ASS. REC. BY: Kenneth | REF: A/G/

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

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: $12K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: 11/25 Person Contacted: _____ Vehicle: IN / OUT

Veh No: GZ 2436T Yr Regn: 02 06

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

Make: Toy Dyna 150D c.c 2986

Colour Blue A/C: Insured / Std / NI / NA

Sp.Reading 394115 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFUF34Y303011520

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: Hankook 195R15C8

R: Falken 155R12C8 (D)

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	12 mm
L/Bal.	4 mm	L/Bal.	22 mm
D.O.A.	21/7/24	D.O.I.	19/8/2024

Survey held at _____

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

O/S FM

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

GZ2436T
TP/AIG

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 : AIG ASIA PACIFIC INSURANCE PTE LTD
78 SHENTON WAY
#07-16 AIG BUILDING
SINGAPORE 079120
TEL: 64193000 FAX: 64153727
ATTN: Motor Claim Department

WS Ref: TP/AIG
Claim Type: Third Party
Accident Date: 21/07/2024
TP Veh Reg No: SNH805L

Estimate No: ES2400697 /WS
Date: 19 Aug 2024
Policy No: 5142492729
Veh Reg No: GZ2436T
Make/Model: TOYOTA TOYOTA DYNA 150 D
Chassis No: JTFUF34Y303011520
Engine No: 5L5633649
Reg. Date: 03/02/2006

Estimate Repair Cost to Vehicle No :GZ2436T

	Description	U/Price	Quantity	List Price S$	Amount S$
	List Price				
1	FRONT BUMPER	732.30	1 PC	732.30	
2	RH HEADLAMP	1,240.10	1 PC	1,240.10	
3	FRONT RH DOOR	2,681.60	1 PC	2,681.60	
4	FRONT RH DOOR BOTTOM HINGE	149.50	1 PC	149.50	
5	FRONT RH STEP TRAY LOWER GARNISH	411.10	1 PC	411.10	
6	FRONT RH CORNAL PANEL	483.40	1 PC	483.40	
				5,698.00	
			Less 25%	1,424.50	4,273.50
	Special Net				
7	FRONT RH DOOR COMPANY STICKER	20.00	1 PC	20.00	
				20.00	20.00
	Labour				
8	TO REMOVE AND REFIX FRT BUMPER ASSY, HEADLAMP, FRT RH DOOR & ATTACMENT; KNOCK AND REPAIR FRT RH W/S PILLAR AND RE-ALIGN TO SAME	450.00	1 LA	450.00	400
9	TO REMOVE ,TRANSFER AND REFIX FRT RH DOOR GLASS	60.00	1 LA	60.00	
10	TO PUTTY AND RESPRAY ON FRT RH DOOR, FRT BUMPER, FRT RH CORNAL PANEL, FRT RH WS PILLAR	550.00	1 LA	550.00	500
				1,060.00	1,060.00
				Total	S$ 5,353.50
				Add GST @ 9%	481.82
				Total Amount Payable	S$ 5,835.32

Not Included
L/Sup 2
Repair After Paint
4 days

For Cheng Hoe Motor Pte Ltd

AUTHORISED SIGNATURE

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 Insurance Company

Acknowledged by
Signature
Date

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	22/07/2024 18:56 (SGT)
Reported by	Actual Driver
Date of Accident	21/07/2024 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SELETAR NORTHLINK TOWARDS PUNGGOL (LAMP POST 133)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ2436T

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	THONG HUAT BROTHERS (PTE) LIMITED
Company Reg No	1XXXXX236H
Email Address	thongbeechoo@pacific.net.sg
Mobile Phone No	(Phone) +65-63670772
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2986

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5142492729

DRIVER

Name of Driver	SUBRAMANIAN SANKAR
Passport No/FIN	GXXXX927P
Date Of Birth	01/07/1979
Occupation	Outdoor

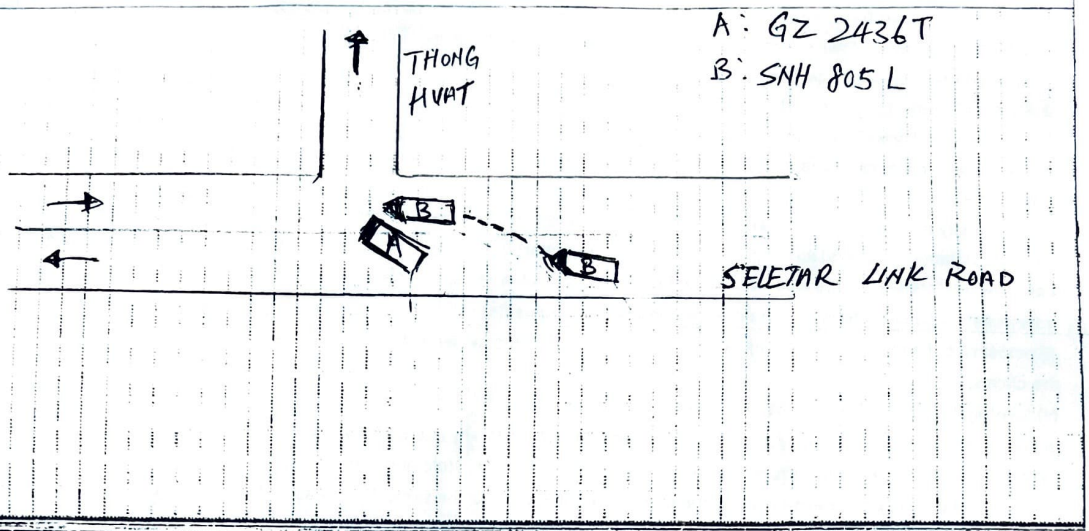
Describe Circumstance of the Accident

** 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



I want to turn right towards Thong Huat my lorry stop and check opposite there was no vehicle, so I start to turn right and move on, suddenly a vehicle (SNH 805L) from behind over take opposite direction and cause said vehicle hit onto my lorry front right corner and cause damage.

Declaration

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

THONG HUAT BROTHERS (PTE) LTD

Policyholder's Signature / Date & Time

S. Sanlean

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

Fkeda (w)
22/7/24

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