ASS. REC. BY: Kenneth

REF: MSG/ 210127061K vf3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Chuy Hoe Auto

of _____

Insured: FBL 1819L

Policy No. MSD/VMS/21-426736-CA

Claims No. MSC/V/21-000522

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: $ 88K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 1-B-1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMQ 7558T Yr Regn: 11, 19

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

Make: Toy Sienta (A) c.c 1496

Colour M.P. White A/C: Insured / Std / NI / NA

Sp.Reading 31941 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NHP170 - 7172757

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: Toyo 185/60R15

R: B.S

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	5 mm
L/Bal.	8 mm	L/Bal.	5 mm
D.O.A.	10/12/21	D.O.I.	21/1/2022

Survey held at _____ 11.20am

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

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

Date / Time	Action / Instruction
/	Est not ready
17/5/22	Informed June $2961.07 (red 200, 6%)

Date/Time, File Pass to? 1) _____

Date/Time, File Return to? 2) 17/5/22-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Parking _____

Others _____

TOTAL _____

Report Format : Merimen

~~Lump Sum~~ / I.B.I: ($ 2961.07)

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

Not Authorised
Resurvey Bkpanel 4days

M/S : NTUC INCOME INSURANCE CO-OPERATIVE LTD
73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSE
SINGAPORE 189556
TEL: 67886616 FAX: 67883777
ATTN: Motor Claim Department

WS Ref: TP/MSIG/AMK
Claim Type: Third Party
Accident Date: 10/12/2021
TP Veh Reg No: FBL1819L

Estimate No: **ES2290073/AMK**
Date: 20 Jan 2022
Policy No: GA588510
Veh Reg No: **SMQ7558T**
Make/Model: TOYOTA SIENTA 1.5X AUTO
Chassis No: NHP1707172757
Engine No: 1NZR783014
Reg. Date: 29/11/2019

Estimate Repair Cost to Vehicle No :SMQ7558T

	Description	U/Price	Quantity	List Price S$	Amount S$
	List Price				
1	REAR BUMPER	309.10	1 PC	309.10	
2	REAR BUMPER TOP PROTECTOR	189.50	1 PC	189.50	
3	REAR BUMPER TRIANGLE GARNISH	45.20	1 PC	45.20	
4	REAR BUMPER LH SIDE PAD	129.10	1 PC	129.10	
5	REAR BUMPER CLIP	3.50	6 PC	21.00	
6	REAR TAILGATE	1,110.90	1 PC	1,110.90	
7	TAILGATE LOGO	67.50	1 PC	67.50	
8	TAILGATE EMBLEM 'HYBRID'	56.00	1 PC	56.00	
9	TAILGATE WINDSCREEN GLASS MOULDING	99.80	1 PC	99.80	
				2,028.10	
			Less 25%	507.03	1,521.08
	Special Net				
10	REVERSE SENSOR	200	1 SET	200.00	
11	REAR WINDSCREEN GLASS SEALANT	40	1 PC	40.00	
				240.00	240.00
	Labour				
12	REMOVE AND REFIX REAR WINDSCREEN GLASS	120	1 LA	120.00	
13	REMOVE & REFIX REAR BUMPER & ATTACHMENTS,TAILGATE & ATTACHMENTS;KNOCKING & REPAIR REAR END PANEL & REALIGN THE SAME	500	1 LA	500.00	400
14	PUTTY & RESPRAY REAR BUMPER,TAILGATE,REAR END PANEL & ALL AFFECTED AREAS	700	1 LA	700.00	600
15	REMOVE & REFIX REVERSE CAMERA,RESET & REALIGN THE SAME	50	1 LA	50.00	
16	RUSTPROOFING	30	1 LA	30.00	
				1,400.00	1,400.00

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:

SA1921CD000F / AH LIM MOTOR COMPANY (MAIN)
ENTRY DATE & TIME: 13/12/2021 15:32 (SGT)
SUBMITTED BY: EILEEN CHUA
VERSION: 1 (13/12/2021 15:32 (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	13/12/2021 15:32 (SGT)
Date of Accident	10/12/2021 19:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ7558T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MAXANNE ONG MEI XIAN
NRIC No	SXXXX193C
Email Address	MAXANNEONG.MX@GMAIL.COM
Mobile Phone No	(Phone) +65-90079237
Alternative Phone No	+65-90079237

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	SIENTA HYBRID 1.5X CVT
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	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA588510
Cover Note Number	29/11/2021 - 28/11/2022

DRIVER

Name of Driver	MAXANNE ONG MEI XIAN
NRIC No	SXXXX193C

SKETCH PLAN

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. 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.

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan