ASS. REC. BY: Kenneth | REF: MSG / 2100856518

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / 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 Rport: _____ 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: SKT9903A Yr Regn: 12 / 18

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or CAMPER WAGON

Make: Toy Noah 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: ZWR80 - 0329404

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : Nil / 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.	6 mm	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?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:

Transportation: ___$ + RS.___SI

Parking

Others

TOTAL

Report Format :

Lump Sum / I.B.I: ($ _____)

MBM WHEELPOWER PTE LTD

Your Ref: SLK5576Y
Our Ref: SKT9903A

Not Authorise Lifting & Recovery After Repair 4 days

To: MSIG

CC

Fax

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
RER RH DOOR HINGE LOWER	1	$	95.00
REAR RH DOOR CHROME	1	$	190.00
REAR RH FENDER	1	$	450.00
RH SIDE SKIRT GARNISH	1	$	320.00
	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 (4.0)
TO DISMANTLE & TRANSFER DOOR FITTINGS & MECHANISM TO NEW DOOR / FACILIATE REPAIR	$	150.00 (6.0)
TO APPLY ANTI RUST COATING	$	150.00 (3.0)
TO REMOVE, REFIT & UPHOLSTERY TO FACILITATE REPAIRS	$	150.00
TO REMOVE & REPLACE BUMPER SENSORS	$	60.00
TO CHECK & RECONNECT ALL NECESSARY WIRING	$	80.00 (2.0)
TO SPRAY PAINT ON THE AFFECTED AREAS	$	900.00 (6.0)
Total:	$	4,505.00
7% GST:	$	315.35
Grand Total:	$	**4,820.35**

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 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	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

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**.
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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