

ASS. REC BY:

# MSG ASSIGNMENT

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

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

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

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

at Workshop n/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 Rpt: \_\_\_\_\_

Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_

Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_

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: \_\_\_\_\_

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

Truck / Trailer or \_\_\_\_\_

Make: \_\_\_\_\_

Colour: \_\_\_\_\_

Sp. Reading: \_\_\_\_\_

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

C/No: \_\_\_\_\_

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: M / S/Rim / STD A/Rim or

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

F: \_\_\_\_\_

R: \_\_\_\_\_

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

TOYO / YOKO or \_\_\_\_\_

Front

R/Bal. \_\_\_\_\_

mm

L/Bal. \_\_\_\_\_

mm

D.O.A. \_\_\_\_\_

Rear

R/Bal. \_\_\_\_\_

mm

L/Bal. \_\_\_\_\_

mm

D.O.I. \_\_\_\_\_

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

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Form

Form No. / Date

: Preli. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

Site Insp (\$

Interview (\$

Tech. Insp (\$

Misc (\$

Survey Fee:

Transportation:

Photos

Other:

# OOHRAY RENTAL PTE. LTD.

8 Kaki Bukit Avenue 4, Premier@Kaki Bukit #06-31 Singapore 415875  
Tel: (65) 6661 9687 Fax: (65) 6241 6697

## Estimate Repair List

12 July 2021

HHTPClaims21-46

MSIG Insurance (Singapore) Pte Ltd  
4 Shenton Way  
#21-01 SGX Centre 2  
Singapore 068807

Attn: Motor Claims Department

### **ACCIDENT INVOLVING SMR 7794 Y& GBD 980 B ON 03/07/2021 ALONG SLIP ROAD GEYLANG EAST CENTRAL TO PAYA LEBAR ROAD AT ABOUT 1600 HOURS**

Insured : HUA HONG PTE LTD  
Vehicle Registration No : SMR 7794 Y  
Vehicle Make : TOYOTA  
Vehicle Model : SIENTA HYBRID 7 SEATER 1.5X CVT  
Vehicle Chassis No : NHP1707194579  
Policy No : 5109921641-02-000336  
Date of Accident : 03/07/2021

Type of Claim: Third Party

S/N	Quantity	Description	Unit Price S\$	Amount S\$
1	1	Rear Bumper / <i>RL</i>		\$ 1,442.80
2	10	Rear Bumper Clips / <i>MC</i>	\$ 5.00	\$ 50.00
3	1	Rear Bumper Extension (Center) / <i>SCR</i>		\$ 643.40
4	1	Rear Bumper Extension (RH) / <i>SCR</i>		\$ 301.40
5	1	Rear Bumper Reflector (RH) X <i>NN</i>		\$ 118.20
6	2	Rear Bumper Side Retainer (LH/RH) X <i>NN</i>	\$ 243.40	\$ 486.80
7	1	Rear Tailgate / <i>Buc</i>		\$ 2,173.60
8	1	Rear Tailgate Weatherstrip X <i>NN</i>		\$ 316.16
9	1	Rear Tailgate Lock X		\$ 472.72
10	1	Rear Tailgate Emblem /		\$ 118.20
11	1	Rear Tailgate Logo (Hybrid Synergy) / <i>MC</i>		\$ 99.70
12	1	Rear Tailgate Lamp (RH) / <i>CRA</i>		\$ 624.72
13	1	Rear Tailgate Garnish X <i>NN</i>		\$ 556.00
14	1	Rear Tail Lamp (RH) X <i>NN</i>		\$ 835.68
15	1	Rear Windscreen Moulding / <i>MC</i>		\$ 123.40
16	1	Rear End Panel X		\$ 1,216.44
17	1	Rear End Panel Outer X <i>NN</i>		\$ 756.00
18	1	Rear End Panel Top Garnish X <i>NN</i>		\$ 287.00
				\$ 10,622.22
Less 20%				\$ (2,124.44)
				\$ 8,497.78
19	1	Rear Reverse Sensor / <i>DM</i>	NETT	\$ 200.00
20	1	Sealant X <i>NN</i>	NETT	\$ 40.00
To cut & weld rear end panel. change rear bumper, rear tailgate Knocking all area affected by accident				\$ 800.00 <i>400</i>
				\$ 9,537.78

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8 Kaki Bukit Avenue 4, Premier@Kaki Bukit #06-31 Singapore 415875  
Tel: (65) 6661 9687 Fax: (65) 6241 6697

## ACCIDENT INVOLVING SMR 7794 Y& GBD 980 B ON 03/07/2021 ALONG SLIP ROAD GEYLANG EAST CENTRAL TO PAYA LEBAR ROAD AT ABOUT 1600 HOURS

Estimate Repair List for vehicle SMA 3120 H - Toyota CHR

	Balance B/F	\$	9,537.78
To perform wire checking		\$	50.00 30
To dismantle & refit rear windscreen		\$	120.00 /
To dismantle & transfer rear tail gate mechanism fitting to new tail gate		\$	80.00 60
To dismantle & refit rear bumper sensor		\$	60.00 40
To spray rear end panel, rear bumper, rear tailgate and all affected area		\$	800.00 400
		\$	10,647.78
	7% GST	\$	745.34
	<b>Total</b>	<b>\$</b>	<b>11,393.12</b>

  
Authorised by Claims Dept

4 Days.

Unpsum Repair

After repair photos.

Gmo Qiang - 82880282

Gmo Qiang @ lkkauto.com

15/7/2021

**AAK 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

Please report **correctly** the details of the accident to speed up the claims process.  
This form must be completed by the policyholder under the **Authorized Person**

Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate the claim.

The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insured companies.

**Any false reporting may be referred to the Police for investigation.**

This report will be forwarded to the insurers of the CCA Research Management Centre established by the General Insurance Association of Singapore (GIA) for archiving.

A fee of \$10.00 will be levied for each copy of the report made available upon application by interested parties.

By the submission 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 elsewhere.

## ACCIDENT STATEMENT

Date of Submission

05/07/2021 17:02 (SGT)

Date of Accident

03/07/2021 16:00 (SGT)

Exact Location of Accident

Singapore

Additional Location Information

Slip Road Geylang East Central to Paya Lebar Road

Country/State of Loss

Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMR7794Y

INSURED/POLICYHOLDER

Is company?

Yes

Name Of Registered Owner

HUA HONG PTE. LTD.

Company Reg No

200900309M

Email Address

CLAIMS@HUAHONG.COM.SG

Mobile Phone No

(Phone) +65-66619088

Alternative Phone No

+65-66619088

VEHICLE PARTICULARS

Manufacturer

Toyota

Model

Sienta

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 hire

Transmission

Auto

CC

1500

INSURANCE COMPANY

Name of Insurance Company

NTUC Income Insurance Co-operative Ltd

Type of Coverage

Comprehensive

Fleet Policy

Yes

Policy Number

5109921641-02-000336

Cover Note Number

drive CLASSIC

DRIVER

Name of Driver

LING LAY LENG JUNE

NRIC No

S7520393D



Date Of Birth	27/06/1975
Occupation	Indoor
Date Of Driving Pass	21/04/1995
Driving experience	26 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-87538831
Alt. Phone Number	-
Email Address	JUNEE_LING@YAHOO.COM.SG
Address	BLK 441 #04-217 TAMPINES STREET 43
Address complement	-
Postcode	520441
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN / POLICE REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	OWNER WILL SUBMIT VIDEO TO INCOME DIRECTLY
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD980B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
Name of Driver	LEE CHEE LEONG
Passport No/FIN	G7204460L
Contact Number	(Phone) +65-96523266
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	LING LAY LENG JUNEE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMR7794Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

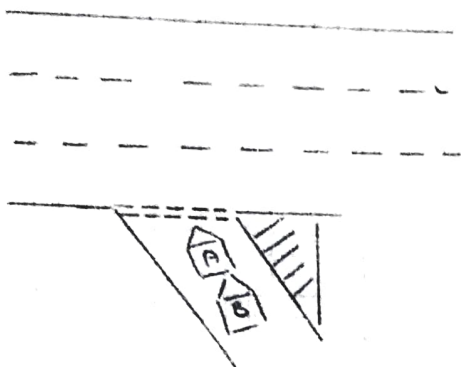


Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

B-ABD 9808



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

[illegible]

## DECLARATION

I/We declare ~~the~~ foregoing particulars are true in every respect.

**\* IMPORTANT NOTE:**

There is a **FOURTEEN (14) days** clause whereby the claim must be made within the stipulated time frame from the day of completion.



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.:



**SINGAPORE  
POLICE FORCE**



T/20210704/2072

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

1 of 3  
Report No. T/20210704/2072

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/07/2021 21:45		Vide Report No.:		Station Diary No.: 100
<b>Informant's Particulars</b>				
Name of Informant: LING LAY LENG JUNEE		Address: APT BLK 441 TAMPINES STREET 43 #04-217 SINGAPORE 520441		
ID Type / ID No.: NRIC NO / S7520393D		Contact No.: Home/Office:		Mobile: 87538831
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 46	Date of Birth: 27/06/1975	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/07/2021 16:00	Type of Location: X-Junction
Location:  GEYLANG EAST CENTRAL				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD980B	Lorry	MITSUBISHI	CANTER FEA01BR2S DEB (CBU)	White	Slightly Damaged	0
SMR7794Y	Car	TOYOTA	SIENTA HYBRID 7 SEATER 1.5X CVT	Silver	Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20210704/2072

Police Station Of Origin:  
Bedok North N P C  
30 Bedok North Road SINGAPORE 469676  
Tel No 1800-2449999

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Report No. T/20210704/2072

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved No			
No. of Pedestrians Injured NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE CHEE LEONG	ID No	G7204460L
Related Vehicle	GBD980B (Lorry)	Contact No.	96523266
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LING LAY LENG JUNEE	ID No.	S7520393D
Related Vehicle	SMR7794Y (Car)	Contact No.	87538831
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/07/2021	Date Discharge	03/07/2021
No. of Days granted Medical Leave	05	Degree of Injury	NIL

**Brief Details.**

On 03/07/2021 at about 4pm, my car stopped at the stop line of the slip road at Geylang East Central, going into Paya Lebar Road as the traffic along Paya Lebar Road was quite heavy. There was a lorry (GBD980B) stopped behind my car. Suddenly, the lorry accelerate and hit onto my rear. Due to the incident, my rear right side around the tail light was dented and scratches. There were also some scratches on the rear windscreen. No police or ambulance at scene.

As I was feeling breathless, backache, shoulder pain, neck pain, bad headache and also pain on my right wrist, I went to Mount Alvernia Hospital to seek medical attention and was given 5 days MC.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin  
Bedok North N P C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999



T/20210704/2072

3 of 3

Report No T/20210704/2072

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference

Signature Of Officer Recording The Report G / Sr Staff Sgt NUR FARHANA BINTE JAKARIA	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time 04/07/2021 21:45
Officer In Charge Of Case TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No: 65476204	Classification Of Case: 
Authentication Stamp NP168	