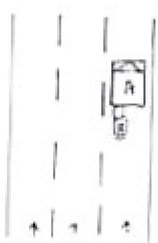
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan

23 FEB 2021

[illegible] rd   [illegible] 350

Vehicle A : [illegible]
Vehicle B : [illegible]



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

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 subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:

ACCIDENT INVOLVING FBM9472U [YOUR INSURED] & SKF6974M [OUR CLIENT] ON 22/02/2021.

ESTIMATED REPAIR COSTS FOR SKF6974M

QTY	PARTS	AMOUNT
1PC	BOOTLID	$ 1,832.20
1SET	BOOTLID STOPPERS	$ 20.00
2PCS	BOOTLID LAMP LH / RH @ $659.00 EACH	$ 1,318.00
1PC	BOOTLID 'ELANTRA' EMBLEM	$ 71.20
1PC	BOOTLID 'HYUNDAI' EMBLEM	$ 72.80
1PC	BOOTLID 'ELITE' EMBLEM	$ 87.40
1PC	BOOTLID WEATHER STRIP	$ 308.30
1PC	BOOTLID LOGO	$ 82.40
1PC	BOOTLID LOCK	$ 349.80
1PC	BOOTLID STRIKER LOCK	$ 68.90
1PC	BOOTLID SWTICH	$ 293.40
2PCS	BOOTLID HINGE LH / RH @ $129.00 EACH	$ 258.00
1PC	BOOTLID INNER TRIM	$ 499.80
1PC	TAIL LAMP LH / RH @ $876.80 EACH	$ 1,753.60
1PC	TAIL LAMP PANEL LH / RH @ $386.20 EACH	$ 772.40
1PC	TAIL LAMP LOWER BRACKET LH / RH @ $75.90 EACH	$ 151.80
1PC	REAR BUMPER	$ 970.80
1PC	REAR BUMPER SIDE RETAINER LH / RH @ $79.80 EACH	$ 159.60
1PC	REAR BUMPER REFLECTOR LH / RH @ $90.80 EACH	$ 181.60
1PC	REAR BUMPER LOWER LID	$ 671.20
1PC	REAR REINFORCEMENT BAR	$ 1,042.30
2PCS	REAR REINFORCEMENT BAR HOLDER LH / RH @ $349.80 EACH	$ 699.60
5PCS	REAR REINFORCEMENT BAR BRACKET @ $105.00 EACH	$ 525.00
1PC	REAR BUMPER UNDER COVER	$ 410.20
1PC	REAR KEYLESS SENSOR	$ 248.60
1PC	REAR END PANEL	$ 1,014.30
1PC	REAR END PANEL TOP GARNISH	$ 298.40
1PC	SPARE WHEEL PANEL	$ 1,782.30
1PC	SPARE WHEEL PANEL TOP BOARD	$ 572.40
2PCS	SPARE WHEEL QUARTER PANEL LH / RH @ $498.20 EACH	$ 996.40

1PC	SPARE WHEEL PANEL TOOL BOX HH	$ 498.80 ×
1PC	REAR EXHAUST PIPE HH	$ 1,789.00 ×
1PC	REAR EXHAUST MOUNTING HH	$ 102.00 ×
1PC	REAR EXHAUST HEAT SHIELD HH	$ 231.00 ×
2PCS	REAR FENDER LH / RH @ $2,~~109~~.40 EACH 4/S Dealer O/S HH 852	$ 4,~~218.80~~ ✓
2PCS	REAR FENDER INNER TRIM LH / RH @ $829.40 EACH HH	$ 1,658.80 ×
1PC	REAR FENDER INNER SHIELD LH $180.00 taiwan ✓ 120.00	

PARTS SUM: $ 26,011.10

PARTS LESS 20%: $ 5,202.22

PARTS TOTAL: $ 20,808.88

3026.60

2421.28

LABOUR & SPECIAL NETT ITEMS

• TO SUPPLY BOOTLID INNER TRIM CLIPS HH	$ 50.00 ×
• TO SUPPLY BOOTLID LAMP CLIPS HH	$ 50.00 ×
• TO SUPPLY TAIL LAMP CLIPS HH	$ 50.00 ×
• TO SUPPLY REAR BUMPER CLIPS HH	$ ~~50.00~~ 20/-
• TO SUPPLY REAR BUMPER LOWER LID CLIPS HH	$ 50.00 ×
• TO SUPPLY REAR END PANEL SEALANT HH	$ ~~80.00~~ 40/-
• TO SUPPLY SPARE WHEEL PANEL SEALANT HH	$ 80.00 ×
• TO SUPPLY REAR FENDER SEALANT HH	$ ~~80.00~~ × 40/-
• TO SUPPLY REAR FENDER INNER TRIM CLIPS HH	$ 50.00 ×
• TO SUPPLY REAR NO. PLATE & CASING HH	$ 100.00 ×
• TO SUPPLY 1 SET REVERSE SENSOR HH 100.00	$ 300.00 ×
• TO REMOVE ALL INTERIOR UPHOLSTERLY ITEMS TO FACILIATE REPAIRS	$ ~~400.00~~ 80/-
• TO REMOVE & PANEL BEAT ALL DAMAGED ABOVE PARTS & PANELS	$ ~~2,000.00~~ 700/-
• TO RESPRAY NEW PAINTWORK FOR ALL DAMAGED AREAS	$ ~~2,000.00~~ 600/-
• TO TUFF COAT DAMAGED AREAS 1490.00	$ ~~300.00~~ 40/-
• TO RNR REAR DOOR MECHANISM TO FACILITATE REPAIRS	$ 250.00 HH
• TO RNR REAR BUMPER SENSOR TO FACILITATE REPAIRS	$ ~~120.00~~ 40/-
• TO RNR BOOTLID MECHANISM TO FACILITATE REPAIRS	$ 150.00 HH
• TO CHECK & RE-FIX ALL ELECTRICAL WIRINGS	$ ~~200.00~~ 30/-
• TO COMPUTERIZE DIAGNOSE FAULT CODES & CONTROL UNITS. RESET ALL MEMORIES TO FACTORY DEFAULT SETTINGS	$ 300.00 HH

24/02/2021 @ 1115hrs

MGT Anthony

LABOUR & S/N TOTAL: $ 6,660.00

GRAND TOTAL ESTIMATED REPAIR COSTS (NON-INCLUSIVE OF 7% GST): $ 27,468.88

2/Sma 4 days.

4011.28

L/S 3200/-

2KK Andu