ASS. REC. BY: Kenneth

REF: MSG/220084141/kvy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Munich

of _____

Insured: SLJ 7350Z

Policy No. A29152578AT2

Claims No. 642537

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: $ 86k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 1.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMC 7279Y Yr Regn: 07, 18

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

Make: Kia Carens c.c 1685

Colour Red A/C: Insured / Std / NI / NA

Sp.Reading 311236 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAH4U815VJ7211173

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoprder / Jammed / Leaked / Burnt or _____

Brake: Inopder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 205/55R16

R: _____

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	26/8/22	D.O.I.	1/9/2022

Survey held at ✓ 3.pm

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
16/9/22	Final fig $935.10 confirmed with Angela (red 4717.90, 83%)

Date/Time, File Pass to? 1) _____ ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 2) 16/9/22-typist

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____) ☐ : Interview ($ _____) ☐ Tech Invs ($ _____) ☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ x RS. _____ SI

Parking _____

Others _____

TOTAL _____

Report Format : Merimen

~~Lump Sum~~ / I.B.I: ($ 935.10)

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

Kenneth (LKK)

NOT Authorised
Rear Bumper Bkpairing

ESTIMATION REPORT

Vehicle No : SMC7279Y
Make & Model : KIA,Carens EX 1.7 Diesel,KNAHU815VJ7211173
Year of Manufacture : 2018

Estimation No. : E22030026
Date : 29/08/2022

4days

No.	Code	Description	Qty	U/P	Amt	
	Section: Remark					
1		MSIG INSURANCE (SINGAPORE) PTE LTD DOA: 26.8.2022	1.00	0.00	0.00	
				Amt	S$ 0.00	
				Discount (0.00%)	S$ 0.00	
				Subtotal	S$ 0.00	
	Section: Parts					
2		TAILGATE ASSY PANEL	1.00	1,462.00	1,462.00	X
3		REAR BUMPER LOWER	1.00	254.00	254.00	✓
4		REAR BUMPER UPPER	1.00	692.00	692.00	X
5		ULTRASONIC SENSOR	2.00	195.00	390.00	X
6		WIRE SENSOR HARDNESS	1.00	302.00	302.00	X
7		REAR BUMPER BEAM	1.00	441.00	441.00	?
				Amt	S$ 3,541.00	
				Discount (0.00%)	S$ 0.00	
				Subtotal	S$ 3,541.00	
	Section: Special nett					
8		REAR BUMPER CLIPS	6.00	7.00	42.00	X
				Amt	S$ 42.00	
				Discount (0.00%)	S$ 0.00	
				Subtotal	S$ 42.00	
	Section: Labour					
9		LABOUR FOR SPRAY PAINT ALL AFFECTED DAMAGED AREAS	1.00	800.00	800.00	400
10		LABOUR FOR PANEL BEATING ALL AFFECTED DAMAGED AREAS	1.00	1,000.00	1,000.00	350

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:

Continue on next page...

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 : SMC7279Y
Make & Model : KIA,Carens EX 1.7 Diesel,KNAHU815VJ7211173
Year of Manufacture : 2018

Estimation No. : E22030026
Date : 29/08/2022

No.	Code	Description	Qty	U/P	Amt
11		TO WHEEL ALIGNMENT	1.00	120.00 NV	120.00 X
12		TO CHECK ALL WIRING FOR PROPER FUNCTION	1.00	150.00	150.00 15%

Amt S$ 2,070.00
Discount (0.00%) S$ 0.00
Subtotal S$ 2,070.00

Remarks:
MSIG INSURANCE (SINGAPORE) PTE LTD
DOA: 26.8.2022
TP CLAIM

Total S$ 5,653.00

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 Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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	29/08/2022 15:58 (SGT)
Reported by	Driver
Date of Accident	26/08/2022 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN AVE 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC7279Y

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	Kia
Model	Carens
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	1699

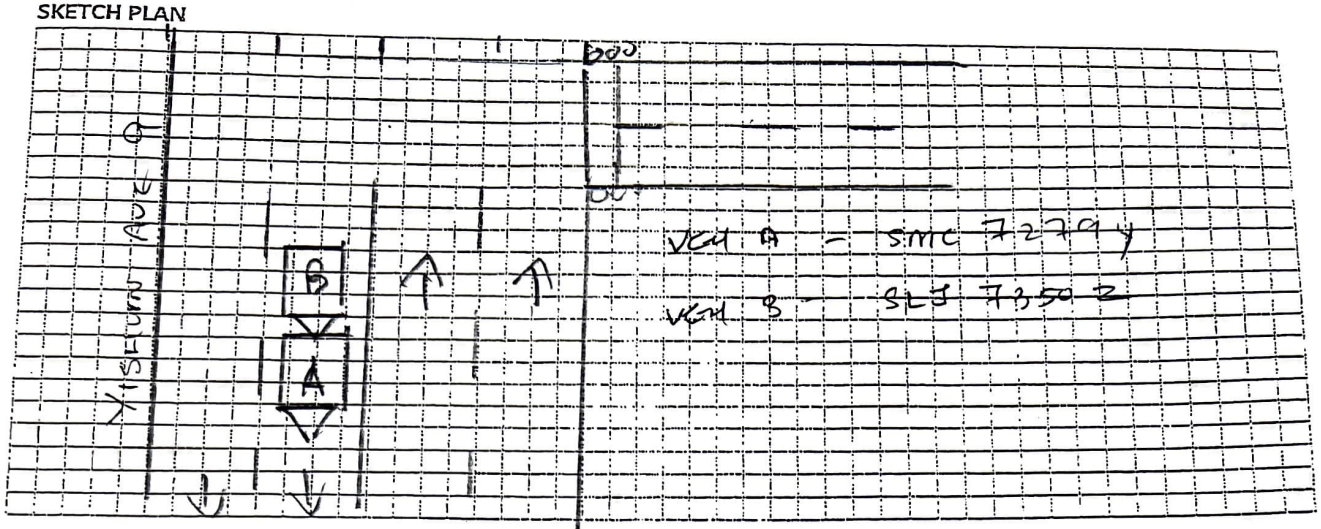
INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2002451400

DRIVER

Name of Driver	MUHAMMAD KHAIRIL BIN HASSAN
NRIC No	SXXXX989F
Date Of Birth	24/05/1984
Occupation	Outdoor

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/8/22 @ 15:00 HRS while I driving along Yishun Ave 9, when I slow down and stationary. Suddenly vehicle B hit my vehicle from behind.

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.: