ASS. REC. BY: Kenneth | REF: C121

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Cheng Hue

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: 829K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 06 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: SKV 8177A Yr Regn: 10 / 15

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

Make: Honda Mobilio c.c 1497

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

Sp.Reading 142306 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MRHDD4870FP 000318

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: nil 185/65R15

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.	11/6/24	D.O.I.	12/6/2024

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: _____ S + RS. _____ SI

Add Fee: ☐ : Site Insp ($ _____) Parking

☐ : Interview ($ _____) Others

☐ Tech Invs ($ _____)

☐ 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

SKV8177A
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

WS Ref: TP/CHINA
Claim Type: Third Party
Accident Date: 11/06/2024
TP Veh Reg No: GBH4383C

Claim No: ES2400484
Estimate No: ES2400484/YISHUN
Date: 12 Jun 2024
Policy No: MA034813
Veh Reg No: **SKV8177A**
Make/Model: HONDA MOBILIO SV 1.5 CVT
Chassis No: MRHDD4870FP000318
Engine No: L15Z12101136
Reg. Date: 02/10/2015

Estimate Repair Cost to Vehicle No : SKV8177A

Pages: 1/2

	Description		U/Price	Quantity	Cost S$	Amount S$
	Cost Plus					
1	REAR BUMPER		220.00	1 PC	220.00	
2	REAR BUMPER CENTRE MOULDING		115.00	1 PC	115.00	
3	TAILLAMP		130.00	2 PC	260.00	
4	REAR TAILGATE		620.00	1 PC	620.00	
5	TAILGATE EMBLEM 'MOBILIO'		33.00	1 PC	33.00	
6	TAILGATE EMBLEM 'RS'		20.00	1 PC	20.00	
7	TAILGATE EMBLEM 'I-VTEC'		25.00	1 PC	25.00	
8	TAILGATE INNER LOCK		95.00	1 PC	95.00	
9	TAILGATE INNER RUBBER		65.00	1 PC	65.00	
10	TAILGATE INNER TRIM BOARD		68.00	1 PC	68.00	
11	TAILGATE REFLECTOR		98.00	2 PC	196.00	
12	TAILGATE OUTER CENTRE GARNISH	Shattered	135.00	1 PC	135.00	
13	TAILGATE GLASS		290.00	1 PC	290.00	
14	TAILGATE MOULDING		78.00	1 PC	78.00	
15	REAR END PANEL OUTER		145.00	1 PC	145.00	
16	REAR END PANEL INNER TOP GARNISH		60.00	1 PC	60.00	
17	REAR WIPER ARM		48.00	1 PC	48.00	
18	REAR WIPER MOTOR		200.00	1 PC	200.00	
					2,673.00	
			Add 10%		267.30	2,940.30
	Special Net					
19	TAILGATE REVERSE CAMERA		350.00	1 SET	350.00	
20	REAR WINDSCREEN GLASS SEALANT		40.00	1 PC	40.00	
21	REAR WINDSCREEN GLASS TINTED FILM		120.00	1 PC	120.00	
22	IN CAR CAMERA		380.00	1 SET	380.00	890.00

Not Authorised
L/Sup
Resurvey After Paint 6 days

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:

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

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

WS Ref: TP/CHINA
Claim Type: Third Party
Accident Date: 11/06/2024
TP Veh Reg No: GBH4383C

Claim No: **ES2400484**
Estimate No: **ES2400484/YISHUN**
Date: 12 Jun 2024
Policy No: MA034813
Veh Reg No: **SKV8177A**
Make/Model: HONDA MOBILIO SV 1.5 CVT
Chassis No: MRHDD4870FP000318
Engine No: L15Z12101136
Reg. Date: 02/10/2015

Estimate Repair Cost to Vehicle No : SKV8177A

Pages: 2/2

	Description	U/Price	Quantity	Cost S$	Amount S$
	Labour				
23	REMOVE AND REFIX REAR WINDSCREEN GLASS	100.00	1 LA	100.00 ✓	
24	REMOVE & REFIX REAR BUMPER ASSY,TAILLAMPS,TAILGATE ASSY,SPOILER,REFLECTORS,LOCK ASSY;TO CUTTING,WELDING & RENEW REAR END PANEL OUTER;KNOCKING & REPAIR REAR PANEL INNER,REAR LH FENDER & REALIGN THE SAME	900.00	1 LA	900.00 600	
25	REMOVE & REFIX REVERSE CAMERA,REAR IN-CAR CAMERA,REVERSE SENSOR & RESET SYSTEM	50.00	1 PC	50.00 ✓	
26	PUTTY & RESPRAY ON REAR PANEL,TAILGATE,REAR BUMPER,REAR LH FENDER	900.00	1 LA	900.00 750	
27	RUSTPROOFING	50.00	1 LA	50.00 ✓	2,000.00

Total	S$ 5,830.30
Add GST @ 9%	524.73
Total Amount payable	S$ 6,355.03

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	11/06/2024 14:27 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/06/2024 07:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF YISHUN AVE 2/ YISHUN CENTRAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV8177A

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ABDUL HALIM BIN ABDUL RAHMAN
NRIC No	SXXXX280E
Email Address	imanahalim18@gmail.com
Mobile Phone No	(Phone) +65-90045269
Alternative Phone No	+65-96602404

VEHICLE PARTICULARS

Manufacturer	Honda
Model	MOBILIO SV 1.5 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	1497

INSURANCE COMPANY

Name of Insurance Company	Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number	MA034813

DRIVER

Name of Driver	ABDUL HALIM BIN ABDUL RAHMAN
NRIC No	SXXXX280E
Date Of Birth	18/03/1972
Occupation	Indoor

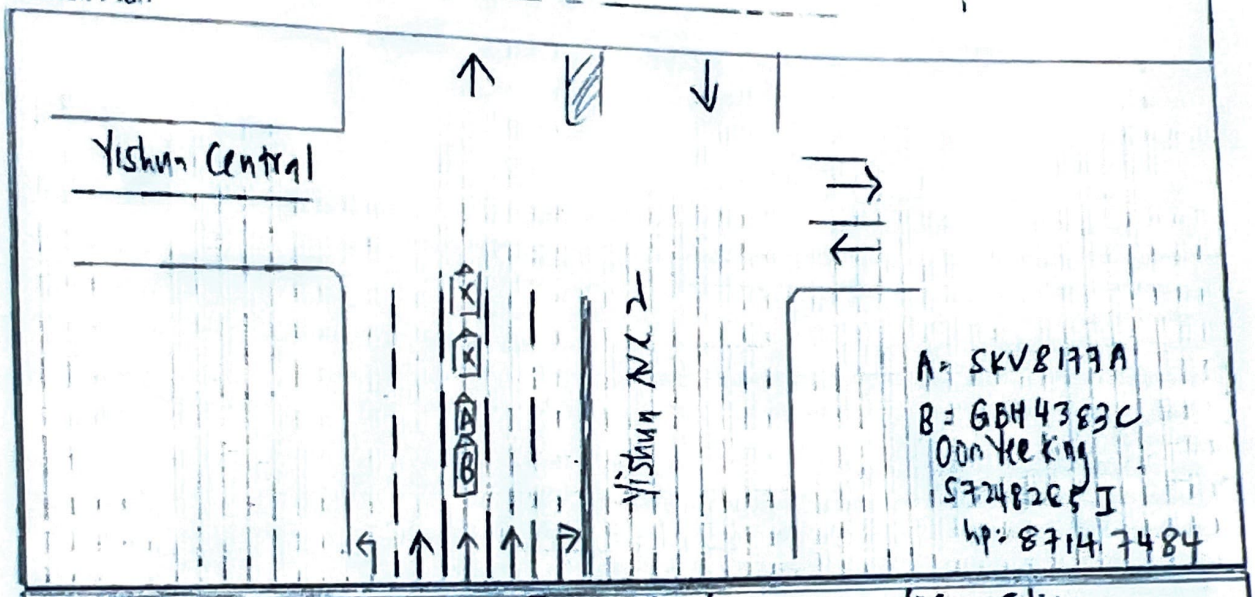
Describe Circumstance of the Accident

** 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 Only

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

Sketch Plan



Doa - 11/6/24 Time: 0720hrs Ins. Etiqa

Accident occured at the junction of Yishun Ave 2 / Yishun Central. Traffic light just turned green. As I was slowly moving off, out of sudden I felt a very strong impact on my rear and realized lorry (B) had collided onto my car. I got down to check and also exchaged particulars with the lorry driver.

I was alone at that time. Clear and dry weather condition. I may consult doctor later as I felt some discomfort after the accident.

I realized that my rear in-car camera was missing when I reach the workshop. - may have drop on the road as my rear windscreen was totally shattered due to the accident.

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)

Eferdin 11/6/24 (YS)