

ASS. REC. BY:

REF:

MSG-1 220050941kv

C

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. _____

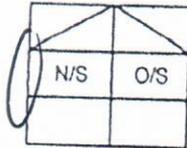
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 853K

IDAC Accident Rport: _____ 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 (A) c.c. 1598

Colour: Black A/C: Insured / Std / Nil / NA

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

Eng/No: _____

C/No: NR053R E1A104538382

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: 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

6/16 11:20 @ 4100r Carhu

Date/Time, File Pass to?

: Prell. Report

Days Of Repair: _____

1)

: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee:

2)

Add Fee: : Site Insp (\$ _____)

Transportation

: Interview (\$ _____)

S - RS. SI

: Tech Invs (\$ _____)

Fuel

: Weekend (\$ _____)

Others

Report Format :

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

TOTAL

Empty box for survey fee details.

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

Date Of Birth	16/12/1960
Occupation	Outdoor
Date Of Driving Pass	21/04/1978
Driving experience	44 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96901400
Alt. Phone Number	(Home) +65-96901400
Email Address	cheongym123@gmail.com
Address	APT BLK 484 ADMIRALTY LINK #07-45
Address complement	-
Postcode	750484
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Major/Minor Rd
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

SAME AS SKETCH

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	SMA8770Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YAP ZHE YOU, RYO
NRIC No	S9422821B
Contact Number	(Phone) +65-96959477
Address	-

Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person CHEONG YEW MUNG
Gender Male
Phone No (Phone) +65-96901400
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SLA1760K
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

Describe Circumstances of the Accident AROUND 0755AM

ON 28 MAY 2022 SATURDAY, I AM DRIVING ALONG ORCHARD
TURN FROM WISMA TOWARDS NGEES KUN CITY. THE WHITE CAR
SMA 8702 APPEARED STOPPING AT THE NGEES KUN CARPARK
EXIT. WHEN I DROVE BY THE NGEES KUN CARPARK EXIT,
SMA 8702 HIT THE CENTRE OF MY CAR. THE IMPACT WAS HIGH.
I will be claiming third party at my preferred workshop.

Declaration

I/We declare the foregoing particulars are true in every respect.

 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

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 willful 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' law yers/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' law yers/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 law yers/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 AISIA

NEEE ANN CITY

car park entrance

concrete exit

SMA 8770

Orchard Turn →

SLA760K →

← Orchard Turn

Not Notified
 11hr @ 4100hr
 Runway After Pains
 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	1079.66	\$ R	1,250.00	✓
02) Front lh door handle	155.20	\$ Tm	258.00	✓
03) Front lh door weatherstrip		\$ Rm	110.00	X
04) Front door regulator & motor assy		Dist \$ M	560.00	✓
05) Front lh door lock assy		\$ Rd	350.00	✓
06) Rear Lh door	1069.20	Rm	\$ 1,350.00	✓
07) Rear lh door weatherstrip		\$ Rm	258.00	X
08) Rear lh door regulator assy (with motor)	485.10	\$ Oil	560.00	✓
09) Rear lh door lock assy		Oil \$ Rd	350.00	✓
10) Rear fender lh		\$ R	850.00	X
		\$	5,896.00	
		Less 25%	\$ (1,474.00)	
		\$	4,422.00	

Labour Charges

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

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:

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

SUPPLEMENTARY ESTIMATE

Date: 31.05.2022
vehicle number: SLA 1760K
Model T/ALTIS
Chassis/Eng# :
Accident Date : 28.05.2022

Parts :

01) Front lh door handle inner bracket lh	125	\$ CM	250.00	✓
02) Front lh door outer garnish	67.50	\$ M	180.00	✓
03) Front lh door glass channel	124.90	\$ B	350.00	✓
04) Rear lh door checker	148-60	\$ D/T	290.00	✓
05) Rear lh door garnish	67.50	\$ M	180.00	✓
		\$	1,250.00	
		Less 25%	\$(312.50)	
		\$	937.50	

Labour Charges

06) To knockout dents on centre door pillar & rocker panel lh	} Already calculated in hiru estimate	\$	450.00	
07) To putty & respray painting		\$	450.00	
		\$	900.00	

Total \$ **1,837.50**

for JA AutoCare Pte Ltd