

ASS. REC. BY:

REF: MSG / 21010373/KU f3

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: GBH 8451M

at Workshop m/s

of

Insured:

FBM 9126U

9256

Policy No.

MSD/VMS/21-423192

Claims No.

MSC/V/21-000447

Sum Insured:

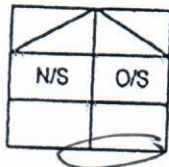
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

856K

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

06 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:

GBH 8451M

Yr Regn:

10, 18

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

Truck / Trailer or

Make:

Toy Hiace

c.c

2982

Colour

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

78541

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTF-H T02P 200245488

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: M / S/Rlm / STD A/Rlm or

Tyre Size:

F:

195R15 X8

R:

BS / DUN / EXNOVA / GY / FS / 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.

8/10/21

D.O.I.

12/10/2021

Survey held at

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

Rear O/S

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

Date / Time

Action / Instruction

20/10/21 @ 3350h. Carbur 25/10/21 6 repair days
(RED \$3228.95; 49%)

Date/Time, File Pass to?



: Prell. Report

1) 9/12 TYPIST



: Final Report

Date/Time, File Return to?

Days Of Repair:

6

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

Report Format:

TP

Lump Sum / +B+ (\$

3350

LIM YEW BOO SPRAY PAINT CO.

BLK 10, SIN MING INDUSTRIAL ESTATE, SECTOR C, #01-10 S'575645
 NO. 176, SIN MING DRIVE, #03-05, SIN MING AUTOCARE, S'PORE 575721
 Tel No. : 64534177 Fax No. : 64593724
 E-Mail : limyewboo@singnet.com.sg
 Website : www.limyewboo.com.sg
 Buss. Reg. No. : 200514/00L

Not Notified
11 Lm & 335ch
Recovery After Rain
8 days

Estimate : TP21/044

MSIG INSURANCE (SINGAPORE) PTE LTD
 16 RAFFLES QUAY #24-01
 HONG LEONG BUILDING SINGAPORE 048581

Attention : Motor Claim Department
 Contact : 62209644 Fax No. : 62257402

Date : 08/10/2021
 Vehicle Num. : GBH 8451M
 Make/Model : TOYOTA HIACE-2018
 Chassis/Eng# : JTFHT02P200245488/1KD2828072
 Accident Date : 06/10/2021
 Claim No. :
 Reference : LYB/GBH8451M/MSIG/tp/sl
 Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
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LIST ITEMS :

1.	1	REAR TAILGATE		
2.	1	REAR TAILGATE RUBBER		
3.	1	REAR TAILGATE LOCK /UPPER		
4.	1	REAR TAILGATE LOCK/ LOWER		
5.	1	REAR BUMPER		
6.	1	REAR BUMPER BEAM		
7.	2	REAR BUMPER RETAINER		
8.	7	REAR BUMPER CLIPS		
9.	1	REAR TAILEND PANEL (OUTER)		
10.	1	REAR TAILEND PANEL (INNER)		
11.	2	REAR TAILEND PANEL TEROSTAT SEALANT		
12.	1	REAR EMBLEM 'HIACE'		
13.	1	REAR EMBLEM 'TOYOTA'		
14.	1	REAR EMBLEM 'TOYOTA' IN LOGO FONT		
15.	1	REAR '70 KM/H' STICKER		
16.	1	REAR W/SCREEN INNER SEAL		
17.	1	REAR W/SCREEN SEALANT		

List TotalS\$:

25.00% Discount S\$:

SPECIAL NETT ITEMS :

1.	1	REAR REVERSE SENSOR		
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Special Nett Total S\$:

B ₁	1,855.30	✓
SL	291.20	X
R	181.20	X
R	181.20	X
B ₁	692.00	✓
R	295.10	X
OLSDRV	75.20	✓
NEC	54.20	301m
NEC	108.40	✓
NEC	47.70	✓
NEC	57.70	✓
NEC	67.80	✓
NEC	12.00	✓
NEC	50.00	✓
NEC	50.00	✓

4,971.93

1,242.98

3,728.95

2005m
 CM 250.00

250.00

CONTINUE / ...

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:

LIM YEW BOO SPRAY PAINT CO.

BLK 10, SIN MING INDUSTRIAL ESTATE, SECTOR C, #01-10 S'575645
 NO. 176, SIN MING DRIVE, #03-05, SIN MING AUTOCARE, S'PORE 575721
 Tel No. : 64534177 Fax No. : 64593724
 E-Mail : limyewboo@singnet.com.sg
 Website : www.limyewboo.com.sg
 Buss. Reg. No. : 200514/00L

MSIG INSURANCE (SINGAPORE) PTE LTD
 16 RAFFLES QUAY #24-01
 HONG LEONG BUILDING SINGAPORE 048581

Attention : Motor Claim Department
 Contact : 62209644 Fax No. : 62257402

Estimate : TP21/044

Date : 08/10/2021
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 Accident Date : 06/10/2021
 Claim No. :
 Reference : LYB/GBH8451M/MSIG/tp/sl
 Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
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		LABOUR :		
		TO APPLY RUST-PROOFING ON REPAIRED/ REPLACED PANELS	120.00	601
		TO REMOVE & REFIX REAR W/SCREEN GLASS	120.00	✓
		TO TRANSFER TAILGATE PARTS & FITTING TO NEW TAILGATE	80.00	601
		TO CHECK WATER SEEPAGE	60.00	201
		TO REPLACE REAR SENSOR & CHHECK SENSOR FUNCTION	120.00	201
		TO REMOVE, REPAIR, STRAIGHTEN ON REAR AFFECTED SILENCER	na 120.00	X
		TO DISMANTLE REAR INTERIOR FLOOR BOARD TO FACILIATE REPLACEMENT OF END PANEL & REPAIR JOB	180.00	601
		TO REPAIR, PANEL BEAT ON REAR AFFECTED TAILLAMP LOWER PANEL, CUT & WELD ON REPLACED END PANEL & LABOUR TO REPLACE ABOVE PARTS	800.00	601
		TO PUTTY, PRIMER & SRAY PAINT ON REAR TAILGATE, REAR END PANEL, REAR TAILLAMP LOWER PANEL, REAR BUMPER, REAR SENSOR USING 2K PAINT	1,000.00	601
		Labour Total S\$:		2,600.00

E. & O.E.

Total S\$: 6,578.95

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for LIM YEW BOO SPRAY PAINT CO.

SS1721A70001 / SIN MING AUTOCARE BFG PTE LTD
 ENTRY DATE & TIME: 07/10/2021 16:43 (SGT)
 SUBMITTED BY: SMBFG Admin
 VERSION: 1 (07/10/2021 16:43 (SGT))

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	07/10/2021 16:43 (SGT)
Date of Accident	06/10/2021 17:00 (SGT)
Exact Location of Accident	Sims Pl, Singapore
Additional Location Information	PARKING LOT NO.43
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH8451M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NATUZI TRADING PTE LTD
Company Reg No	2XXXXXX925G
Email Address	jasonphua@natuzi.com.sg
Mobile Phone No	(Phone) +65-97393352
Alternative Phone No	+65-97393352

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5104591429-02
Cover Note Number	-

DRIVER

Name of Driver	NGAU KIEN MENG
NRIC No	SXXXX422E

Date Of Birth	08/07/1976
Occupation	Outdoor
Date Of Driving Pass	16/05/1997
Driving experience	24 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96253494
Alt. Phone Number	-
Email Address	jasonphua@natuzi.com.sg
Address	BLK 163A RIVERVALE CRESCENT
Address complement	#18-242
Postcode	541163
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collided into Parked Vehicle
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER SKETCH PLAN AND STATEMENT - PARKED AND HIT BY VEHICLE B.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBM9126U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	LOH SZE SHAN
NRIC No	SXXXX680I
Contact Number	(Phone) +65-93884353
Address	-

Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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.

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

Witnessed by Reporting Centre
Personnel

A) 68H 845IM
B) FBW 9126U

Sim's Place

Log 17 Cedar

Describe Circumstances of the Accident

On 06/10/21, I parked my vehicle GSH 5451M along Sims Place at lots number 43 @ 1640 hrs. From there I walked to my office situated opposite the junction.

At around 1708 hrs, when walking back to my vehicle, I saw 3 men standing at the rear of my vehicle and also a motorbike. I asked what happen, one of them told me that a motorbike has hit the rear of my vehicle. There were 2 witness there. An ambulance had also arrived the scene. However the rider who has hit my vehicle claimed that he is fine and does not want to follow the ambulance to the hospital. As such the ambulance officer made the rider to sign a form indicating he is okay and do not want to go to the hospital.

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

PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

PLEASE STATE: ☐ Claim Own Policy ☒ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel