ASS. REC. BY: Kenneth | REF: MSG/210727/Kf

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Chew Guan

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: 85k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 05 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: 01'22 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SGR 5314J Yr Regn: 02.07

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

Make: Toy Wish c.c 1794

Colour M Grey A/C: Insured / Std / NI / NA

Sp.Reading 229343 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZNE10 - 0350880

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: Rapid 195/65R15

R: Kumho

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	5 mm
L/Bal.	6 mm	L/Bal.	5 mm
D.O.A.	17/10/21	D.O.I.	19/10/2021

Survey held at ✓

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

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 ($ _____)

Report Format :

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

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Parking _____

Others _____

TOTAL _____

趙 源 摩 哆
Chew Goon Motor
Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5
#01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047
Tel: 6484 1626 (24Hrs) Fax: 6484 0465
Business Reg. No: 221880/00C GST Reg. No: MX-0486007-AO

Not Authorised ... & ... After Pain May be T/loss 5days

To: MSIG Insurance (S) Pte Ltd

Policy No: Third Party

Date: 18.10.2021

Accident Date : 17.10.2021

Specialised in Car Painting, Welding, Panel-Beating and Insurance Claim.

承接汽车烧焊喷漆及代理各种车辆赔偿

ESTIMATE

数 量 Quantity	货 名 DESCRIPTION	单 价 Unit Price	银 Amount 额 $ cts.
	Estimate Cost of Repair "Toyota Wish" Reg. No. SGR5314J Claiming Against Your Insured Veh. No. SLW8788U		
1pc	Bonnet		731.00
2pcs	Bonnet Hinges	48.80	97.60
1pc	Bonnet Rubber Seal		39.20
8pcs	Bonnet Insulator Clips	5.50	44.00
1pc	Bonnet Moulding		197.00
1pc	Windscreen Garnish RH		52.00
1pc	Headlamp LH		865.00
1pc	Headlamp Panel LH		822.00
1pc	Front Bumper		486.00
10pcs	Front Bumper Clips	3.80	38.00
1pc	Front Bumper Brackets LH		45.60
1pc	Front Bumper Sponge		105.00
1pc	Front Bumper Reinforcement		302.00
1pc	Front Bumper Corner Retainer LH		54.70
1pc	Front Bumper Fog Lamp Cover LH		105.40
1pc	Front Fender LH		723.40
1pc	Front Fender Shield		120.10
10pcs	Front Fender Shield Clips	3.80	38.00
1pc	Main Fuse Box LH		865.00
1pc	Front Shock Absorber		413.80
1pc	Air Cleaner Box		435.00
1pc	Air Cleaner Box Lower Hose		261.80
1pc	Air Cleaner Resonator		TBC
1pc	Front Knuckle Arm		555.00
1pc	Front Knuckle Arm Bearing		130.90
1pc	Front Lower Arm Ball Joint		196.20
1pc	Front Wheel Hub		79.80
			7,803.50
	Less 25%		1,950.88
			5,852.63
	Battery		145.00 SN
	Front Wheel Rim LH		450.00 SN
	To Conduct Electrical Check, Focus Headlamp		30.00
		C/F	6,477.63

趙 源 摩 哆
Chew Goon Motor

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ESTIMATE

承接汽车烧焊喷漆及代理各种车辆赔偿

数 量 Quantity	货 名 DESCRIPTION	单 价 Unit Price	银 Amount 额 $ cts.
	Estimate Cost of Repair "Toyota Wish" Reg. No. SGR5314J Claiming Against Your Insured Veh. No. SLW8788U		
		B/F	**6,477.63**
	To Apply Rust Proofing / Reseal Tuff Coating Treatment to Respray / Replaced / Repair Panel		50.00 ✓
	To Provide Transportation (Towing)		60.00 Sol
	To Dismantle / Hi Pressure Press / Replace Wheel Bearing		NA 70.00 X
	To Conduct Computerize Wheel Alignment Test		80.00 6ol
	Labour Charge - Panel Beating, Repairing Of Front Chassis Member, Fender Inner Panel, Front LH Door etc. Cnt, Weld Headlamp Panel and Parts Replacement		600.00 55ol
	To Respray Affected Areas		850.00 75ol
		Total :	8,187.63

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:

SA1921AI0005 / AH LIM MOTOR COMPANY (MAIN)
ENTRY DATE & TIME: 18/10/2021 14:23 (SGT)
SUBMITTED BY: EILEEN CHUA
VERSION: 1 (18/10/2021 14:23 (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 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	18/10/2021 14:23 (SGT)
Date of Accident	17/10/2021 13:34 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BEDOK NORTH AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR5314J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOW KWEE SENG TONY
NRIC No	SXXXX281F
Email Address	TONYKSLOW@GMAIL.COM
Mobile Phone No	(Phone) +65-97497190
Alternative Phone No	+65-97497190

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	WISH 1.8 A
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 car
Transmission	Auto
CC	1794

INSURANCE COMPANY

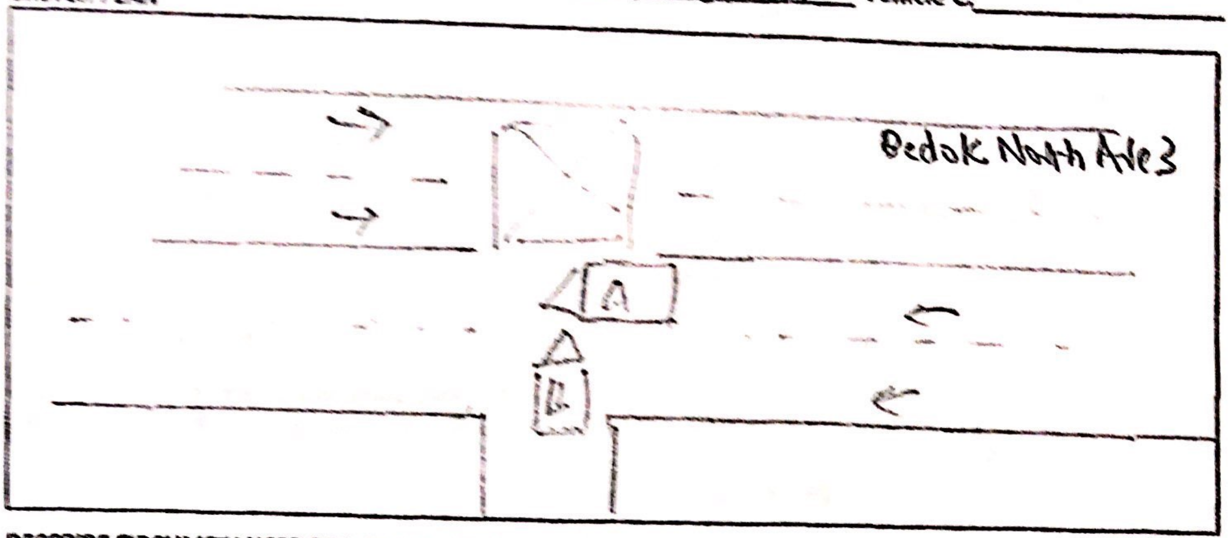
Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT/00606130/02
Cover Note Number	02/03/2021 - 01/03/2022

DRIVER

Name of Driver	LOW KWEE SENG TONY
NRIC No	SXXXX281F

Date of accident: 17/10/21 Time: 13 34 Location: Bedok North Ave 3
My Vehicle A: SKP 7244 Vehicle B: SLW 8788U Vehicle C:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Sunday 17 oct 21 at 1:34 pm, I was driving slowly along Bedok North Ave 3, the weather was clear and the road was dry.
Suddenly this vehicle SLW 8788U drove out of the side lane (left side) without stopping.
I applied emergency brake but was too late because my car was already near to his car.
My car collided into his vehicle. my left front was damaged.
The car owner SLW 8788U admitted that he was in the wrong and agreed to pay for my car repair.

☐ Claim OD/TP at Ah Lim Motor ☑ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :
My workshop : Chen Guan Motor.
Email address :
& myself :
Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

18/10/21

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: