

ASS. REC. BY:

REF:

MSG/21011616/KV f3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: GBL 4508P

Policy No. 1001875073

Claims No. 265426

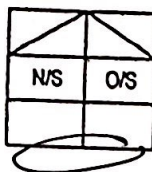
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: \$35k

IDAC Accident Report: _____ 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: 11/27 Person Contacted: _____ Vehicle: IN / OUT

Veh No: STA 4419B Yr Regn: 121 07

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

Truck / Trailer or

Make: Toyota Axiom c.c. 1496

Colour: M. Silver AC: Insured / Std / NI / NA

Sp. Reading: 261047 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NZE141 8054660

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: _____

R: 195/65R15

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

TOYO / YOKO or

Front

Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 12/11/21 D.O.I. 16/11/2021

Survey held at 3pm

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

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

Date / Time	Action / Instruction
3/12/21	LS confirmed \$3200 (Red 1712.50, 34%)

Date/Time, File Pass to?

☐: Prell. Report

1)

☐: Final Report

Date/Time, File Return to?

2) 3/12/21-typist

Days Of Repair: 6

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

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

Report Format: Merimen

Lump Sum / I.B.I: (\$ 3200)

Cheng Hoe Motor Pte Ltd

Blk 1019, Yishun Industrial Park A #01-374/382, Singapore 768761
 TEL: 67556142 (YIS) FAX: 67557719 (YIS) Email: chmotor@singnet.com.sg
 GST:201001158E RCB NO:201001158E

SJA 4419B
 TP/MSIG

M/S : MSIG INSURANCE (S) PTE LTD (SGX)
 16 RAFFLES QUAY
 #24-01 HONG LEONG BUILDING
 SINGAPORE 048581

TEL: 68277660
 ATTN: Motor Claim Department

FAX: 62257402

Estimate No: ES2191104/YISHUN
 Date: 16 Nov 2021
 Policy No: 5119878611
 Veh Reg No: SJA4419B
 Make/Model: TOYOTA TOYOTA
 COROLLA AXIO 1.5X A
 Chassis No: NZE1416054660
 Engine No: 1N7C780784
 Reg. Date: 10/12/2007

WS Ref: TP/MSIG
 Claim Type: Third Party
 Accident Date: 12/11/2021
 TP Veh Reg No: GBL4508P

*Not Authorized**1/1 Lmp & Reinsure After Paim 6 days***Estimate Repair Cost to Vehicle No :SJA4419B**

PAGE:1/1

Description	U/Price	Quantity	List Price	Amount
List Price			SS	SS
1 REAR BUMPER	565.20	1 PC	565.20	✓
2 REAR BUMPER LH BRACKET	59.80	1 PC	59.80	?
3 REAR BUMPER LH SIDE RETAINER	81.76	1 PC	81.76	✓
4 REAR BUMPER CLIPS	3.50	6 PCS	21.00	✓
5 REAR BOOT	817.53	1 PC	817.53	✓
6 REAR BOOT INNER LOCK	111.83	1 PC	111.83	✓
7 REAR BOOT INNER RUBBER	167.20	1 PC	167.20	5081A
8 REAR BOOT EMBLEM (AXIO)	45.10	1 PC	45.10	✓
9 REAR BOOT EMBLEM	40.10	1 PC	40.10	✓
10 REAR BOOT OUTER GARNISH WITH LOGO	216.50	1 PC	216.50	✓
11 REAR CENTRE PANEL	514.20	1 PC	514.20	✓
12 REAR CENTRE PANEL INNER TOP GARNISH	166.25	1 PC	166.25	✓
13 TAILLAMPS	365.10	2 PCS	730.20	0118A
			3,536.67	
	Less 25%		884.17	2,652.50
Special Net				
14 REVERSE SENSOR	200.00	1 SET	200.00	✓
15 REVERSE CAMERA	350.00	1 PC	350.00	?
			550.00	550.00
Labour				
16 REMOVE & REFIX REAR BUMPER ASSY, TAILLAMPS, REAR BOOT & ATTACHMENT, CUT, WELD & RENEW REAR PANEL, KNOCK & REPAIR REAR COMPARTMENT & REALIGN THE SAME.	800.00	1 LA	800.00	700
17 PUTTY & RESPRAY ON REAR PANEL, BOOT, REAR BUMPER, HINGES, COMPARTMENT & REAR AFFECTED AREAS	850.00	1 LA	850.00	800
18 RUSTPROOFING	60.00	1 LA	60.00	✓
			1,710.00	1,710.00
			Total	SS 4,912.50
			Add GST @ 7%	343.88
			Total Amount Payable	SS 5,256.38

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:

For Cheng Hoe Motor Pte Ltd

AUTHORISED SIGNATURE

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
1. This Form must be completed by the Policyholder and/or the Authorised Driver
2. 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.
3. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
4. Any false reporting may be referred to the Police for investigation.
5. 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.
6. 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 15/11/2021 12:34 (SGT)
Date of Accident 12/11/2021 18:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information SEMBAWANG WAY TOWARDS WOODLANDS AVE 7
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJA4419B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG KOON YIN
NRIC No SXXXX732E
Email Address markngky@gmail.com
Mobile Phone No (Phone) +65-90605200
Alternative Phone No +65-90605200

VEHICLE PARTICULARS

Manufacturer Toyota
Model COROLLA AXIO 1.5X 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 1496

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5119878611
Cover Note Number 10/12/20-9/12/21

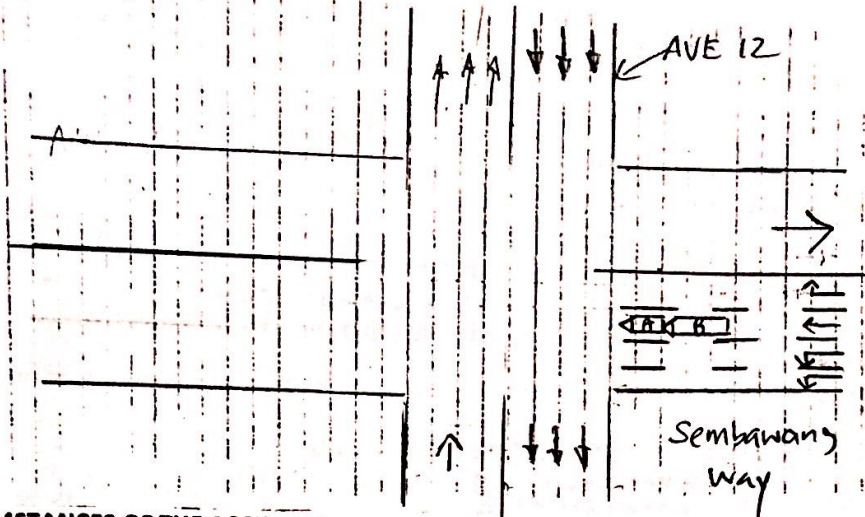
DRIVER

Name of Driver NG KOON YIN
NRIC No SXXXX732E

WOODLANDS
Ave 7

A = SJA 4419B

B = GBL 4508P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12 NOV 2021, Time: 1815 p.m, vehicle GBL 4508P was stationary behind my Axio SJA 4419B. As it was Red Light and i'm supposed to go straight toward woodlands Ave 7. I stopped center lane 1st vehicle. When Green Arrow appeared for left side vehicle to turn, GBL 4508P - drove forward and hit hard onto my vehicle rear portion but there were no injuries on both parties involved

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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:

Reporting Centre Personnel's Signature
Name: Eleda
NRIC/FIN No.: (WL)

() Claim Own Policy (✓) Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

13/11/2021