

Steve

CS/SMR 22006750/Eq43

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.

N/S	O/S
	X

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: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLY 6456X Yr Regn: 9/1/18

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

Truck / Trailer or

Make: Toyota AHS c.c. 1598Colour: Grey A/C: Insured / Std / Nil / NASp. Reading 108532 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: MFD53REH601516498

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S Rim / STD A/Rim or

Tyre Size: F: 215/40R17R: 11

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

TOYO / YOKO or NferaFront R/Bal. 5 mmL/Bal. 5 mmD.O.A. 13/7/72Survey held at BORNEO

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

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

Date / Time Action / Instruction

MV-81K

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL



Borneo Motors

Inchcape

Co. Reg No. : 196700086Z
GST Reg No. : MR-8500000-9
No. 2 PANDAN CRESCENT
SINGAPORE 128462, Tel no. : 6631 1188



TOYOTA

ESTIMATE

encl

Thank's
Fc

Account Details			Account No.		Customer Details			
THIRD PARTY CLAIM <i>ms Yam LKK 62418434</i>			S1000020 / TPCLAIM		Mr Lee See Kon 458 Choa Chu Kang Avenue 4 #08-207 Singapore 680458 Mobile: 90094497			
			Document No. 0					
			Document Date 14/07/2022					
Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks	
2017	ZRE171R	GEXGPZ S1	09/01/2018	SLV6456X	0	16375	65DS/SLV6456X	
Chassis No.		Engine No.	Terms	SA / Counter	Vehicle In		Collected On	
MR053REH604576498		1ZR0A55239	60	Francis Cher T S	--/--/----		0.00 --/--/---- 0.00	
L	Cd	Job/Parts Description			Qty	Unit Price	Disc %	Amount
1	Z	BP-SUNDRY SUNDRIES T/P INS. : <i>SmR</i> T/P VEH. : SG5778U ACC DATE : 13.07.22 BY :						<i>50</i> 100.00
2	B	BP-MECH2 RESET AND REPROGRAMME ECU.						180.00
3	Z	BP-SLANT SUPPLY SEALANT (NETT)						100.00
4	B	BP-LAB2 CHK WIRING SYSTEM AND CONDUCT WATER TEST.						180.00
5	B	BP-LAB2 DRILL HOLE TO INSTALL REVERSE SENSOR.						180.00
6	B	BP-LAB2 REMOVE INTERIOR UPHOLSTERY TO ASSIST REPAIR. <i>(phn)</i>						360.00
7	B	BP-LAB2 REMOVE AND REINSTALL REAR W/SCREEN TO ASSIST REPAIR.						450.00
8	B	BP-LAB2 REMOVE ALL NECESSARY DAMAGED PARTS TO REPLACE, REPAIR, STRAIGHTEN REAR BUMPER, R/R FENDER AND AFFECTED PORTION OF CAR. <i>720 x 4</i>						<i>2850</i> 3600.00
9	B	BP-RES2 SPRAY PAINT ON DAMAGED AFFECTED PORTION OF CAR. <i>590 x 3</i>						<i>1770</i> 2360.00
For & on behalf of		Customer's Signature		Charge Summary		Total		
Borneo Motors (Singapore) Pte Ltd		Please acknowledge receipt of vehicle		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) is subject to confirmation Amount Due				

Customer Copy



Borneo Motors



TOYOTA

Inchcape

Co. Reg No. : 196700086Z
GST Reg No. : MR-8500000-9
No 2 PANDAN CRESCENT
SINGAPORE 128462 Tel no. 6631 1188

ESTIMATE

Account Details		Account No		Customer Details				
THIRD PARTY CLAIM		S1000020 / TPCLAIM		Mr Lee See Kon				
		Document No 0		458 Choa Chu Kang Avenue 4 #08-207 Singapore 680458				
		Document Date 14/07/2022		Mobile: 90094497				
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Chassis No.		Engine No.	Terms	SA / Counter	Vehicle In		Collected On	
MR053REH604576498		1ZR0A55239	60	Francis Cher T S	--/--/----		0.00 --/--/---- 0.00	
L	Cd	Job/Parts Description			Qty	Unit Price	Disc %	Amount
10	1	S52159-0Z904	COVER, RR BUMPER	BR	1.00	602.60		602.60
11	2	S52023-02190	REINFORCEMENT SUB-AS	X	1.00	432.50		432.50
12	3	S52591-02301	SEAL, RR BUMPER SIDE	MC	1.00	59.70		59.70
13	4	S52575-02140	RETAINER, RR BUMPER	BR	1.00	118.70		118.70
14	5	S52562-02250	RETAINER, RR BUMPER,	BR	1.00	65.60		65.60
15	6	S52161-0K040	PIECE, RR BUMPER	MC	2.00	4.50		9.00
16	7	S52181-02190	ARM, RR BUMPER, OUTE	X	1.00	73.70		73.70
17	8	S61601-02270	PANEL SUB-ASSY, QUAR	DD	1.00	1244.80		1244.80
18	9	S61697-02913	HOUSING, QUARTER PAN	DD	1.00	120.50		120.50
19	0	T21000-20	SIKA 182010 SIKA TACK GO! (BLA	MC	2.00	108.00		216.00
20	1	T21000-22	SIKA 207. G+P ADHESIVE PRIMER	MC	1.00	200.00		200.00
21	2	T08826-08115	PANEL BONDING AD	MC (insulation)	1.00	267.20		267.20
22	3	S81580-02A70	LAMP ASSY, RR, RH	X	1.00	509.80		509.80
23	4	S81550-02B20	LAMP ASSY, RR COMBIN	BR	1.00	539.50		539.50
<p>Steve (LKK) 25/7/22, 12.12</p> <p>mc PL 8 LP PIP. My PL Ky</p>								
For & on behalf of Borneo Motors (Singapore) Pte Ltd		Customer's Signature		Charge Summary		Total 11,969.60		
 		Please acknowledge receipt of vehicle		Parts	4,459.60	GST 7.00%		837.87
				Labour	7,510.00	Less		0.00
				Sublet	0.00			
				Lubrication/Fluid	0.00			
				Others	0.00	Amount Due		12,807.47

Customer Copy

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	14/07/2022 09:31 (SGT)
Reported by	Both
Date of Accident	13/07/2022 08:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT PANJANG ROAD TRAFFIC JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV6456X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE SEE KON
NRIC No	SXXXX702H
Email Address	DONLEE@UNIQUECOLOUR.COM.SG
Mobile Phone No	(Phone) +65-90094497
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A29140077AT2

DRIVER

Name of Driver	LEE SEE KON
NRIC No	SXXXX702H
Date Of Birth	20/08/1960
Occupation	Outdoor

Date Of Driving Pass	24/10/1983
Driving experience	38 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90094497
Alt. Phone Number	-
Email Address	DONLEE@UNIQUECOLOUR.COM.SG
Address	BLK 458 CHOA CHU KANG AVE 4 #08-207
Address complement	-
Postcode	680458
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 - Head to Rear
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?	No
Was any injured conveyed to hospital by ambulance?	-
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SG5778U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-



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

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.

13/1/22

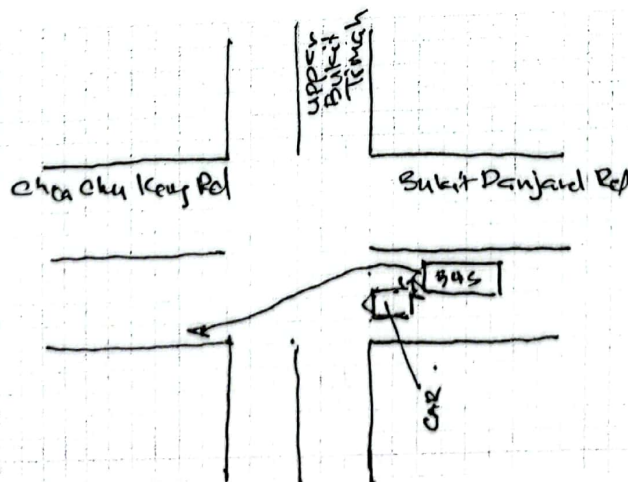
Policyholder's Signature / Date & Time
upm

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

Francis Cher
Motor Claims Assessor
Borneo Motors (S) Pte Ltd

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was driving toward a cross junction along Bukit Panjang Road.
I stopped my car at the junction when traffic turned orange
but was hit by a SMRT bus at the rear right side.

Declaration

We declare the foregoing particulars are true in every respect.



13/7/22

Policyholder's Signature / Date &
Time 4pm

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



Francis Cher
Motor Claims Assessor
Borneo Motors (S) Pte Ltd

Witnessed by Reporting Centre
Personnel