

ASS. REC. BY:

REF:

MSG/20001838/KF

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.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 03 days Res.: Yes or NoLum Sum: 1.8.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SMF 348L Yr Regn: 10, 18Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai Elantra S.c 1591Colour: M. Red A/C: Insured / Std / NI / NASp. Reading: 28238 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM1H0841CMJU 756636

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Rlm or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 11/1/20

Survey held at

Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or

N/S Fnt

The UIC / 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?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S - RS. SI

Fees

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

SMF348L
TP/MSIG

M/S : MSIG INSURANCE (S) PTE LTD (SGX)

16 RAFFLES QUAY

#24-01 HONG LEONG BUILDING

SINGAPORE 048581

TEL: 68277660

FAX: 62257402

ATTN: Motor Claim Department

Estimate No: ES2090405/WS

Date: 19 May 2020

Policy No: 5104425902-01

Veh Reg No: SMF348L

Make/Model: HYUNDAI ELANTRA
AD 1.6 GLS

Chassis No: KMHD841CMJU756636

Engine No:

Reg. Date: 26/10/2018

WS Ref: TP/MSIG

Claim Type: Third Party

Accident Date: 11/01/2020

TP Veh Reg No: SJN5845D

Not withain

Resurvey B4 paint

3 days

Estimate Repair Cost to Vehicle No :SMF348L

Description	U/Price	Quantity	List Price S\$	Amount S\$
List Price				
1 FRONT BUMPER	474.40	1 PC	474.40	✓
2 FRONT BUMPER LH SIDE RETAINER	28.50	1 PC	28.50	✓
3 FRONT BUMPER LH FOG LAMP	265.00	1 PC	265.00	?
4 FRONT BUMPER LH FOG LAMP GARNISH	115.40	1 PC	115.40	?
5 FRONT BUMPER LH DAY LIGHT	193.20	1 PC	193.20	?
6 FRONT BUMPER CLIP	3.50	6 PC	21.00	✓
7 HEADLAMP LH	1,198.80	1 PC	1,198.80	✓
			2,296.30	
		Less 20%	459.26	1,837.04
Labour				
8 REMOVE & REFIX FRT BUMPER ASSY,HEADLAMPS,FOG LAMPS,GRILLE;KNOCKING & REPAIR FRT BUMPER REINFORCEMENT & REALIGN THE SAME	400.00	1 LA	400.00	300
9 PUTTY & RESPRAY ON FRT BUMPER,LOWER SKIRT,FRT LH FENDER	450.00	1 LA	450.00	400
			850.00	850.00
			Total	S\$ 2,687.04
			Add GST @ 7%	188.09
			Total Amount Payable	S\$ 2,875.13

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:

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 Authorised 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 Report	13/01/2020 18:05
Date Of Accident	11/01/2020 14:15
Exact Location Of Accident	200 TURF CLUB ROAD (THE GRANDSTAND)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF348L
Insured/Policyholder	
Name Of Registered Owner	PHUA LU EN, ESTHER (PAN LU'EN)
NRIC No	SXXXX546E
Email Address	STUMPIED@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91397767
Alternative Phone No	OTHERS-91397767

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT (AMS)
Exact Purpose for which vehicle was being used at time of accident	PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104425902-01
Cover Note Number	26/10/19 - 25/10/20

Driver

Name of Driver	PHUA LU EN, ESTHER (PAN LU'EN)
NRIC No	SXXXX546E
Date Of Birth	04/10/1987
Occupation	INDOOR
Date Of Driving Pass	10/12/2007
Driving Experience	12 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91397767
Fax Number	
Contact Number	OTHERS-91397767
Email Address	STUMPIED@GMAIL.COM

Address BLK 832 YISHUN ST 81 #07-442
 Postcode 760832
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 2
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 0

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
 Police Station Address ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-3910000 - FAX NO: 63964900
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: DIRECT TO INSURANCE COMPANY
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJN5845D
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name

200 Turf Club Rd (The Grandstand)

A: SMF348L

B: SJN5845J

Parking Lot

[illegible]

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

GIARMC SketchPlanForm_V3 ☐ Claim Own Policy ☒ Claim Third Party ☐ Reporting Only
☐ Claim OD/TP at other workshop (_____)