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

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Chong 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: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 1.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLC 7858M Yr Regn: 05/16

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

Make: Toy Axio (A) c.c 1496

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

Sp.Reading 137002 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NRE161 - 0017036

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: 205/50R16

R: _____

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	7 mm
L/Bal.	4 mm	L/Bal.	7 mm

D.O.A. 25/6/24 D.O.I. 15/7/2024

Survey held at _____

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

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?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S - RS. _____ SI

Parking _____

Others _____

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

SLC7858M
TP/India

M/S : INDIA INT'L INSURANCE PTE LTD
64 CECIL STREET
#04/#05 IOB BUILDING
SINGAPORE 049711
TEL: 63476100 FAX: 62247743
ATTN: Motor Claim Department

Not Authorise
Renew B4 pain
2days

WS Ref: TP/INDIA
Claim Type: Third Party
Accident Date: 25/06/2024
TP Veh Reg No: SJU4892L

Estimate No: **ES2400573/YISHUN**
Date: 15 Jul 2024
Policy No: MP308672
Veh Reg No: **SLC7858M**
Make/Model: TOYOTA COROLLA AXIO 1.5X A
Chassis No: NRE1610017036
Engine No: 2NR8608166
Reg. Date: 25/05/2016

Estimate Repair Cost to Vehicle No :SLC7858M

	Description	U/Price	Quantity	List Price S$	Amount S$
	List Price				
1	REAR BUMPER	779.40	1 PC	Bu 779.40	
2	REAR BUMPER LH SIDE RETAINER	150.50	1 PC	150.50	
3	REAR BUMPER CLIP	3.50	6 PC	Nu 21.00	
				950.90	
			Less 25%	237.73	713.18
	Special Net				
4	REAR BUMPER LH BODY PROTECTOR	50.00	1 PC	Nu 50.00	
				50.00	50.00
	Labour				
5	REMOVE & REFIX REAR BUMPER,REVERE SENSOR ASSY;KNOCKING & REPAIR REAR LH FENDER LOWER & REALIGN THE SAME	300.00	1 LA	300.00	2nd
6	PUTTY & RESPRAY ON REAR BUMPER,REAR LH FENDER	400.00	1 LA	400.00	2nd
				700.00	700.00

Total	S$ 1,463.18
Add GST @ 9%	131.69
Total Amount Payable	S$ 1,594.87

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before their spray painting
- To display the repaired part(s) during resurvey
- Parts prices are subject to confirmation
- T... "Without Prejudice" basis
- N... allowed
- ... st be resurveyed and ... from Insurance Company

... Repairer

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	25/06/2024 16:17 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/06/2024 06:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE TOWARDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC7858M

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM HUAT TIONG
NRIC No	SXXXX095A
Email Address	al_ah64d@yahoo.com
Mobile Phone No	(Phone) +65-96487071
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	COROLLA AXIO 1.5X A
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	1496

INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Policy Number / Cover Note Number	MP308672

DRIVER

Name of Driver	LIM HUAT TIONG
NRIC No	SXXXX095A
Date Of Birth	29/06/1967
Occupation	Indoor

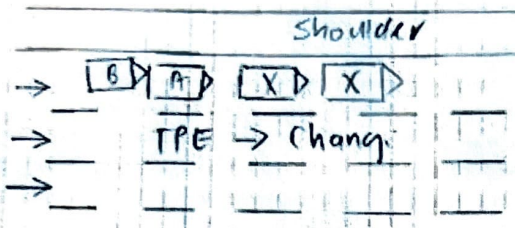
Describe Circumstance of the Accident

** 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 = SLC7858M

B = SJU4892L

Ng Hing Hans

S9578624C

HP . 94694821

Dog : 25/6/24 Time : 0655hrs Ins : HL

Accident occurid on the extreme left lane along TPE . vehicles ahead of me slowed down and stopped . I also follow likewise . The next moment, I felt an impact and realized car(B) had collided onto my car.

No injuries on anyone . NU passengers on both vehicles . 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)

Ffeeda (YS) 25/6/24