

ASS. REC. BY:

REF:

MSG / 21008604/Kt

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s B. Gray Lim Ten

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 NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SIM 5962 Yr Regn: 04, 17Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mit Lancer c.c. 1590Colour: M. Grey A/C: Insured / Std / NI / NASp. Reading: 52542 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JMYSRCY1AGU 008473Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: NI / S/Rlm / STD / Rlm orTyre Size: F: 205/55R16

R: _____

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

TOYO / YOKO or

Nexen

Front

Rear

R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.O.A. 12/8/21 D.O.I. 23/8/2021

Survey held at _____

Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop orO/S

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

Date / Time Action / Instruction

lump sum \$2900, 4days
red: 1098.4; 27%

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS \$

Fees

Others

TOTAL

Report Format :

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

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

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 16-Aug-21

INSURANCE: MSIG

MODEL: MITSUBISHI LANCER EX 1.6 AT LED TAIL LAMP

VEHICLE NO.: SLM 5962 E

Kenneth

Date 23/8/21

Not Notarized

1/1 Day &
Penny After Pain
4 days

DESCRIPTION	QTY	LIST PRICE	NETT AMOUNT
FRONT BUMPER	1		Bu \$858.00
FRONT BUMPER CLIPS	10		Mu \$30.00
FRONT BUMPER REINFORCMENT	1		R \$390.00
FRONT BUMPER RETAINER	1		\$20.00
O/S FRONT BUMPER FOG LAMP COVER	1		M, 8 \$32.00
O/S FRONT BUMPER FOG LAMP	1		Sm \$414.00
O/S HEADLAMP	1		My LMT \$698.00
O/S HEADLAMP BRACKET	1		\$20.00
O/S FRONT FENDER	1		B, \$588.00
O/S FRONT FENDER UNDER-SHEILD	1		\$102.00
O/S FRONT FENDER UNDER-SHEILD CLIPS	8		\$24.00
SUB TOTAL			\$3,176.00
LESS 10%			\$317.60
DISCOUNTED TOTAL			\$2,858.40
LABOUR CHARGE			
TO PUTTY & SPRAY PAINTING			\$600.00
TO CHECK FRONT WIRING & FOCUS HEADLIGHT			\$30.00
TO ANTI RUST			\$30.00
LABOUR			\$480.00
TOTAL LABOUR			\$1,140.00
ESTIMATE TOTAL			\$3,998.40
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 <p>Acknowledged by Repairer Signature: _____ Date: _____</p>			
<p>This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the Insurance company.</p>			

✓
✓
X
7
✓
X
✓
7
✓
7
7

4000
201
✓
4000

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 GI 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 11:35 (SGT)
Date of Accident 12/08/2021 18:26 (SGT)
Exact Location of Accident Near 4 Ang Mo Kio Street 63, Singapore 569112
Additional Location Information ALONG ANG MO KIO AVENUE 9
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLM5962E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SUEN ENG KAI
NRIC No SXXXX910G
Email Address suen_e@yahoo.com.sg
Mobile Phone No (Phone) +65-90883089
Alternative Phone No +65-90883089

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Lancer
Variant MITSUBISHI LANCER EX 1.6 AT LED TAIL LAMP
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 HL Assurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MP317286
Cover Note Number -

DRIVER

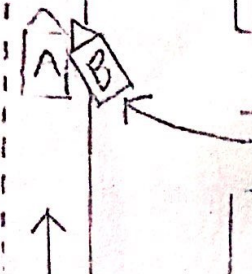
Name of Driver SUEN ENG KAI
NRIC No SXXXX910G

SKETCH PLAN

Date & Time of Accident: 12/08/21, 1826 hrs Location: Along Ang Mo Kio Ave 9
 Veh A: SLM 5962E Veh B: SGP 7494U Veh C/Others: —

AMK
Ave
9

AMK ST 63



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12 Aug 2021, I was driving along Ang Mo Kio Ave 9 from NYP towards Ang Mo Kio Ave 6. At Junction btw Ave 9 and ST 63, another car Toyota Altis SGP 7494U (Driver: S6808153 Z Ong Lay Eng) drove out from ST 63 turning right into Ave 9, colliding into my car SLM 5962E

NOTE : PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

☐ Own Damage Claim at Lim Tan Motor ☐ TP Claim at Lim Tan Motor
☐ Own Damage Claim at Other Workshop ☐ TP Claim at Other Workshop ☐ Reporting Only

I/We hereby authorised Lim Tan Motor Pte Ltd to forward my/our filed GIA accident report to:-

My/Our workshop via email : _____

My/Our email : _____

DECLARATION

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

Policyholder's Signature Date
& Time:

13/8/21
10 30 hrs

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: 7635