ASS. REC. BY:

REF: CS/ CT-A 21005369/kv f3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OO / TP / WS / TP RES / OO RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of 05-07

Insured: GBH 8013U

Policy No. DMCVSNW00095152000

Claims No. SNM21D202497/C02/LEWLC

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 Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: I.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SBV 9P893 Yr Regn: 02.18

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

Make: Mer C200 c.c 1991

Colour M. Grey A/C: Insured / Std / NI / NA

Sp.Reading 47440 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2130 422A 139557

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: _____

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 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.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
11/5/21	Kenneth confirmed $3773.09 (Red 3275.91,46%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 12/5/21-Typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee:

Transportation: _____ $ + RS ___ St

Parking

Others

TOTAL

Report Format : Merimen

~~Lump Sum~~ / I.B.I: ($ 3773.09

Not Authorised
Resume B4 spray
4 days

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		2,375.00
2)	BUMPER BRACKETS - 2PCS @ $100*2		200.00
3)	REAR BUMPER REINFORCEMENT		960.00
4)	BUMPER SIDE REFLECTOR - LH		40.00
5)	REAR RESERVE SENSORS - 2PCS*209		418.00
6)	TAIL LAMP - LH		920.00
7)	BUMPER MOULDING CHROME (BOTTOM) - LH		370.00
8)	BUMPER RIVERT CLIPS - 5PCS @$7	10%	35.00
	LABOUR CHARGES FOR THE FOLLOWING :-		
	TO DETECT REAR RESERVE SENSOR		100.00
	DISMANTLE AND RE-INSTALLATION ON REAR BUMPER ASSY, TAIL LAMP N RESERVE SENSOR		650.00
	SPRAY PAINTING ON REAR BUMPER/SENSOR/RR FENDER/ TOUCH UP ON THE OTHERS		780.00
	LUMP SUM :		$6,848.00
	LESS : -) 10%		-$684.80
	G-TOTAL :		$6,163.20

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 witholding 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

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.

FALCON AIR AUTO SERVICES PTE LTD SIN MING

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

Sketch Plan