

ASS. REC. BY:

REF:

MSG-1 22006291Kc

1. Kenneth

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:

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:

IDAC Accident Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

1.21 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Sm Q 8873B Yr Regn: 12, 1.9

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

Truck / Trailer or

Make:

Opel Insignia c.c. 1598

Colour:

M. Black A/C: Insured / Std / NI / NA

Sp. Reading

184131 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

W0V3M6EF3K1070588

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

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

Tyre Size:

F: Kaplan 225/55R17

R: Continental

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

TOYO / YOKO or

Front

Rear

R/Bal.

6 mm

R/Bal.

7 mm

L/Bal.

6 mm

L/Bal.

7 mm

D.O.A.

30/6/12

D.O.I.

4/7/2022

Survey held at

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

N/S Frt body

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. \$

Fines

Others

TOTAL

Report Format :

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

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

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 : SMQ8873B
Make & Model : OPEL, INSIGNIA GRAND
SPORT, W0VZM6EF3K1070588

Estimation No. : E22070001
Date : 01/07/2022

No.	Code	Description	Qty	U/P	Amt
Section: Parts					
1		FRONT FENDER LH	1.00	530.00	530.00 ✓
2		FRT FENDER BRACKET LH	1.00	80.00	80.00 X
3		FRONT FENDER INNER SHIELD LH	1.00	115.20	115.20 X
4		FRONT DOOR LH	1.00	1,809.60	1,809.60 X
5		FRONT DOOR CHECK LH	1.00	35.00	35.00 X
6		SIDE MIRROR COVER LH	1.00	102.00	102.00 ✓
7		16 ALLOY WHEEL REAR LH	1.00	450.00	450.00 X

Amt S\$ 3,121.80
Discount (0.00%) S\$ 0.00
Subtotal S\$ 3,121.80

Section: Special nett

8		FENDER CLIP	7.00	7.00	49.00 X
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Amt S\$ 49.00
Discount (0.00%) S\$ 0.00
Subtotal S\$ 49.00

Section: Labour

9		TO PANEL BEATING, REALIGN BONNET, FRONT FENDER, FRONT DOOR LH, SIDE MIRROR AND ALL NECESSARY ETC	1.00	1,500.00	1,500.00 3500
10		TO CHECK WIRING FOR PROPER FUNCTION.	1.00	120.00	120.00 150
11		TO APPLY ANTI-RUST.	1.00	150.00	150.00 300
12		TO PUTTY AND SPRAY PAINTING ON BONNET, FRONT FENDER, FRONT DOOR, SIDE MIRROR AND ALL NECESSARY ETC.	1.00	1,200.00	1,200.00 6000

Amt S\$ 2,970.00
Discount (0.00%) S\$ 0.00
Subtotal S\$ 2,970.00

Remarks:
MSIG INSURANCE
DOA - 30/6/2022
TP CLAIM

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:

Parts Subtotal S\$ 3,121.80
Special nett Subtotal S\$ 49.00
Labour Subtotal S\$ 2,970.00
Total S\$ 6,140.80

SM1522610001 / Munich Autocare Pte Ltd
ENTRY DATE & TIME: 30/06/2022 18:03 (SGT)
SUBMITTED BY: Lim Jia Hui
VERSION: 1 (30/06/2022 18:03 (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 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	30/06/2022 18:03 (SGT)
Reported by	Driver
Date of Accident	30/06/2022 12:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AMK AVE 1 BEFORE TURNING RIGHT TOWARDS CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ8873E

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	-

VEHICLE PARTICULARS

Manufacturer	Opel
Model	Astra
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	1600

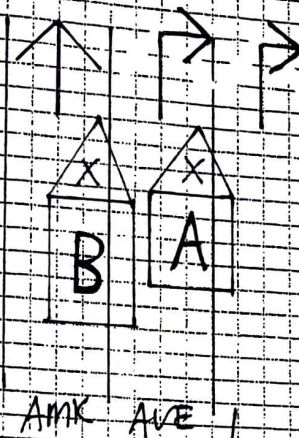
INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MCF22A00000100

DRIVER

Name of Driver	PEH MENG KIAT
NRIC No	SXXXX52R.I

SKETCH PLAN



VEHICLE A - SMQ 8873E
VEHICLE B - SMH 3343H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I was travelling along Amk Ave I before turning right towards CTE. That was a vehicle filter into my lane and hit my front bumper. We stopped and exchange particulars, no injury at that point of time.

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.:

