

ASS. REC. BY:

REF: CS

C12 / 21005510/Ku+3

C

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

SFP 2281

at Workshop m/s

Lim Yew Ben

of

Insured:

SGD 2282K

Policy No.

DMPCSNW0006320 2100

Claims No.

SNM 210202600/002

Sum Insured:

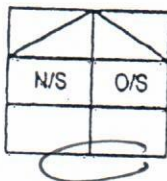
Excess:

(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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SFP 2281

Yr Regn:

10, 12

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

Truck / Trailer or

Make:

Toy Altis

c.c.

1598

Colour

M. Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

172434

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MR053REE 104150342

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NII / S/Rim / STD A/Rim or

Tyre Size:

F:

195/65R15

R:

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

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

4/5/21

D.O.I.

1/6/2021

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

2/6/2021 @ 11:26am Revise to CTI via Merimen.

14/6 11/2y 817501 Carw, 4 repair days.

(RED \$1563.96; 47%)

Date/Time, File Pass to?

☐

: Prell. Report

1/8/7 TYPIST

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

4

Resurvey No. of Trlp:

Survey Fee:

Transportation:

S - RS. SI

F. M. S.

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format:

TP

Lump Sum / L.B.T. (\$ 1750

LIM YEW BOO SPRAY PAINT CO.

BLK 10, SIN MING INDUSTRIAL ESTATE, SECTOR C, #01-10 S'575645
 NO. 176, SIN MING DRIVE, #03-05, SIN MING AUTOCARE, S'PORE 575721
 Tel No. : 64534177 Fax No. : 64593724
 E-Mail : limyewboo@singnet.com.sg
 Website : www.limyewboo.com.sg
 Buss. Reg. No. : 200514/00L

Pass Kenneth.

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
 3 ANSON ROAD #16-00
 SPRINGLEAF TOWER SINGAPORE 079909

Attention : Motor Claim Department
 Contact : 63896111 Fax No. : 62221033

Estimate : TP21/012

Date : 05/05/2021
 Vehicle Num. : SFP 2281L
 Make/Model : TOYOTA ALTIS-2012
 Chassis/Eng# : MR053REE104150342/1ZRX232511
 Accident Date : 04/05/2021
 Claim No. :
 Reference : LYB/SFP2281L/China/tp/sl
 Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
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1.	1	LIST ITEMS :		
2.	1	REAR BUMPER		556.40
3.	1	REAR BUMPER BEAM		401.90
4.	1	REAR BUMPER SPONGE		142.60
5.	2	REAR BUMPER TOWING COVER		64.20
6.	2	REAR BUMPER RETAINER	56.10	112.20
7.	2	REAR BUMPER CLIPS	5.00	10.00
8.	1	REAR BUMPER BRACKET	49.10	98.20
		REAR TAILEND PANEL		301.70

List TotalS\$:

20.00% Discount S\$:

25!

1,687.20

337.44

1,349.76

1.	1	SPECIAL NETT ITEMS :		
2.	1 SET	REAR TAILEND PANEL TEROSTAT SEALANT		54.20
		REAR REVERSE SENSOR		250.00

Special Nett Total S\$:

304.20

LABOUR :

TO APPLY RUST-PROOFING ON REPAIRED/ REPLACED PANELS

120.00

LABOUR TO REPLACE THE SENSOR & CHECK SENSOR FUNCTIONS

80.00

CONTINUE / ...

Not Authorized
6/5/21 8:1750h
Resurvey After Paint

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:

4 days

LIM YEW BOO SPRAY PAINT CO.

BLK 10, SIN MING INDUSTRIAL ESTATE, SECTOR C, #01-10 S'575645
 NO. 176, SIN MING DRIVE, #03-05, SIN MING AUTOCARE, S'PORE 575721
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 Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
		TO CHECK WATER SEEPAGE		60.00 <i>29/</i>
		TO REPAIR, PANEL BEAT, ALIGN ON REAR AFFECTED BOOT LID, CUT & WELD ON REPLACED TAILEND PANEL & LABOUR TO RE-PLACED THE ABOVE PART.		600.00 <i>500/</i>
		TO PUTTY, PRIMER & SPRAY PAINT ON REAR BUMPER, REAR REVERSE SENSOR, REAR TAILEND PANEL & TOUCH UP ON REAR AFFECTED BOOT LID USING 2K PAINT		800.00 <i>450/</i>
		Labour Total S\$:		1,660.00




E. & O.E.

Total S\$: 3,313.96

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for LIM YEW BOO SPRAY PAINT CO.

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	04/05/2021 14:21 (SGT)
Date of Accident	04/05/2021 09:44 (SGT)
Exact Location of Accident	Pioneer Rd, Singapore
Additional Location Information	along the Pioneer Circle
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFP2281L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Ng Chee Sin
NRIC No	SXXXX110B
Email Address	ngcheesin73@gmail.com
Mobile Phone No	(Phone) +65-97945384
Alternative Phone No	(Home) +65-97945384

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Altis
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
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A 300183593 QMY
Cover Note Number	-

DRIVER

Name of Driver	Ng Chee Sin
NRIC No	SXXXX110B

Date Of Birth	02/12/1973
Occupation	Indoor
Date Of Driving Pass	12/10/2001
Driving experience	19 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97945384
Alt. Phone Number	(Home) +65-97945384
Email Address	ngcheesin73@gmail.com
Address	Blk 8 Boon Keng Road #13-146
Address complement	-
Postcode	330008
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?	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 attached report.

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	SGD2282K
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Chen Yong Bin
Work Permit No	GXXXX489W
Contact Number	(Phone) +65-90097683
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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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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

