ASS. REC. BY: Kenneth | REF: 1051

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Choon Hock

of 0341

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: 09 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: 06'25 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SH 2264A Yr Regn: 06 17

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

Truck / Trailer or A1

Make: Toy Atio c.c 1496

Colour Yellow/Black A/C: Insured / Std / NI / NA

Sp.Reading 243453 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NRE161 · 0022545

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: 185/65R15

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	22/11/24	D.O.I.	26/11/2024

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?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____ Survey Fee: _____

Transportation: ___ $ - RS. ___ $

Parking: _____

Others: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

TOTAL: _____

Report Format :

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

CHOON HOCK MOTOR TRADING CO

Not Authorised
c/Insp &
Resurvey After Paint
4 days

25 November 2024

ESTIMATE REPAIR BILL ON SH2264A TOYOTA COROLLA AXIO 1.5X

1 pce rear boot	Rr	$ 850.20	✓
1 pce rear boot inner garnish	brr	$ 229.20	✓
2 pcs rear boot hinges	R	$ 273.60	X
1 pce rear lock	Rel	$ 94.30	✓
1 pce rear boot outer holder	way	$ 300.80	✓
1 pce rear boot logo	M	$ 50.30	✓
2 pcs rear lamp	CM	$ 1,198.40	✓
2 pcs rear lamp inner panel		$ 267.60	?
1 pce rear bumper	Rr	$ 530.50	✓
2 pcs rear bumper side retainer	Brr	$ 184.60	✓
1 pce rear panel		$ 602.20	?
1 pce rear panel garnish	Rel	$ 218.90	✓
1 pce rear boot rubber	Brr/Rel	$ 185.20	50%/n
1 pce rear exhaust pipe	R	$ 372.30	X
2 pcs rear exhaust pipe rubber	Sn	$ 62.60	X
		$ 5,420.70	
	less 20%	$ 1,084.15	
		$ 4,336.55	

S/NETT

1 pce rear sensor	Rel	$ 220.00	200/n
Towing	(Bill)	$ 180.00	?
Remove and refit sensor		$ 100.00	50
Remove and refit exhaust pipe	Rn	$ 180.00	X
Wiring		$ 100.00	20
Panel beating		$ 1,300.00	600
Spray painting		$ 1,500.00	800
Rustproof		$ 150.00	60
Total amount :		$ 8,066.55 NETT	
		========	

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:

Mailing address.: 28 Surrey Road #18-03 Singapore 307762 Reg No: 30568200L
Tel: (65) 64530778 Email: choonhockmotor@gmail.com

SL0U24BMM001 / LIM TAN MOTOR PTE LTD
ENTRY DATE & TIME: 23/11/2024 12:32 (SGT)
SUBMITTED BY: BRYAN NG WEI
VERSION: 1 (23/11/2024 12:32 (SGT))

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	23/11/2024 12:32 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/11/2024 13:15 (SGT)
Exact Location of Accident	4 Woodlands Ave 1, Singapore
Additional Location Information	WOODLANDS AVE 7 TO AVE 4 NEAR ZEBRA CROSSING
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH2264A

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHENG SIU YONG
NRIC No	SXXXX034I
Email Address	SIUYONG2264@GMAIL.COM
Mobile Phone No	(Phone) +65-88363860
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	COROLLA AXIO 1.5X CVT
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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
Vehicle Fuel	Petrol
First Regisration Date	09/06/2017
Chassis no	NRE1610022545
Effective Date/Time of Ownership	09/06/2017 10:06 (SGT)

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D240102518MSH

DRIVER

SKETCH PLAN

Date & Time of Accident: [illegible] 1.5pm Location: [illegible]

Veh A: [illegible] Veh B: [illegible] Veh C/Others:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the [illegible] at around [illegible] I was [illegible] along [illegible] and I [illegible] near zebra crossing. I stopped before the zebra crossing while waiting and looking for traffic. Suddenly I [illegible] an impact from behind. Vehicle B has hit [illegible] my vehicle rear. The accident [illegible] [illegible] came, but no car was [illegible] to the [illegible]

NOTE : PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

[ ] Own Damage Claim at Lim Tan Motor [ ] TP Claim at Lim Tan Motor

[ ] Own Damage Claim at Other Workshop [ ] TP Claim at Other Workshop [ ] Reporting Only

I/We hereby authorised Lim Tan Motor Pte Ltd to forward my/our filed GIA accident report to:

My/Our workshop via email :

My/Our email :

DECLARATION

I/We declare the foregoing particulars are true to the best of my knowledge.

Accident Report Date & Time [illegible]

Driver's Signature (if driver is not the vehicle owner) Date & Time

Reporting Centre [illegible] Signature Name: NRIC No.: