ASS. REC. BY: Kenneth | REF: MK/ 220020621kgy3

ASSIGNMENT

From: | Date:

Estimated Cost:

CO / TP / WS / TP RES / CO RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s NGS

of

Insured:

Policy No.

Claims No. 270732

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: 88ok

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 ~~6~~ 3 days Res.: Yes or No

Lum Sum: 30 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SMK 7386 Yr Regn: 09, 19

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

Make: Toy Sirion (A) c.c 1496

Colour: M. Silver A/C: Insured / Std / Nil / NA

Sp.Reading: 130500 T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No: MHFZ2H43000 63317

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Incorr? / Jammed / Leaked / Burnt or

Brake: Incorr / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / ~~STD~~ A/Rim or

Tyre Size: F: 185/60R15

R:

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	5 mm
L/Bal.	7 mm	L/Bal.	5 mm
D.O.A.	1/3/22	D.O.I.	7/3/2022

Survey held at

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

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

Date / Time	Action / Instruction
	14/03/22@10.56am Email Christina Wong to seek mandate at final fig $1702.92, 4 days.
	14/03/22@2.24pm Christina Wong informed mandAte approval by email.
	Kenneth finalised final fig $1693.75, 4 days. (Red $915.42, 35%)

Date/Time, File Pass to? 23/03 Typist

Date/Time, File Return to?

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 2

Survey Fee:

Transportation: $ + RS $

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ Tech Invs ($)

☐ Weekend ($)

Report Format : MER-TP

~~Lump Sum~~ / I.B.I: ($ 1693.75)

TOTAL

NGS MOTORSPORT PTE LTD

Blk 10 Ang Mo Kio Industrial Park 2A #02-01 AMK AutoPoint Singapore 568047
Tel :9695 5547 Fax: 6481 5727 e-mail : ngsmotorsportpteltd@gmail.com
Reg No: 201812604N

Not Authorised
Claim $900+
Repairer After Paint
3days

7/2/2022

MSIG Ins (S) Pte Ltd
16 Raffles Quay
#24-01 Hong Leong Bldg
Singapore 048581
Attn: Motor Claims Dept

RE: Accident On 01/03/2022@16:45hrs
Along Sungei Tengah Rd, Involving SMK7385G & SMA5379R
Claims against SMA5379R

We submit herewith our direct claim estimate quotation as follow:-
Replacement parts - Ty Sienta

1 pc	Rear Bumper	Bumper	$ 381.10	✓
1 pc	Extension, Rear Bumper RH	Outlet	$ 139.10	✓
1 pc	Retainer, Rr Bumper RH		$ DIT 95.00	✓
1 pc	Support, Rr Bumper RH		$ R/I 73.60	✗
1 pc	Taillamp RH		$ R/I 395.63	✗
1 pc	Relector, Rr Bumper RH		$ R/I 139.10	✗
1 pc	Rear Fender RH - repair		$ -	
			$ 1,223.53	
		Less 25%	$ (305.88)	
	To remove rear damaged parts with all necessary components/ attachments. Straighten chassis member, repair/reshape dented body panel inaccordence with factory specifications.. Replace/reposition damaged parts, refit align into Refix all necessary components/attachment.		$ 800.00	4 col
	Spray painting		$ 800.00	3 col
			$ 2,517.65	

Any other parts which necessitate repair or renewal will incur additional charged.
Please contact our Ms Evelyn @HP96955547 to arrange for survey. Thank you

Yours faithfully.
NGS MOTORSPORT PTE LTD
EVELYN NG

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:

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 mis/representation 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	02/03/2022 16:41 (SGT)
Date of Accident	01/03/2022 16:45 (SGT)
Exact Location of Accident	Sungei Tengah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK7385G

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NGS MOTORSPORT PTE LTD
Company Reg No	201812604N
Email Address	ngsmotorsportaccident@gmail.com
Mobile Phone No	(Phone) +65-90115734
Alternative Phone No	+65-90115734

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
Variant	-
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	1500

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P2354321
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD YUSOFF BIN AHMAD
NRIC No	S8421925H

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.

MGS MOTORSPORT PTE LTD

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

2/3/22

Witnessed by Reporting Centre Personnel

Sketch Plan