ASS. REC. BY: Kenneth

REF: MCL/2300359811cn

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 _____

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: $ 62K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 03 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: SCW 382R Yr Regn: 10, 17

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

Make: Kia Cerato K3 c.c 1591

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

Sp.Reading 142685 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAF741MJ5749411

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: _____

R: 215/45ZR17

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	5/9/23	D.O.I.	6/4/2023

Survey held at _____

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

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

Date / Time	Action / Instruction
/	WKSp Said 1-B.I.

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ S + RS. _____ SI

Parking: _____

Others: _____

TOTAL: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

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

MBM WHEELPOWER PTE. LTD.

YOUR REF.: SG6318H
OUR REF.: SCW382R

Not Authorised
2 Rep &
Resurvey After Paint
3 days

TO: FIRST CAPITAL

CC: MOTOR CLAIMS DEPARTMENT

FAX:

DATE: 11/5/2020
FROM: Lee Shirley
FAX: 64525333
CONTACT: 86865188
MAKE & MODEL: KIA CERATO K3 1.6A SUNROOF
CHASSIS NO.: KNAFZ411MJ5749411
ENGINE NO.: G4FGHH684121
YEAR MADE: 2017
ACCIDENT DATE: 5 April 2023

ESTIMATE FOR VEHICLE NO.: SCW382R

NO.	DESCRIPTION	PART NO.	QTY.		LIST PRICE
1	FRONT FENDER LH		1	$	342.00
2	FRONT FENDER INNER SHIELD LH		1	$	86.00
3	FRONT FENDER INNER SHIELD CLIP		1	$	50.00
4	SIDE MIRROR LH		1	$	449.00
7	FRONT KNUCKLE ARM LH		1	$	316.00
8	FRONT WHEEL HUB LH		1	$	135.00
9	FRONT WHEEL BEARING LH		1	$	118.00
10	FRONT WHEEL SPORT RIM LH		1	$	982.00
11	FRONT STABILIZER BAR		1	$	229.00
12	FRONT SHOCK ABSORBER LH		1	$	283.00
13	FRONT TIE ROD LH		1	$	102.00
14	FRONT TIE ROD END LH		1	$	80.00
			TOTAL:	$	3,172.00
			LESS 10%:	$	(317.20)
			PARTS TOTAL:	**$**	**2,854.80**

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:

SPECIAL NETT

BRAKE FLUID	1	$	50.00

LABOUR

TO REMOVE, REFIT & REPAIR AFFECTED DAMAGED PARTS, INCLUDING TO KNOCK-OUT, WELD & STRAIGHTEN ON THE AFFECTED PARTS		$	1,600.00
TO CONDUCT ALL WHEEL COMPUTERISED ALIGNMENT		$	160.00
TO REMOVE & REFIT FRONT LH UNDERCARRIAGE		$	200.00
TO REMOVE & REFIT ALL SENSOR		$	80.00
TO RESET ENGINE WARNING LIGHT (ABS, SRS, ECU MEMORY & ETC)		$	250.00
TO SPRAY PAINT ON THE AFFECTED AREAS		$	1,000.00
	TOTAL:	$	6,194.80
	7% GST:	$	433.64
	GRAND TOTAL:	**$**	**6,628.44**

MBM WHEELPOWER PTE. LTD.
160 SIN MING DRIVE, #06-02
SIN MING AUTOCITY
t 6262 8888 f 6452 5333
COMPANY REG. NO.: 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 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	05/04/2023 14:31 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/04/2023 12:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES ROAD & HOUGANG AVE 3 CROSS JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCW382R

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEE CHENG WAI
NRIC No	SXXXX514E
Email Address	BRYAN.SCW@LIVE.COM
Mobile Phone No	(Phone) +65-90882997
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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 hire
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125827602

DRIVER

Name of Driver	SEE CHENG WAI
NRIC No	SXXXX514E
Date Of Birth	09/04/1991
Occupation	Indoor

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 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan