

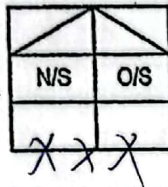
ASS. REC. BY: Steve REF: CS/CT127001495/Evy3 1

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 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.



Est. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SMJ 66787 Yr Regn: 15/3/19
 Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Lexus UX200 c.c. 1987
 Colour: Green A/C: Insured / Std / NI / NA
 Sp. Reading: 100309 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTHY35 BHX 02 0057.05
 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: 205/55 R16
 R: 1
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or . _____
 Front Rear
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 13/7/22 D.O.I. 17/7/22
 Survey held at Borneo
 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
	<u>MR-132K</u>

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

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

Survey Fee:

Transportation:

_____ S + RS. _____ SI

Photos

Others

TOTAL

Report Format: _____

Lump Sum / L.S. (\$ _____)



Borneo Motors



Inchcape

Co. Reg No. : 196700086Z

GST Reg No. : MR-8500000-9

No 2 Pandan Crescent

Singapore 128462, Tel no. : 6631 1388

ESTIMATE

Account Details		Account No.	Customer Details	
China Taiping Insurance (S) Pte Ltd 3 Anson Road #16-00 Springleaf Tower Singapore 079909 Attn: Motor Claims Dept		S1000003 / ICCI1	Ms Goh Mui Cheng 717 Woodlands Drive 70 #10-100 Singapore 730717 Mobile: 98268237	
		Document No. 0		
		Document Date 15/02/2022		

Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2018	MZAA10R	AWXBB L1	15/03/2019	SMJ6678Z	0	20677	61TP/SMJ6678Z/130222

Chassis No.	Engine No.	Terms	SA / Counter	Vehicle In	Collected On
JTHY35BHX02005705	M20AN010242	60	Carine Yeo C L	--/--	0.00 --/-- 0.00

L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount
8	B	BP-LAB3 TO REMOVE AND RE-INSTALL REAR LUGGAGE TRIM, GARNISH ETC TO ENABLE REPAIR (NETT)				9 433.00
9	T	BP-MISC1 SHOULD THE ABOVE VEHICLE BE SUBJECT TO TOTAL LOSS OR TOW OUT BY INSURANCE COMPANY OR BY THE OWNER PRIOR TO THE REPAIR A 6% OF THE QUOTATION PRICE WILL BE IMPOSED AS ADMIN CHARGES TO A MAX OF \$1000 + TOWING CHARGES IF APPLICABLE.				
10	Z	BP-MISC2 A DAILY STORAGE CHARGE AT THE RATE OF S\$25/- PER DAY WILL COMMENCE 7 DAYS AFTER ESTIMATE DATE. THESE CHGS WILL NOT APPLY IF REPAIRS ARE UNDERTAKEN BY BORNEO MOTORS.				
11	1	L52159-76920 COVER, RR BUMPER <i>CR4</i>	1.00	844.40		844.40
12	2	L52169-76081 COVER, RR BUMPER, <i>CU</i>	1.00	456.70		456.70
13	3	S52161-0K040 BUMPER CLIPS <i>MC</i>	13.00	4.30		55.90
14	4	L52162-76040 PLATE, RR BUMPER, <i>X</i>	1.00	18.40		18.40
15	5	L75895-78030 TAPE, MOULDING, NO.1 <i>MC</i>	2.00	42.10		84.20
16	6	L52023-76030 REINFORCEMENT <i>7 MC</i>	1.00	441.60		441.60

For & on behalf of	Customer's Signature	Charge Summary	Total
Borneo Motors (Singapore) Pte Ltd			
	Please acknowledge receipt of vehicle	Parts Labour Sublet Lubrication/Fluid Others	Less
			Amount Due

Customer Copy

Yen - 67412716
LKK - Steve.
17/2 - 10.30am

Co. Reg No. : 196700086Z
GST Reg No. : MR-8500000-9
No.2 Pandan Crescent
Singapore 128462, Tel no : 6631 1388

ESTIMATE

Account Details			Account No.		Customer Details		
China Taiping Insurance (S) Pte Ltd 3 Anson Road #16-00 Springleaf Tower Singapore 079909 Attn: Motor Claims Dept			S1000003 / ICC11		Ms Goh Mui Cheng		
			Document No. 0		717 Woodlands Drive 70 #10-100 Singapore 730717		
			Document Date 15/02/2022		Mobile: 98268237		
Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2018	MZAA10R	AWXBB L1	15/03/2019	SMJ6678Z	0	20677	61TP/SMJ6678Z/130222
Chassis No.		Engine No.	Terms	SA / Counter	Vehicle In		Collected On
JTHY35BHX02005705		M20AN010242	60	Carine Yeo C L	--/--/----		0.00 --/--/----
L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount	
1	Z	BP-SUNDRY SUNDRIES T/P INS: CHINA TAIPING ACC DATE: 13.02.2022 T/P VEH: SMY8092X DATE IN: DATE SURVEY: DATE AUTHORIZE:				50	100.00
2	B	BP-LAB3 TO REMOVE ALL NECESSARY PARTS TO ENABLE REPAIRING AND STRAIGHTEN ON REAR BUMPER, REAR PANEL AND FIX NEW PARTS	866			866	2165.00
3	B	BP-RES3 TO SPRAY PAINT ON REAR BUMPER	742			742	1855.00
4	B	BP-LAB3 TO REMOVE AND TRANSFER REAR SENSOR TO NEW BUMPER, REPLACE IF DAMAGE (NETT)					216.50
5	B	BP-LAB3 TO CHECK WIRING AND LIGHTS FUNCTIONING AND CARRY OUT WATER LEAK TEST (NETT)					216.50
6	B	BP-ECU3 TO RESET ECU AND REPROGRAMME (NETT)					216.50
7	L	BP-LPO SUPPLY REAR NO PLATE AND CASING (NETT)					96.00

Steve (LKK)
17/2/22, 11am

For & on behalf of		Customer's Signature		Charge Summary		Total	
Borneo Motors (Singapore) Pte Ltd		LKK Auto				Total WL R	
		Repairs below description of Vehicle				3 d/s	
		To display damaged part(s) during resurvey				Less PIP	
		Parts prices are subject to confirmation				M R L	
		Third party survey is on a "Without Prejudice" basis				Amount Due	
		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:					

Customer Copy

Inchcape
Co. Reg No. : 196700086Z
GST Reg No. : MR-8500000-9
No.2 Pandan Crescent
Singapore 128462, Tel no.: 6631 1388

ESTIMATE

Account Details				Account No.		Customer Details			
China Taiping Insurance (S) Pte Ltd 3 Anson Road #16-00 Springleaf Tower Singapore 079909 Attn: Motor Claims Dept				S1000003 / ICCI1		Ms Goh Mui Cheng 717 Woodlands Drive 70 #10-100 Singapore 730717 Mobile: 98268237			
				Document No. 0					
				Document Date 15/02/2022					
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2018	MZAA10R	AWXBB L1	15/03/2019	SMJ6678Z	0	20677	61TP/SMJ6678Z/130222		
Chassis No.		Engine No.	Terms	SA / Counter	Vehicle In		Collected On		
JTHY35BHX02005705		M20AN010242	60	Carine Yeo C L	--/--/----		0.00	--/--/----	
L	Cd	Job/Parts Description				Qty	Unit Price	Disc %	Amount
17	7	L52592-76020 SEAL, RR BUMPER				1.00	90.10		90.10
18	8	L52591-76020 SEAL, RR BUMPER				1.00	90.10		90.10
19	9	L52576-76020 RETAINER, RR BUMPER				1.00	179.30		179.30
20	0	L52575-76020 RETAINER, RR BUMPER				1.00	179.30		179.30
21	1	L52461-76020 PAD, RR BUMPER				2.00	14.60		29.20
22	2	L52461-76010 PAD, RR BUMPER				2.00	14.60		29.20
23	3	L90467-07215 CLIP				10.00	2.70		27.00
24	4	L89348-12070 G1 RETAINER, ULTRASONIC				2.00	44.10		88.20
25	5	L89348-12140 G1 RETAINER, ULTRASONIC				2.00	44.10		88.20
26	6	L89341-33220 G4 SENSOR, ULTRASONIC				2.00	490.10		980.20
27	7	L81920-76010 REFLECTOR ASSY,				1.00	51.60		51.60
28	8	L75606-76010 MOULDING SUB-ASSY,				1.00	387.50		387.50
29	9	L75605-76010 MOULDING SUB-ASSY,				1.00	387.50		387.50
For & on behalf of Borneo Motors (Singapore) Pte Ltd				Customer's Signature		Charge Summary		Total 9,807.10	
				Please acknowledge receipt of vehicle		Parts 4,508.60		GST 7.00% 686.50	
						Labour 5,202.50		Less 0.00	
						Sublet 96.00			
						Lubrication/Fluid 0.00			
						Others 0.00		Amount Due 10,493.60	

Customer Copy

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	15/02/2022 09:36 (SGT)
Date of Accident	13/02/2022 09:58 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT6678Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GOH MUI CHENG
NRIC No	SXXXX906Z
Email Address	GOHMC@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-98268237
Alternative Phone No	(Home) +65-98268237

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	UX200
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A29149797AL2
Cover Note Number	-

DRIVER

Name of Driver	NG CHOON LEE
NRIC No	SXXXX985J

Birth	03/03/1965
Location	Indoor
Driving Pass	19/08/1994
g experience	27 YEARS AND 6 MONTHS
der	Male
Mobile Number	(Phone) +65-91720188
Phone Number	-
Email Address	AUDIOIN33@GMAIL.COM
Address	BLK 717 WOODLANDS DRIVE 70 #10-100
Address complement	-
Postcode	730717
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collision - Head to Rear
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GOH MUI CHENG
Gender	Female

PASSENGER 2

Name	TEO KHEH
Gender	Female

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

PLEASE REFER TO ATACHED SKETCH PLAN AND STATEMENT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMY8092X
Vehicle Manufacturer	-

Model
Variant
Colour
Category
Name of Driver
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

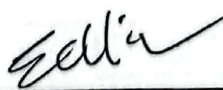
-
-
-
Private car
DALEN KOH
-
1002 TOA PAYOH IND PARK #03-1411
-
319074
-
-
FRONT PORTION
3

Describe Circumstances of the Accident

on 13.2.22 at 9.57am, my car is traveling along CTF towards city. A car SC48897 in front of me suddenly braked his vehicle and I have braked mine as well. Unfortunately the car no SMY8092X behind mine knocked into my car. The bumper of my car is SM766782

Declaration

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

IMPORTANT NOTICE

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)**

(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.

Witnessed by Reporting Centre
Personnel

Sketch Plan

A - SMJ 6678 Z
B - SMY 8092 X

CTE towards City

→ B A [] [] []

Celli

