

ASS. REC. BY:

REF: PC11

Kenneth

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

Insured: _____

Policy No. _____

Claims No. _____

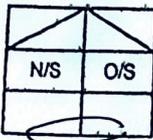
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 827K

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: 4-5 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

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

Veh No: SGU889P Yr Regn: 02117

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

Make: Mit Atrage c.c. 1193

Colour: M. Gray A/C: Insured / Std / Nil / NA

Sp. Reading: 102398 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: MNBSTA13AHH 004341

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / SIR/Im / STD A/R/Im or

Tyre Size: F: _____ R: 185/55R15

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

Front _____ Rear _____

R/Bal. 4 mm R/Bal. 4 mm

L/Bal. 4 mm L/Bal. 4 mm

D.O.A. 26/9/24 D.O.I. 30/9/2024

Survey held at _____

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

The UIC / 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 Trip: _____

Survey Fee:

Transportation:

S - RS - SI

Photos

Others

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Report Format :

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

TOTAL

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

SGU6989P

7/1/2e

M/S : MS FIRST CAPITAL INSURANCE LTD
 36 ROBINSON ROAD
 #16-01 CITY HOUSE
 SINGAPORE 068877

TEL: 65073848 FAX: 65073849
 ATTN: Motor Claim Department

Estimate No: ES2400810
 Date: 30 Sep 2024

Policy No:
 Veh Reg No: SGU6989P
 Make/Model: MITSUBISHI MIT
 ATTRAGE 1.2CVT
 Chassis No: MMBSTA13AHH004341

WS Ref: TP FC
 Claim Type: Third Party
 Accident Date: 26/09/2024
 TP Veh Reg No: SHC2381B

*Not Notified
 Put away After Rainy
 4-5 days
 U/Sy B*

Reg. Date: 14/02/2017

Estimate Repair Cost to Vehicle No :SGU6989P

PAGE:1/1

Description	U/Price	Quantity	List Price S\$	Amount S\$
Net Price				
1 REAR BUMPER	659.00	1 PC	659.00	✓
2 REAR BUMPER SIDE RETAINER LH	22.00	1 PC	22.00	✓
3 REAR BUMPER CLIP	5.00	6 PCS	30.00	✓
4 REAR BOOT	765.00	1 PC	765.00	✓
5 REAR BOOT EMBLEM - ATTRAGE	20.00	1 PC	20.00	✓
6 REAR BOOT LOGO	43.00	1 PC	43.00	✓
7 REAR BOOT INNER LOCK	195.00	1 PC	195.00	✓
8 REAR BOOT INNER RUBBER	143.00	1 PC	143.00	✓
9 REAR BOOT OUTER CHROME MOULDING	336.00	1 PC	336.00	✓
10 REAR END PANEL	427.00	1 PC	427.00	✓
11 REAR END PANEL INNER TOP GARNISH	62.00	1 PC	62.00	✓
			2,702.00	
		Less 10%	270.20	2,431.80
Special Net				
12 REVERSE SENSOR	200.00	1 PC	200.00	✓
			200.00	200.00
Labour				
13 TO REMOVE AND REFIX REAR BUMPER ASSY, TAILLAMPS, RR BOOT & ATTACHMENT; RENEW REAR PANEL AND REALIGN TO SAME	700.00	1 LA	700.00	✓
14 TO PUTTY AND RESPRAY ON REAR PANEL BOOT. REAR BUMPER AND OTHER AFFECTED AREAS	750.00	1 LA	750.00	✓
15 RUSTPROOFING	30.00	1 LA	30.00	✓
			1,480.00	1,480.00
			Total	S\$ 4,111.80
			Add GST @ 9%	370.06
			Total Amount Payable	S\$ 4,481.86

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 surveys on "Without Prejudice" basis
- No illegal modifications is allowed
- Supplementary items must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

For Cheng Hoe Motor Pte Ltd

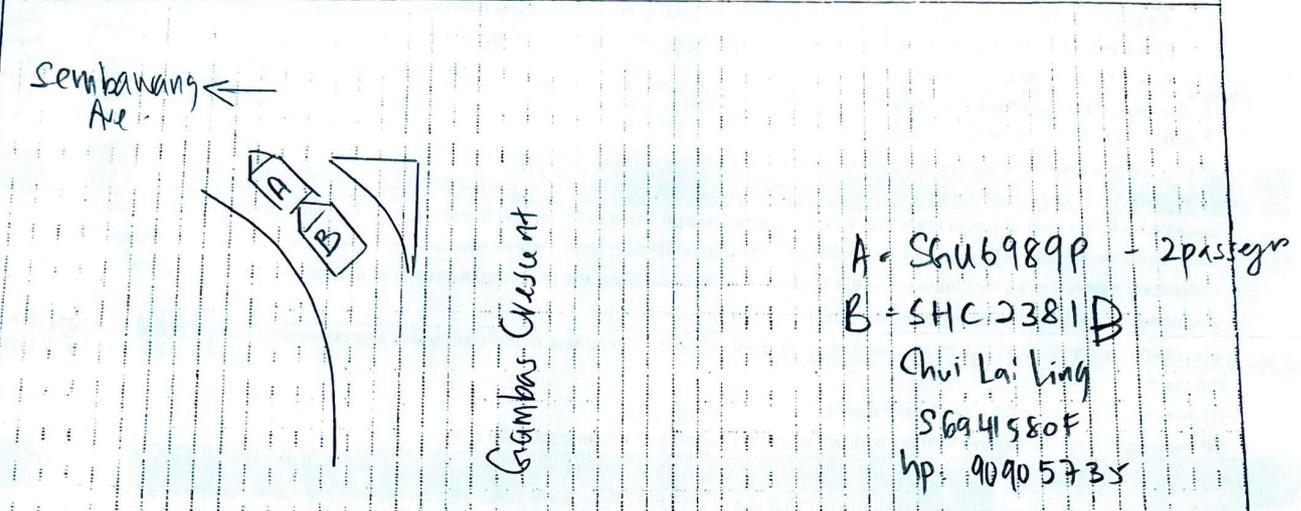
AUTHORISED SIGNATURE

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

Sketch Plan



Date: 26/9/24 Time: 1745hrs Ins.: Income

Accident occurred at the slip road from Gambas Cres towards Sembawang Ave - my vehicle was stationary as I was checking for oncoming traffic. Out of sudden, I felt an impact on my rear and realized taxi (B) had collided onto my car.

NO one was injured. I have 2 passenger onboard while I also noticed taxi had passenger's but I am unsure how many.

Declaration

I/We declare the foregoing particulars are true in every respect.

Efeeda (YS)
27/9/24 ✓

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)

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 First Submission	27/09/2024 15:30 (SGT)
Reported by	Actual Driver
Date of Accident	26/09/2024 17:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP RD FROM GAMBAS CRESCENT TOWARDS SEMBAWANG AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGU6989P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM KAIT WEE, ALEX(LIN JIEWEI)
NRIC No	SXXXX616J
Email Address	kaitwee@gmail.com
Mobile Phone No	(Phone) +65-90210929
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	ATTRAGE 1.2 CVT
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	1193
Vehicle Fuel	-
First Registration Date	14/02/2017
Chassis no	MMBSTA13AHH004341
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5114590149-04

DRIVER