ASS. REC. BY: Kenneth

REF: FCV 22001740 lk

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Munich

of 0550

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

Ucn

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: @ 79k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

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

Veh No: SMC 7360A Yr Regn: 07 18

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

Make: Kia Carens (A) c.c 1685

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

Sp.Reading 318478 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAH4U815VJ7211225

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: Wanli 205/55ZR16

R: Duraturn

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	21/2/22	D.O.I.	28/2/2022 ✓ 10.50am

Survey held at _____

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

O/S Fm

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	

Munich Autocare Pte Ltd

60 Jalan Lam Huat #02-02/03 Carros Centre Singapore 737869
Tel: +65 6255 2288 | Fax: +65 6265 5388
Company Reg. No.: 201832250M | GST Reg. No.: 201832250M

ESTIMATION REPORT

Vehicle No : SMC7360U
Make & Model : KIA,Carens EX 1.7 Diesel,KNAHU815VJ7211225
Year of Manufacture : 2018

Estimation No. : E22020009
Date : 23/02/2022

No.	Code	Description	Qty	U/P	Amt
	Section: Remark				
1		MS FIRST CAPITAL INSURANCE LTD DOA 21-02-2022 3 PARTY CLAIM - SLE6781X -SMC7360U	1.00	0.00	0.00

Amt S$ 0.00
Discount (0.00%) S$ 0.00
Subtotal S$ 0.00

Section: Parts

No.	Code	Description	Qty	U/P	Amt
2		FRONT BUMPER	1.00	834.00	834.00
3		FROBT BUMPER SPONGE	1.00	81.60	81.60
4		FRONT BUMPER REINFORCEMENT	1.00	466.80	466.80
5		FRONT BUMPER SIDE BRACKET RH	1.00	14.40	14.40
6		FRONT BUMPER CENTRE BRACKET	1.00	9.60	9.60
7		FRONT GRILLE	1.00	565.20	565.20
8		FRONT BUMPER LOWER GRILLE	1.00	190.80	190.80
9		FRONT BUMPER LOWER CHROME	1.00	222.00	222.00
10		FOG LAMP COVER RH	1.00	156.00	156.00
11		FRONT FOG LAMP RH	1.00	247.20	247.20

10%

Amt S$ 2,787.60
Discount (0.00%) S$ 0.00
Subtotal S$ 2,787.60

Section: Special nett

No.	Code	Description	Qty	U/P	Amt
12		FRONT BUMPER CLIPS	6.00	7.00	42.00

Amt S$ 42.00
Discount (0.00%) S$ 0.00
Subtotal S$ 42.00

Not Authorised
Resurvey After Painting
2 days
U/Exp

Section: Labour

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:

Continue on next page...

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ESTIMATION REPORT

Vehicle No : SMC7360U
Make & Model : KIA,Carens EX 1.7 Diesel,KNAHU815VJ7211225
Year of Manufacture : 2018

Estimation No. : E22020009
Date : 23/02/2022

No.	Code	Description	Qty	U/P	Amt
13		CHECK ALL LIGHTING AND OPERATION	1.00	60.00	60.00
14		REMPVE FRONT BUMPER AND P/B NECESSARY ITEM - RESHAPPE ALL PARTS ON AFFECTED AREA	1.00	480.00	480.00
15		SPRAY PAINT AFFECTED FRONT BUMPER AND AFFECTED PANEL	1.00	500.00	500.00

Amt S$ 1,040.00
Discount (0.00%) S$ 0.00
Subtotal S$ 1,040.00

Remarks:
M/S FIRST CAPITAL INSURANCE LTD
3 PARTY CLAIM - DOA 21-02-2022
3 PARTY CLAIM

Total S$ 3,869.60

SM08222M0005 / Munich Autocare Pte Ltd
ENTRY DATE & TIME: 22/02/2022 13:26 (SGT)
SUBMITTED BY: Sim Ek Gee
VERSION: 1 (22/02/2022 13:26 (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	22/02/2022 13:26 (SGT)
Date of Accident	21/02/2022 13:54 (SGT)
Exact Location of Accident	180 Ang Mo Kio Ave 8, Singapore 569830
Additional Location Information	NAYANG POLY EXIT TO ANG MO KIO AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC7360U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BIS MOTORING PTE LTD
Company Reg No	2XXXXX055D
Email Address	keiftan@bismotoring.com.sg
Mobile Phone No	(Phone) +65-86881311
Alternative Phone No	(Office) +65-86881311

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Carens
Variant	KIA CARENS
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1700

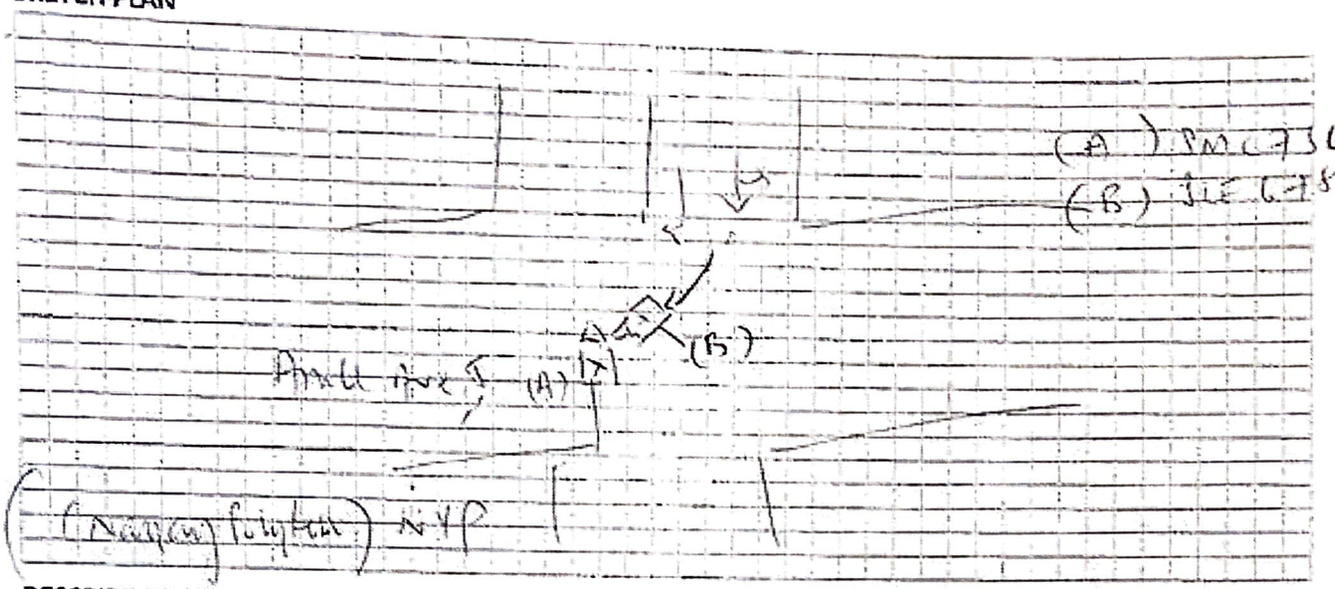
INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	COI-SOMF1000000413-SMC7360U
Cover Note Number	-

DRIVER

Name of Driver	HO SIEW NAM
NRIC No	SXXXX974G

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was going straight Rd after traffic light opposite vehicle (SLE 6781 X) (green) its 30 more off, make a right turn & hit my front

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: NRIC/FIN No.: