

ASS. REC. BY: Kenneth REF: MSG / 210085651K

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s MBM
 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.

N/S	O/S

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: PKT 9903A Yr Regn: 12, 18
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or Wagon
 Make: Toyota c.c. 1797
 Colour: M. Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 47936 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: ZWR 80 0329406
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: NII / S/Rlm / STD A/Rlm or
 Tyre Size: F: 195/65R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front R/Bal. 6 mm Rear R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 12/8/21 D.O.I. 31/8/2021
 Survey held at ✓
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
o/s Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report
☐ : Final Report

1) _____
 Date/Time, File Return to?

2) _____

Report Format :
 Lump Sum / I.B.I: (\$ _____)

Days Of Repair: _____

Resurvey No. of Trlp: _____

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

Survey Fee:

Transportation:

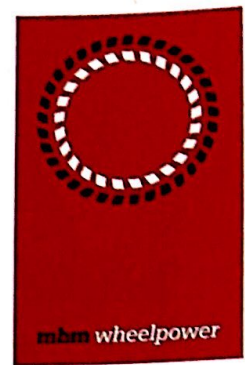
S - RS. \$ _____

Fuel \$ _____

Others \$ _____

TOTAL

MBM WHEELPOWER PTE LTD



Your Ref: SLK5576Y

Our Ref: SKT9903A

To: MSIG

CC

Fax

*Not Authorised
11 Aug 8
Resurvey After Paint
4 days*

Date: 16/8/2021
From: Danny
Fax: 64525333
Contact: 93288668
Make / Model: TOYOTA NOAH HYBRID 1.8X
Chassis No.: ZWR800329404
Engine No.: 2ZR0B89875
Year of Make: 2018
Accident Date: 12 August 2021

ESTIMATE FOR VEHICLE NO.: SKT9903A

DESCRIPTION	QTY	List Price
REAR RH DOOR	1	\$ 1,490.00 ✓
REAR RH DOOR WEATHERSTRIP	1	\$ 180.00 =
REAR RH DOOR HINGE UPP	1	\$ 95.00 X
RER RH DOOR HINGE LOWER	1	\$ 95.00 X
REAR RH DOOR CHROME	1	\$ 190.00 ✓
REAR RH FENDER	1	\$ 450.00 X
RH SIDE SKIRT GARNISH	1	\$ 320.00 X
Total:	\$	2,820.00
LESS 25%	\$	(705.00)
	\$	2,115.00

LABOUR

TO REMOVE, REFIT & REPAIR AFFECTED DAMAGED PARTS. INCLUDING TO KNOCK-OUT, WELD & STRAIGHTEN ON THE AFFECTED PARTS.	\$	900.00 400l
TO DISMANTLE & TRANSFER DOOR FITTINGS & MECHANISM TO NEW DOOR / FACILITATE REPAIR	\$	150.00 60l
TO APPLY ANTI RUST COATING	\$	150.00 30l
TO REMOVE, REFIT & UPHOLSTERY TO FACILITATE REPAIRS	\$	150.00 X
TO REMOVE & REPLACE BUMPER SENSORS	\$	60.00 X
TO CHECK & RECONNECT ALL NECESSARY WIRING	\$	80.00 20l
TO SPRAY PAINT ON THE AFFECTED AREAS	\$	900.00 600l

LKK Auto Consultants hence notify the Repairer of the following:	Total: \$	4,505.00
• To resurvey before/after spray painting	7% GST: \$	315.35
• To display damaged part(s) during resurvey	Grand Total: \$	4,820.35
• 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 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 13/08/2021 12:03 (SGT)
Date of Accident 12/08/2021 12:00 (SGT)
Exact Location of Accident Thomson Rd, Singapore
Additional Location Information Thomson Road/Whitley
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKT9903A
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner Ow Tuck Meng Raymond
NRIC No S1664829I
Email Address owfibre@yahoo.com.sg
Mobile Phone No (Phone) +65-97507055
Alternative Phone No (Home) +65-97507055

VEHICLE PARTICULARS

Manufacturer Toyota
Model Noah
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1800

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA557819/1
Cover Note Number -

DRIVER

Name of Driver Ow Tuck Meng Raymond
NRIC No S1664829I

 Accident report SS02218D0003

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 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. 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

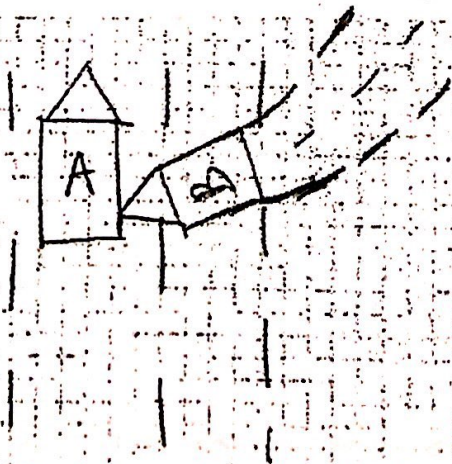
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: SET 4903A

B: SLK 5576Y