

ASS. REC. BY:

REF:

MSG / 21003029 HK4

Kenneth

## ASSIGNMENT

From:

Estimated Cost:

Date:

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.

Bal. or Market Value:

B12K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

10

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP / 24 HRS

9/11

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SGY 3573D Yr Regn: 09, 07

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

Truck / Trailer or

Make:

Toy Vios

c.c

1497

Colour

M. Red

A/C:

Insured / Std / NI / NA

Sp. Reading

358551

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

NR05314Y930.5019089

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:

175/55R15

R:

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

ling long

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

2/3/21

D.O.I.

8/3/2021

Survey held at

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

Rear N/S

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

), Fines

), Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

# 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

Not Authorised  
11 Emp &  
Repair After Paint  
10 days

To: MSIG Insurance (S) Pte Ltd

Policy No: Third Party

Date: 05.03.2021

Accident Date : 02.03.2021

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

## ESTIMATE

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 "Toyota Vios" Reg. No. SGY3573D Claiming Against Your Insured Veh. No. FBN2287D			
1pc	Boot		Bu 506.00 ✓
1pc	Boot Center Emblem		me 52.40 —
1pc	Boot Badge "Vios"		me 56.00 —
1pc	Boot Badge "E"		me 44.20 —
1pc	Boot Lock		me 136.00 ✓
1pc	Boot Lock Catch		me 32.00 X
1pc	Boot Weatherstrip		Dr / Cu 192.80 508m
1pc	Boot Hinge LH		me 53.20 X
1pc	Boot Stopper LH		me 13.70 —
1pc	Rear Bumper		me 435.00 —
10pcs	Rear Bumper Clips	5.00	me 50.00 —
1pc	Rear Bumper Brackets LH		me 70.00 —
1pc	Rear Bumper Corner Retainer LH		me 60.00 —
1pc	Rear Bumper Reflector LH		me 125.50 ✓
2pcs	Taillamps Assy	310.00	me 620.00 ✓
2pcs	Taillamp Gasket	25.00	me 50.00 —
1pc	Taillamp Panel LH		me 140.30 ?
1pc	End Panel		me 645.00 —
1pc	End Panel Garnish		me 220.50 —
1pc	Spare Tyre Panel		me 701.50 —
1pc	Spare Tyre Top Board		me 125.70 —
1pc	Rear Styrofoam Storage Box LH		me 235.40 —
1pc	Rear Fender Trim Board LH		me 246.50 —
	Less 25%		4,811.70 1,202.93 3,608.78
	Rear Number Plate		me 45.00 SN X
	Rear Bumper Reverse Sensor		me 280.00 SN 200m
	To Conduct Electrical Check, Replace Reverse Sensors, Module, Rewiring etc		120.00 7cl
	To Dismantle / Refit Trunk Compartment Boards & Trims		80.00 5cl
		C/F	4,133.78



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数量 Quantity	货 名 DESCRIPTION	单 价 Unit Price	银 Amount 额 \$ cts.
	Estimate Cost of Repair "Toyota Vios" Reg. No. SGY3573D Claiming Against Your Insured Veh. No. FBN2287D		
		B/F	4,133.78
	To Supply Rear Panel, Floor Panel Body Sealant		80.00 <i>601</i>
	To Apply Rust Proofing / Reseal Tuff Coating Treatment to Respray / Replaced / Repair Panel		150.00 <i>901</i>
	Labour Charge - Panel Beating, Repairing Of Rear Chassis Member, Inner Panel, Floor Panel, Rear N/S Fender etc. Cnt, Weld End Panel Spare Tyre Panel and Parts Replacement		1,500.00 <i>12001</i>
	To Respray Affected Areas		1,200.00 <i>10001</i>
		Total :	<u>7,063.78</u>
<div style="border: 1px solid black; padding: 5px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer Signature: Date:</p> </div>			

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## 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 ..... 03/03/2021 16:30 (SGT)  
Date of Accident ..... 02/03/2021 18:10 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SLIP- ROAD FROM TPE TO PUNGGOL ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGY3573D

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TOH BEE CHUN  
NRIC No ..... SXXXX342D  
Email Address ..... PLAYHOMESTEVEN@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-97438712  
Alternative Phone No ..... +65-97438712

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
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 ..... 5039294164-11  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... TAY BENG CHAI STEVEN  
NRIC No ..... SXXXX882E



07/12/1996  
24 YEARS AND 3 MONTHS  
Male  
(Phone) +65-97438712  
-  
PLAYHOMESTEVEN@GMAIL.COM  
APT BLK 197A PUNGOL FIELD  
#05-463  
821197  
No  
Child  
No  
-  
-  
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? ..... 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 ..... UNKNOWN  
Gender ..... Female

#### 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

THE VEHICLE IN FRONT OF ME E-BRAKE BEFORE ENTRING INTO THE FILTER LANE, SO I HAD TO E0BARKE TOO. AND THE RIDER OF MOTORCYCLE FBN2287D COULDN'T E-BRAKE IN TIME SO HIS FRONT OF THE BIKE HIT THE BACK OF MY CAR.

#### 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 ..... FBN2287D  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Motorist



## 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.
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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 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

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan

