

ASS. REQ. BY:

REF: CS/

SMR / 21009899/Ku f3

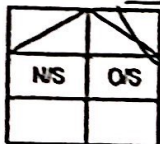
Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/WS/TP RES/OD RES/EVA/INV/MV
 To Inspect Vehicle No: SMR 4805U
 at Workshop invs: NGS
 of _____
 Insured: SHB 5202X
 Policy No. _____
 Claims No. TAX/09/21/2039
 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 Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: 12/21 Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMR 4805U Yr Regn: 12, 06
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Wish cc 1799
 Colour: Black AC: Insured / Std / NI / NA
 Sp. Reading: 434282 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: ZNE10 0318802
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brakes: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD / R/Rim or
 Tyre Size: Kettlake 195/65R15
 R: Premio

BS/DUN/EXNOVA/GY/IFS/LIZA/MIC/OHTSU/PIR/SUMI/
 TOYO/YOKO or _____

Front	Rear
R/Bal. 9 mm	R/Bal. 9 mm
L/Bal. 9 mm	L/Bal. 9 mm
D.O.A. 17/9/21	D.O.I. 22/9/2021

Survey held at _____

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

1st O/S
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

22/9 11:20 @ 1400

Confirmed L/S \$1400, 3 repair days

(RED \$1706.95; 55%)

Date/Time, File Pass to?

☐: Prel. Report

1) 9/11 TYPIST

☐: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS \$

Fees

Others

TOTAL

Report Format: TP

Lump Sum / t.B.t: (\$) \$1400

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

NGS MOTORSPORT PTE LTD

Blk 10 Ang Mo Kio Industrial Park 2A #02-01 AMK AutoPoint Singapore 568047

Tel : 9695 5547 Fax: 6481 5727 e-mail : ngsmotorsportpteltd@gmail.com

Reg No: 201812604N

MS First Capital Insurance Ltd
36 Robinson Road
#16-01 City House
Singapore 068877

Attn: Motor Claims Dept

Dear Sir,

RE: Accident on 17/09/21, Involving Veh SMR4805U & SHB5202X
Claims Against SHB5202X (First Cap)
Your Ref: D

We submit herewith our direct claim estimate quotation as follow:-

Replacement parts - Toyota Wish

1	Headlamp RH	CM / Mgmt \$	743.14	✓
1	Frt Bumper RH	R/S	649.36	✓
1	Frt bumper Retainer RH	M/S	89.64	✓
1	Frt Bumper Cover RH	\$	42.50	X
1	Frt Fender RH	R/S	611.42	X
1	Frt Bumper under cover	\$	2,136.06	
		\$	(427.21)	
		\$	1,708.85	
		\$	45.00	✓
		\$	600.00	350

To remove all damaged parts with all necessary components/ attachments. Straighten chassis member, repair/reshape dented body panel in accordance with factory specifications.
Replace/reposition damaged parts, refit align into Refix all necessary components/attachment.

To spray painting

To check wiring/proper function on light and etc.

Any other parts which necessitate repair or renewal with incur additional charges.
Please contact our Ma Evelyn @HP96955547 to arrange for survey. Thank you

Yours faithfully,

NGS MOTORSPORT PTE LTD
EVELYN NG

LKK Auto Consultants hence notify the Repairer of the following:
• 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

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	20/09/2021 17:28 (SGT)
Date of Accident	17/09/2021 17:57 (SGT)
Exact Location of Accident	Tampines St. 11, Singapore
Additional Location Information	BETWEEN BLK 107 & 108 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR4805U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ONG AUTOMOTIVE
Company Reg No	53401601D
Email Address	ongautomotiveaccident@gmail.com
Mobile Phone No	(Phone) +65-88155479
Alternative Phone No	+65-88155479

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1800

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	VFX/P2417265
Cover Note Number	-

DRIVER

Name of Driver	MANOJKUMAR S/O SELVARAJAN
NRIC No	S9005497Z

SKETCH PLAN

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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.
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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

SMR4805U
SHB5202X

