

ASS. REC. BY:

REF:

MSG/21007304/Kqf3

Kennerh

CS/MSG21007304/Kqf3

ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TP RES/OD RES/EVA/INV/MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

636839

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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

05

days

Res.: Yes or No

Lum Sum:

1.81

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMQ9585B Yr Regn: 12, 19

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

Truck / Trailer or

Make:

Toy

Alphard

c.c

2493

Colour

M.P. White

A/C:

Insured / Std / NI / NA

Sp. Reading

33742

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

AGH30 0248845

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

235/50R18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

3

mm

L/Bal.

4

mm

L/Bal.

3

mm

D.O.A.

1/7/21

D.O.I.

19/7/2021

Survey held at

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

M O/S

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

Date / Time

Action / Instruction

22/07/21 @ 4.01pm revised to Christina Wong via Merimen.

03/08/21 email Christina Wong, seek mandate approval.

04/08/21 @ 1.59pm Christina Wong informed approved mandate by email.

04/08/21 @ 3.46pm re-finalised with Danny at final fig \$4897.27 (Red \$3565.23, 42%).

Date/Time, File Pass to?

☐

: Prell. Report

04/08 Typist

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: 5

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS \$

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

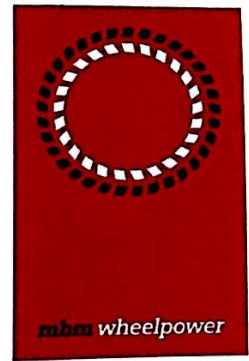
: Tech Invs (\$

☐

: Weekend (\$

Report Format: MER-TP

Lump Sum / I.B.I: (\$ 4897.27)



MBM WHEELPOWER PTE LTD

Your Ref: EV36Y
Our Ref: SMQ9585B

*Not Notified
Runny By pain
5 days*

To: MSIG

CC

Fax

Date: 2/7/2021
From: Danny
Fax: 64525333
Contact: 93288668
Make / Model: TOYOTA ALPHARD 2.5
Chassis No.: AGH300246845
Engine No.: 2ARJ279933
Year of Make: 2019
Accident Date: 1 July 2021

ESTIMATE FOR VEHICLE NO.: SMQ9585B

DESCRIPTION

FRONT BUMPER
FRONT BUMPER RH SIDE RETAINER
FRONT BUMPER RH CHROME
HEAD LAMP RH
HEAD LAMP RH CHROME
FRONT RH FENDER
BUMPER CLIPS

QTY	List Price	
1	\$ 2,250.00	?
1	\$ 95.00	✓
1	\$ 210.00	✓
1	\$ 4,050.00	✓
1	\$ 210.00	✓
1	\$ 680.00	✓
10	\$ 60.00	?
Total:	\$ 7,555.00	
LESS 25%	\$ (1,888.75)	
Parts Total:	\$ 5,666.25	

LABOUR

TO REMOVE, REFIT & REPAIR AFFECTED DAMAGED PARTS. INCLUDING TO KNOCK-OUT, WELD & STRAIGHTEN ON THE AFFECTED PARTS.
TO RESET ENGINE WARNING LIGHT (ABS, SRS, ECU MEMORY & ETC)
TO APPLY ANTI RUST COATING
TO REMOVE & REPLACE BUMPER SENSORS
TO CHECK & RECONNECT ALL NECESSARY WIRING
TO SPRAY PAINT ON THE AFFECTED AREAS

\$ 1,000.00	4001
\$ 300.00	?
\$ 150.00	301
\$ 60.00	?
\$ 80.00	201
\$ 1,000.00	6601
Total:	\$ 8,256.25
7% GST:	\$ 577.94
Grand Total:	\$ 8,834.19

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:

Mbm wheelpower pte ltd
160 SIN MING DRIVE
#06-02
SIN MING AUTOCITY
t 62628888 f 64525333
Company Registration Number: 200204110W

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 willful 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 02/07/2021 10:55 (SGT)
Date of Accident 01/07/2021 17:30 (SGT)
Exact Location of Accident 806 Thomson Rd, Singapore 298190
Additional Location Information DRIVEWAY OF 806 THOMSON ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ9585B
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner VERONICA GO
NRIC No SXXXX864D
Email Address STEVEN_8937@YAHOO.COM.SG
Mobile Phone No (Phone) +65-90682658
Alternative Phone No +65-90682658

VEHICLE PARTICULARS

Manufacturer Toyota
Model Alphard
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 2500

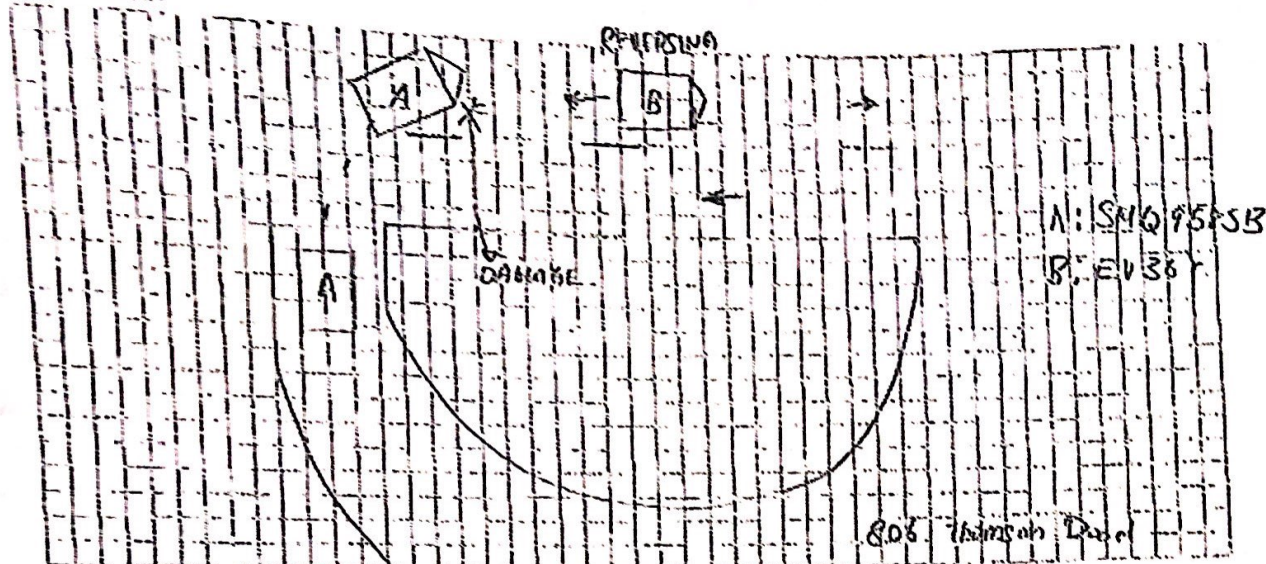
INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5114806204-01
Cover Note Number -

DRIVER

Name of Driver LI MEIKUN
NRIC No SXXXX120D

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1st July 2021 17:20pm in 808 Thomson Road when I move the vehicle exit the semi trailer. At that time I saw this vehicle EV 33 was stopping on the road side. I slowly turn left and all of the sudden the vehicle start to reverse and hit my vehicle.

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.: