

ASS. REG. BY:

REF:

21003786/Kt

## ASSIGNMENT

From:

Date:

Estimated Cost:

CO / IP / WS / IP RES / CO RES / EVA / INV / INV

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

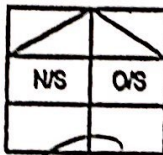
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03

days

Res.: Yes or No

Lum Sum:

1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SBR 3327

Yr Regn:

02, 18

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

Truck / Trailer or

Make:

Volvo

V90

c.o

1969

Colour

M. Brown

AC:

Insured / Std / NI / NA

Sp. Reading

74/100

T/Radio:

Insured / Std / NI / NA

Eng No:

C/No:

YVIPN10ADJ1041081

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

245/45 ER18

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

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

74/3/21

D.O.I.

21/4/2021

Survey held at

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

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

Date / Time

Action / Instruction

I accept part by part cost of repair amount at \$4,196.50 and 3 working days

red: 3380.70; 44%

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 + R.S. \$

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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



# Tropical Tech Automobile Services

BLK 5030 ANG MO KIO AVENUE 3 #01-201 INDUSTRIAL PARK 2 SINGAPORE 569535

TEL : 6481 7773 / 6481 1403 FAX : 6484

E-mail : tsac303@singnet.com.sg

M / s : MSIG Insurance (Singapore) Pte Ltd  
4, Shenton Way, #01-01, SGX Centre 2,  
S'pore 068807

Attn : Attention : Motor Claims Department  
Tel : Tel : 68272888  
Fax : Fax : 68277800

Estimate bill : TT 18 / 21 / TP / WT

Registration No : SBR332Z

Make / model : Volvo V90

Mileage :

Date : 10 / 04 / 2021

TRAFFIC ACCIDENT INVOLVING VEHICLE BEARING REGISTRATION NO : SDR2278K AND SBR332Z ALONG  
ANG MO KIO AVE 1 TURNING INTO CTE ON 14 MARCH 2021 AT ABOUT 1510 HRS.

1pc Rear boot rubber  
1pc Rear bumper  
2pcs Rear bumper parktronic sensor  
1pc Rear bumper lip  
1pc Rear bumper reinforcement  
Sub A total :  
Less 10% discount :  
A total :

(Each \$362.00)

|    |          |   |
|----|----------|---|
| \$ | 521.00   | X |
| \$ | 2,982.00 | ✓ |
| \$ | 724.00   | X |
| \$ | 483.00   | ✓ |
| \$ | 1,448.00 | ✓ |
| \$ | 6,158.00 |   |
| \$ | 615.80   |   |
| \$ | 5,542.20 |   |

## Special net items :

1pc Rear license smart plate xnn  
1pc Rearlicense smart plate casing  
B total :

|    |       |   |
|----|-------|---|
| \$ | 35.00 | ✓ |
| \$ | 35.00 |   |

Remove and transfer rear bumper necessary attachment spare part items.

Remove and refit rear boot rubber, rear bumper, rear bumper parktronic sensor, rear bumper lip, rear bumper reinforcement.

Heat / panel / beating rear boot, heat / weld / beating / pull / straighten / align rear chassis frame by Chassis Alignment Jack.

Diagnostic to reset rear bumper parktronic sensor fault error by HHT.

Under coating on rear damaged portion.

Putty / primer application, spray painting rear boot, rear bumper, rear bumper parktronic sensor.

|    |          |      |
|----|----------|------|
| \$ | 800.00   | 3001 |
| \$ | 150.00   | 601  |
| \$ | 250.00   | ✓    |
| \$ | 800.00   | 4401 |
| \$ | 7,577.20 |      |

Grand amount :

Tropical Tech Automobile Services

( Authorised Signature )  
William Tan

**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              | 23/03/2021 11:05 (SGT)            |
| Date of Accident                | 14/03/2021 15:10 (SGT)            |
| Exact Location of Accident      | Ang Mo Kio Ave 1, Singapore       |
| Additional Location Information | ANG MO KIO AVE 1 TURNING INTO CTE |
| Country/State of Loss           | Singapore                         |

### DETAILS OF OWN VEHICLE

|                             |                         |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SBR332Z                 |
| INSURED/POLICYHOLDER        |                         |
| Is company?                 | No                      |
| Name Of Registered Owner    | YEO CHOON HSIEN LESLIE  |
| NRIC No                     | SXXXX723F               |
| Email Address               | leslie@leslieyeo.com.sg |
| Mobile Phone No             | (Phone) +65-96948660    |
| Alternative Phone No        | +65-96948660            |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Volvo                     |
| Model  | V90 T5 MOMENTUM           |
| 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               |
| Transmission   | Auto                      |
| CC   | 1969                      |

### INSURANCE COMPANY

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG Insurance (Singapore) Pte. Ltd. |
| Type of Coverage          | Comprehensive                        |
| Fleet Policy              | No                                   |
| Policy Number             | B 300410608 QMY                      |
| Cover Note Number         | -                                    |

### DRIVER

|                |                        |
|----------------|------------------------|
| Name of Driver | YEO CHOON HSIEN LESLIE |
| NRIC No        | SXXXX723F              |



|  |                            |
|--|----------------------------|
|  | 04/04/1967                 |
|  | Indoor                     |
|  | 09/10/1985                 |
|  | 35 YEARS AND 5 MONTHS      |
|  | Male                       |
|  | (Phone) +65-96948660       |
|  | +65-96948660               |
|  | leslie@leslicyeo.com.sg    |
|  | 7 BRIGHT HILL DRIVE #14-07 |
|  | -                          |
|  | 579599                     |
|  | Yes                        |
|  | -                          |
|  | No                         |
|  | -                          |
|  | -                          |

#### 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)   | 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?                     | -  |

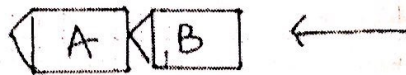
#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN.

NOTE: VEHICLE REPAIR AT OWNER'S PREFERRED W/SHOP - TROPICAL SUCCESS AUTOCARE

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera?   | No  |
| Was there any audio recorded?                 | No  |



To Upper Thomson.

Ang Mo Kio Ave 1

CTE

A: SBR332Z

B: SDR2278K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14<sup>th</sup> March 2021 at about 1510 hrs I stopped at the traffic light along Ang Mo Kio Ave 1 and CTE junction. A vehicle with license number SDR 2278 K. hit my car SBR332Z from the rear. My rear bumper was dented. I spoke to the driver of the car, May and she admitted that she failed to stop the car and hit into my car. She had intended to do a private settlement and after I had informed her about the estimated costs she decided on 17<sup>th</sup> March 2021 that she will claim against her insurance.

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

