ASS. REC. BY: Steve | REF: CS/CT1270014495/Evy3

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: SMY 8092X

Policy No. DMPCSNW00076532100

Claims No. SNM22D201132/C02/LEWLC

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
XXX	

Bal. or Market Value: _____

IDAC Accident Rport: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMJ 6678Z 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 100307 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTHY3 5BHX 02 0057.05

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 205/55 R16

R: 11

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.	13/1/22	D.O.I.	17/1/22

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
	MV-137K
24/2/22	Steve informed final fig $4066.50 (red 5740.60,58%)

Date/Time, File Pass to?

1) _____

☐ : Prell. Report

☐ : Final Report

Date/Time, File Return to?

2) 28/2/22-typist

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech, Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : Merimen

Lump Sum / I.B.I: ($ $4066.50)

Survey Fee:	
Transportation:	
S + RS	SI
Photos	
Others	
TOTAL	

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

LEXUS

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 Document No. 0 Document Date 15/02/2022	Ms Goh Mui Cheng 717 Woodlands Drive 70 #10-100 Singapore 730717 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	--/--/---- 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 / CR4	1.00	844.40		844.40
12	2	L52169-76081 COVER, RR BUMPER, CU1	1.00	456.70		456.70
13	3	S52161-0K040 BUMPER CLIPS Nec	13.00	4.30		55.90
14	4	L52162-76040 PLATE, RR BUMPER, X	1.00	18.40		18.40
15	5	L75895-78030 TAPE, MOULDING, NO.1 Nec	2.00	42.10		84.20
16	6	L52023-76030 REINFORCEMENT 1	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

Borneo Motors

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

LEXUS

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

ESTIMATE

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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
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) CUT				96.00

Steve (LKK)
17/2/22, 11.00a

For & on behalf of
Borneo Motors (Singapore) Pte Ltd

Customer's Signature

LKK Auto Consultants hereby notify the Repairer of the following:
- Please acknowledge receipt of vehicle
- 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 / 3rd party

Acknowledged by Repairer
Signature:
Date:

Charge Summary	
Parts	
Labour	
Sublet	
Lubrication/Fluid	
Others	

Total	WL R 3 days
Less	PIP
Amount Due	

Customer Copy

Borneo Motors

LEXUS

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

ESTIMATE

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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
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

Your NCD will be affected due to late reporting

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

irth	03/03/1965
ion	Indoor
Driving Pass	19/08/1994
g experience	27 YEARS AND 6 MONTHS
der	Male
bile Number	(Phone) +65-91720188
t. 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 ATATCHED 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	-

odel	-
ariant	-
Colour	-
Category	Private car
of Driver	DALEN KOH
tact Number	-
dress	1002 TOA PAYOH IND PARK #03-1411
ddress complement	-
Postcode	319074
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	FRONT PORTION
No. Of Passenger (Including Driver)	3

scribe Circumstances of the Accident

on 13.2.22 at 9.57am, my car is traveling alone CTE towards city. A car SCT4389T 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 SMJ6678Z

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

SKETCH PLAN

PORTANT 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**.
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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 w ith 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
	Eddie	

Sketch Plan