ASS. REC. BY: Kenneth | REF: AIG/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Cheng Hoe

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: $ 33K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 09 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBG 1705H Yr Regn: 06 / 17

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

Make: Toy Hiace c.c 2982

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

Sp.Reading 232948 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KDH201 - 5025199

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: 195R 15X8

R: _____

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	30/8/24	D.O.I.	9/9/2024

Survey held at _____

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

O/S fly

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

1) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ S + RS. _____ SI

Parking _____

Others _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

TOTAL _____

eport Format :

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

Cheng Hoe Motor Pte Ltd

Blk 1019, Yishun Industrial Park A #01-374/382, Singapore 768761
TEL: 67556142 (YIS) FAX: 67557719 (YIS) Email: chmotor@singnet.com.sg
GST:201001158E RCB NO:201001158E

GBG1705H
TP/AIG

M/S : AIG ASIA PACIFIC INSURANCE PTE LTD
78 SHENTON WAY
#07-16 AIG BUILDING
SINGAPORE 079120
TEL: 64193000 FAX: 64153727
ATTN: Motor Claim Department Not Workshop

WS Ref: TP/AIG 1 Lamp
Claim Type: Third Party
Accident Date: 30/08/2024 Reserve After Paint
TP Veh Reg No: GBA1902L 4 days

Estimate No:	**ES2400750/WS**
Date:	09 Sep 2024
Policy No:	5091948538-07
Veh Reg No:	**GBG1705H**
Make/Model:	TOYOTA TOYOTA HIACE DX 3.0 M
Chassis No:	KDH2015025199
Engine No:	1KD2676027
Reg. Date:	15/06/2017

Estimate Repair Cost to Vehicle No :GBG1705H

	Description	U/Price	Quantity	List Price S$	Amount S$
	List Price				
1	FRONT BUMPER	836.90	1 PC	Add/Cus 836.90 ✓	
2	FRONT BUMPER RH RETAINER	126.10	1 PC	126.10 ?	
3	FRONT BUMPER CLIPS	4.50	6 PC	Ne 27.00 ✓	
4	FRONT RH STEP TRAY	224.70	1 PC	Cus 224.70 ✓	
5	FRONT RH WIPER SIDE GARNISH EXTENSION	48.70	1 PC	Cus 48.70 ✓	
6	HEADLAMP RH	3,967.50	1 PC	Cus 3,967.50 ✓	
7	FRONT RH DOOR	2,904.60	1 PC	Ne 2,904.60 ✗	
8	FRONT RH DOOR GLASS	746.80	1 PC	Cus 746.80 ✓	
9	FRONT RH DOOR GLASS OUTER MOULDING	128.60	1 PC	Ou 128.60 ✓	
10	FRONT RH SIDE MIRROR	1,507.50	1 PC	Rpr 1,507.50 ✓	
11	FRONT RH CORNER PANEL	409.30	1 PC	Ne 409.30 ✗	
				10,927.70	
			Less 25%	2,731.93	8,195.78
	Special Net				
12	FRONT RH DOOR COMPANY STICKER	20.00	1 PC	Ave 20.00 ✓	
				20.00	20.00
	Labour				
13	PANEL BEATING	600.00	1 LA	600.00	450
14	REMOVE AND REFIT FRT RH DOOR GLASS	50.00	1 LA	Na 50.00 ✗	
15	PUTTY AND RESPRAY ON FRT RH CORNER PANEL, FRT RH DOOR AND SIDE MIRROR.	500.00	1 LA	500.00	320
				1,150.00	1,150.00

Total	S$ 9,365.78
Add GST @ 9%	842.92
Total Amount Payable	S$ 10,208.70

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:

For Cheng Hoe Motor Pte Ltd

AUTHORISED SIGNATURE

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 First Submission	02/09/2024 10:44 (SGT)
Reported by	Actual Driver
Date of Accident	30/08/2024 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SEMBAWANG RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG1705H

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AL MAIMOON PTE.LTD.
Company Reg No	2XXXXX063D
Email Address	shantrade21@gmail.com
Mobile Phone No	(Phone) +65-90687335
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	HIACE DX 3.0 M
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2982
Vehicle Fuel	-
First Regisration Date	15/06/2017
Chassis no	KDH2015025199
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5091948538-07

DRIVER

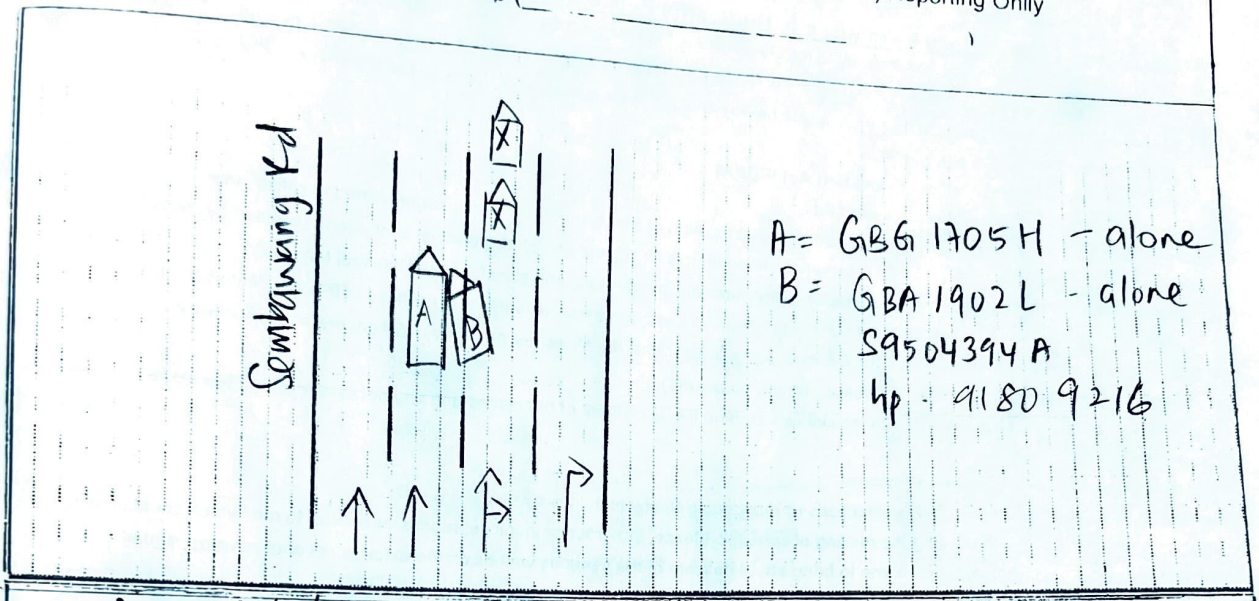
Describe Circumstance of the Accident

NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy (✓) Claim Third party ( ) Reporting Onlly

( ) Claim OD/ TP at other workshop (_____)

Sketch Plan



A= GBG 1705H - alone
B= GBA 1902L - alone
S9504394A
Hp - 9180 9216

DOA: 30/8/24 Time: 1630hrs Ihs: Income

I was travelly straight along Sembawang Rd when out of sudden veh (B) swerve out from his lane and encroached into my lane causiy his van to hit onto my van.

No injuries on anyone. Both vehicles have no passengers. Clear, dry weather condition.

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Effendi (45)

31.8.24