

ASS. REC. BY:

REF: C121

Kenneth

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

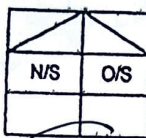
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: 873K

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 03 days

Res.: Yes or No

Lum Sum: 1.0B.1%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: Smd 17526Yr Regn: 08.18

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

Truck / Trailer or _____

Make: Mit OutlanderC.G. 1998Colour: White

A/C: Insured / Std / NI / NA

Sp. Reading: 62944

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GFTW 0401993Gen. Cond: Good Fair / Poor / BurntSteering: In order Jammed / Leaked / Burnt orBrake: In order Jammed / Leaked / Burnt orModi: Nil / S/Rlm / STD A/Rlm orTyre Size: F: 225/55R18

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 15/9/24D.O.I. 7/11/2024

Survey held at _____

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?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐

: Site Insp (\$

) S + RS. \$

☐

: Interview (\$

), Fines

☐

Tech Invs (\$

), Others

☐

Weekend (\$

)

TOTAL

Report Format :

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

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

SMD 1752G

TP/china

M/S : CHINA TAIPING INSURANCE (S) PTE LTD
3 ANSON ROAD
16-00 SPRINGLEAF TOWER
SINGAPORE 079909

TEL: 63896111

FAX: 62221033

ATTN: Motor Claim Department

Claim No: ES2400921

Estimate No: ES2400921/YISHUN

Date: 06 Nov 2024

Policy No: 5147067404

Veh Reg No: SMD1752G

Make/Model: MITSUBISHI MIT.
OUTLANDER 2.0 CVT
SUNROOF

Chassis No: GF7W0401993

Engine No: 4J11YP5405

Reg. Date: 06/08/2018

WS Ref: TP/CHINA

Claim Type: Third Party

Accident Date: 15/09/2024

TP Veh Reg No: SLR1891B

Not Authorized

Recovery B4paim

3 days

Estimate Repair Cost to Vehicle No : SMD1752G

Description	U/Price	Quantity	Cost S\$	Amount S\$
Cost Plus				
1 REAR BUMPER	520.00	1 PC	520.00	✓
2 REAR BUMPER CENTRE LOWER SKIRT	135.00	1 PC	135.00	✓
3 REAR SMART KEY SENSOR	50.00	1 PC	50.00	✓
4 TAILGATE EMBLEM (OUTLANDER)	58.00	1 PC	58.00	✓
5 TAILGATE EMBLEM (MIVEC)	55.00	1 PC	55.00	✓
			818.00	
	Add 10%		81.80	899.80
Special Net				
6 REAR REVERSE SENSOR	200.00	1 SET	200.00	✓
				200.00
Labour				
7 REMOVE & REFIX REAR BUMPER ASSY,KNOCK & REPAIR REAR END PANEL, TAILGATE AND REALIGN THE SAME	500.00	1 LA	500.00	300
8 PUTTY & RESPRAY ON REAR BUMPER, LOWER SKIRT, TAILGATE, REAR PANEL	600.00	1 LA	600.00	400
9 REMOVE & REFIX REVERSE CAMERA, SMART KEY SENSOR, SMART KEY SENSOR AND RESET SYSTEM	50.00	1 LA	50.00	✓
				1,150.00

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:

Total S\$ 2,249.80

Add GST @ 9% 202.48

Total Amount payable S\$ 2,452.28

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 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	16/09/2024 13:41 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/09/2024 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TOWARDS WOODLANDS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD1752G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CAI LING HUI EVENLYN
NRIC No	S8408369J
Email Address	evenlyncai@gmail.com
Mobile Phone No	(Phone) +65-91779177
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
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	2000
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5147067404

DRIVER

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.



16/09/2024
1324HRS

Policyholder's Signature / Date & Time

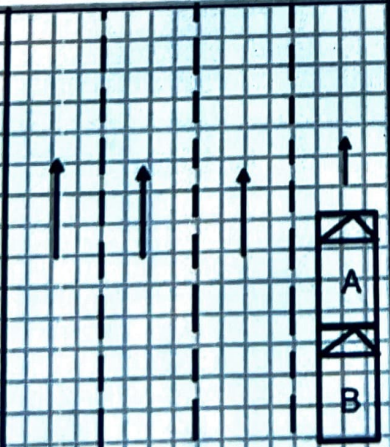
Driver's Signature (if driver is not the policyholder) / Date & Time



NUR ASYRAF BIN ZAINAL
S997042

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

Sketch Plan

				<p>A: SMD1752G</p> <p>B: SLR1891B</p> <p>CTE TOWARDS WOODLANDS</p>	

Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

(Fax) +65-65474900
10 Ubi Avenue 3 Singapore 408865
No
-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident

Yes
Yes
Advice Oi to sent to motorvideo@income.com.sg

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
NRIC No
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

SLR1891B
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-
Private hire
KHOO CHIN HENG
S7929882D
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