ASS. REC. BY: Kenneth | REF: MSG/22012195/kw

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s MBM

of 73011

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

Bal. or Market Value: $126K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 1-B1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SMA 9144A Yr Regn: 06, 18

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

Make: Toy Voxy A/ c.c 1797

Colour M. Grey A/C: Insured / Std / NI / NA

Sp.Reading 177049 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZWR80 - 0307046

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 195/65R15

R: _____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	3/12/22	D.O.I.	13/12/2022

Survey held at ✓

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

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

Date / Time	Action / Instruction
1	Cor B1
2	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ - RS. _____ SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (S _____)

MBM WHEELPOWER PTE LTD

Your Ref: SMF3017Y
Our Ref: SMA9144A

Not Authorise
Resurvey B4 Repair
5days

To: MSIG

CC

Fax

Date: 13/12/2022
From: Danny
Fax: 64525333
Contact: 93288668
Make / Model: TOYOTA VOXY HYBRID 1.8
Chassis No.: ZWR800307046
Engine No.: 2ZR0B11325
Year of Make: 2018
Accident Date: 3 December 2022

ESTIMATE FOR VEHICLE NO. : SMA9144A

DESCRIPTION	QTY		List Price
FRONT LH DOOR	1	$	Rp 1,420.00 ✓
FRONT LH DOOR WEATHERSTRIP	1	$	Rn 185.00 ✗
FRONT LH DOOR TAPE	1	$	Rn 120.00 ✓
REAR LH DOOR	1	$	Rp 1,540.00 ✓
REAR LH DOOR WEATHERSTRIP	1	$	Rn 185.00 ✓
REAR LH DOOR TAPE	1	$	Rn 120.00 ✓
DOOR RIVETS	15	$	Rn 75.00 ✗
LH ROCKER PANEL GARNISH	1	$	Rn 450.00 ✓
ROCKER GARNISH CLIPS	8	$	Rn 48.00 ✓
		Total: $	4,143.00
		LESS 25% $	(1,035.75)
		Parts Total: $	**3,107.25**

LABOUR

TO REMOVE, REFIT & REPAIR AFFECTED DAMAGED PARTS. INCLUDING TO KNOCK-OUT,WELD & STRAIGHTEN ON THE AFFECTED PARTS.	$	6.0l 1,200.00
TO APPLY ANTI RUST COATING	$	6.0l 150.00
TO REMOVE, AND TRASNFER DOOR FITTINGS TO NEW DOOR	$	12.0l 350.00
TO CHECK & RECONNECT ALL NECESSARY WIRING	$	2.0l 80.00
TO SPRAY PAINT ON THE AFFECTED AREAS	$	12.8.0l 1,500.00
	Total: $	6,387.25
	7% GST: $	447.11
	Grand Total: $	**6,834.36**

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:

Mbm wheelpower pte ltd
160 SIN MING DRIVE
#06-02
SIN MING AUTOCITY
t 62628888 f 64525333
Company Registration Number : 200204110W

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	05/12/2022 18:48 (SGT)
Reported by	Both
Date of Accident	03/12/2022 13:15 (SGT)
Exact Location of Accident	331A Tampines Street 32, Singapore 521331
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA9144A

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH Chee Keong
NRIC No	S7615730H
Email Address	skygoh@ymail.com
Mobile Phone No	(Phone) +65-94500625
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Voxy
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00005562102

DRIVER

Name of Driver	GOH Chee Keong
NRIC No	S7615730H
Date Of Birth	02/06/1976
Occupation	Outdoor

SKETCH PLAN

IMPORTANT NOTICE

1. Please [illegible] the [illegible] to be [illegible]
2. This Form [illegible]
3. [illegible]
4. [illegible]
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the Insurer to the GIA [illegible] Singapore [illegible]
7. By the lodgement of this report [illegible] being made available [illegible]

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 (including information set out in this [illegible] and any other person's information provided by me) processed by my insurer (collectively the "Personal Information") and [illegible] who have insured vehicle(s) involved in this accident (all insurers 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/or any other 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 correspondences, 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 laws [illegible]

(collectively the "Purposes");

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms [illegible] collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may also be disclosed by any of the Insurers and/or GIA to their third party service providers [illegible] including their lawyers/law firms, which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature, Date & Time

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

Workshop / Reporting Centre [illegible]

Sketch Plan