

ASS. REC. BY:

REF: MS6/ 22005094KV

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s JA Auto

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.

N/S	O/S

Bal. or Market Value: 853k

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 05 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: SLA1760k Yr Regn: 02 16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Toy Altis c.c. 1598

Colour: Black AC: Insured / Std / NI / NA

Sp. Reading: 227208 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR053REH104538382

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / RIM or

Tyre Size: F: 205/55R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Nexen

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 28/5/22 D.O.I. 31/5/2022

Survey held at 10.05am

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

N/S body

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to? : Prell. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S - RS - SI _____

Fees _____

Others _____

TOTAL _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Report Format :

Lump Sum / I.B.I: (\$ _____)

*Not authorized
 11/11/22
 Penny After Paint
 5 days*

JA AUTOCARE PTE LTD
 Blk 24, Sin Ming Road
 #03-25
 Tel : 94513429
 Tel : 94513429

MSIG Insurance (Singapore) Pte Ltd
 4 Shenton Way
 #21-01 SGX Tower Two
 Singapore 068807

ESTIMATE
 Date: 28.05.22
 vehicle number: SLA 1760K
 Model T/ALTIS
 Chassis/Eng# :
 Accident Date : 28.05.2022

Parts :

01) Front lh door	\$ <i>R</i> 1,250.00	✓
02) Front lh door handle	\$ <i>J</i> 258.00	✓
03) Front lh door weatherstrip	\$ <i>h</i> 110.00	X
04) Front door regulator motor assy	\$ 560.00	?
05) Front lh door lock assy	\$ 350.00	?
06) Rear Lh door	\$ 1,350.00	✓
07) Rear lh door weatherstrip	\$ <i>h</i> 258.00	X
08) Rear lh door regulator assy	\$ 560.00	?
09) Rear lh door lock assy	\$ 350.00	?
10) Rear fender lh	\$ <i>R</i> 850.00	X
	<u>\$ 5,896.00</u>	
	Less 25% \$ (1,474.00)	
	<u>\$ 4,422.00</u>	

Labour Charges

11) To dismantle door board , upholstery etc	\$ 220.00	<i>801</i>
12) To transfer 2 door glass	\$ 240.00	<i>1201</i>
13) To check wiring	\$ 120.00	<i>201</i>
14) To knock out dents on affected areas and renew parts	\$ 1,000.00	<i>6501</i>
15) To putty & respray painting	\$ 1,400.00	<i>8001</i>
	<u>\$ 2,980.00</u>	

Total \$ 7,402.00

for JA AutoCare Pte Ltd

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 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	28/05/2022 15:19 (SGT)
Date of Accident	28/05/2022 09:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG ORCHARD TURN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLA1760K

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEONG YEW MUNG
NRIC No	S1450911I
Email Address	cheongym123@gmail.com
Mobile Phone No	(Phone) +65-96901400
Alternative Phone No	(Home) +65-96901400

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	COROLLA ALTIS CLASSIC 1.6 CVT
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	1598

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNCV2020-00000454-01
Cover Note Number	-

DRIVER

Name of Driver	CHEONG YEW MUNG
NRIC No	S1450911I

IMPORTANT NOTICE

SKETCH PLAN

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3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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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 with my claims.
 - (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.

 28.5.2022 12:10

Policyholder's Signature / Date & Time

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





Witnessed by Reporting Centre Personnel

Sketch Plan

WISMA AIRIA

NGEE ANN CITY

car park entrances

carpark exit

SMA 8770 Z

Orchard Turn →

SMA1760K →

← Orchard Turn