

ASS. REC. BY:

REF: MSG/ 220084141k

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/s Munich

of _____

Insured: _____

Policy No. _____

Claims No. _____

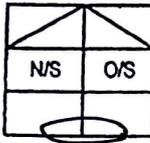
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 886k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

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

Lum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMC 72794 Yr Regn: 07, 18

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

Truck / Trailer or

Make: Hig 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: KNATHU 815 VJ 7211173

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / 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 3pm

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

Date/Time, File Pass to?

: Prell. Report

: Final Report

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee:

Transportation:

S + RS. \$

Fixes

Others

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Report Format :

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

TOTAL

250.00
200.00

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 (Licc)

*NOT AUTHORIZED
Anthony B. G. P. M.*

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

9 days

| 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 | <i>n</i> | X |
| 3 | | REAR BUMPER LOWER | 1.00 | 254.00 | 254.00 | <i>n</i> | ✓ |
| 4 | | REAR BUMPER UPPER | 1.00 | 692.00 | 692.00 | <i>n</i> | X |
| 5 | | ULTRASONIC SENSOR | 2.00 | 195.00 | 390.00 | <i>n</i> | X |
| 6 | | WIRE SENSOR HARDNESS | 1.00 | 302.00 | 302.00 | <i>n</i> | X |
| 7 | | REAR BUMPER BEAM | 1.00 | 441.00 | 441.00 | | 7 |

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 | <i>n</i> | 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 | | <i>400d</i> |
| 10 | | LABOUR FOR PANEL BEATING ALL AFFECTED DAMAGED AREAS | 1.00 | 1,000.00 | 1,000.00 | | <i>350d</i> |

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: _____

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Munich Autocare Pte Ltd

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Tel: +65 6255 2288 | Fax: +65 6265 5388
Company Reg. No.: 201832250M | GST Reg. No.: 201832250M

ESTIMATION REPORT

Vehicle No : SMC7279Y **Estimation No.** : E22030026
Make & Model : KIA, Carens EX 1.7 Diesel, KNAHU815VJ7211173 **Date** : 29/08/2022
Year of Manufacture : 2018

| No. | Code | Description | Qty | U/P | Amt |
|-----|------|---|------|--------|--------|
| 11 | | TO WHEEL ALIGNMENT | 1.00 | 120.00 | 120.00 |
| 12 | | TO CHECK ALL WIRING FOR PROPER FUNCTION | 1.00 | 150.00 | 150.00 |

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 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 | 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 |

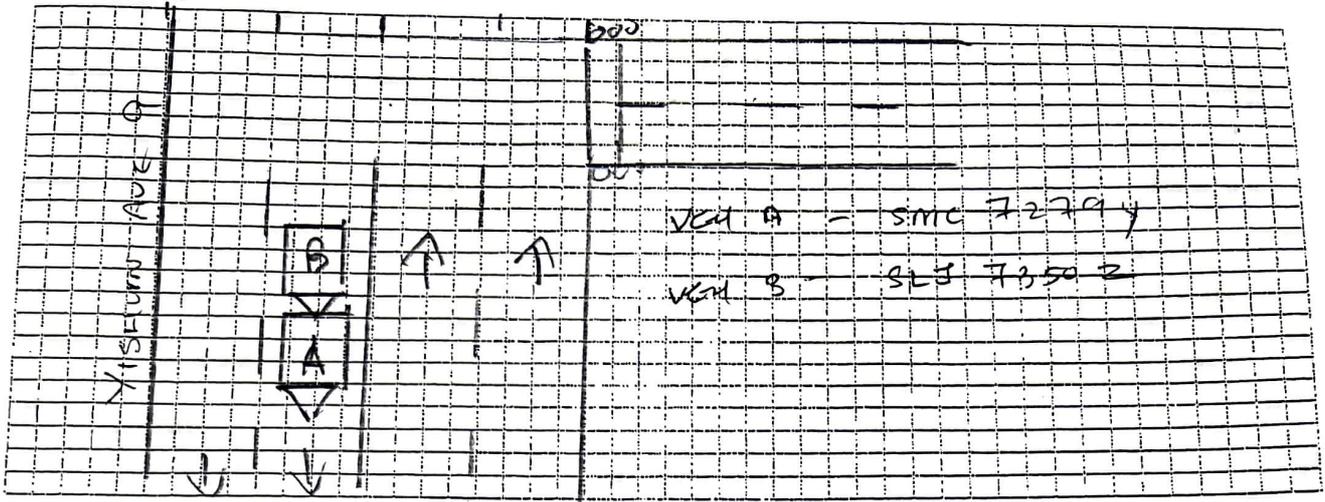
INSURANCE COMPANY

| | |
|-----------------------------------|---------------------------------------|
| 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:

[Signature]

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

[Signature]

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

