

ASS. REC. BY:

REF:

CT-8 210053891KV

Kenneth

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OO / TP / WS / TP RES / OO RES / EVA / RV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of 05-07

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 Report: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 1.81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SBV 9PP98 Yr Regn: 02.18Type: MCary M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or (A)Make: MW E200 cc 1991Colour M. Gray A/C: Insured / Std / NI / NASp. Reading 47440 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WDD 2130 422A 139552Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NI / S/Rim / STD / R/Rim or

Tyre Size: F: \_\_\_\_\_

R: 245/45R18

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

TOYO / YOKO or Continental

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 8 mm R/Bal. 8 mmL/Bal. 8 mm L/Bal. 8 mmD.O.A. 29/4/21 D.O.I. 3/5/2021

Survey held at \_\_\_\_\_

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

N/S Rear

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

1)

☐ : Final Report

Date/Time, File Return to?

Transportation:

2)

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

S - RS - SI

Fees

Others

TOTAL

Report Format :

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

Sin Motor Repairs  
Block 176, #05-07, Sin Ming Drive, Sin Ming Auto Care  
Singapore 575721  
Tel: 64533908, 64596902 Fax: 64536602

G.S.T. REGISTRATION : 07683000D

ESTIMATE BILL 110/SM/2021

30/4/2021

Your Ref: SNM21D202497/GBH8013U/Our Ref:

SBV9989U

THE INSURED / DRIVER :  
ENG CHIN HUAT  
30 JALAN SIAP  
SINGAPORE 678561  
MOBILE NO : 96675487

VEHICLE NO. SBV9989U  
DATE OF ACCIDENT : 29/04/2021- 1405pm  
ALONG JALAN SLAP  
MODEL : MERZ E200  
CHASIS NO. WDD2130422A139557

NAME OF INSURANCE: MSIG NSURANCE  
POLICY NO. A 300409213 QMY  
THIRD PARTY INSURANCE: CHINA TAIPING INSURANCE  
AGAINST YOUR INSURED VEHICLE NO. GBH8013U

- 1) REAR BUMPER
- 2) BUMPER BRACKETS - 2PCS @ \$100\*2
- 3) REAR BUMPER REINFORCEMENT
- 4) BUMPER SIDE REFLECTOR - LH
- 5) REAR RESERVE SENSORS - 2PCS\*209
- 6) TAIL LAMP - LH
- 7) BUMPER MOULDING CHROME (BOTTOM) - LH
- 8) BUMPER RIVERT CLIPS - 5PCS @\$7

Tn 2,375.00 ✓  
Sn 200.00 X  
R 960.00 X  
Sn 40.00 X  
418.00 ?  
Gr 920.00 ✓  
Sn 370.00 X  
Rn 35.00 ✓

LABOUR CHARGES FOR THE FOLLOWING :-

TO DETECT REAR RESERVE SENSOR

100.00 601

DISMANTLE AND RE-INSTALLATION ON REAR BUMPER ASSY,  
TAIL LAMP N RESERVE SENSOR

650.00 6801

SPRAY PAINTING ON REAR BUMPER/SENSOR/RR FENDER/

780.00 604

TOUCH UP ON THE OTHERS

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:

LUMP SUM : \$6,848.00

LESS : - ) 10% -\$684.80

G-TOTAL : \$6,163.20



# 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 ..... 30/04/2021 11:38 (SGT)  
Date of Accident ..... 29/04/2021 14:05 (SGT)  
Exact Location of Accident ..... Jln Siap, Singapore  
Additional Location Information ..... ALONG JALAN SIAP  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SBV9989Z

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ENG CHIN HUAT  
NRIC No ..... SXXXX957D  
Email Address ..... engchinhuat1956@gmail.com  
Mobile Phone No ..... (Phone) +65-96675487  
Alternative Phone No ..... +65-96675487

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... E200 AVG  
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 ..... 1991

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... A 300409213 QMY  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ENG CHIN HUAT  
NRIC No ..... SXXXX957D



## 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.
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

