

ASS. REC. BY:

REF: msst CS/MSG20004641/Kvf3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Chevy Itac

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 Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 03 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

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

Veh No: GBH 5988Y Yr Regn: 07, 18

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

Truck / Trailer or cm

Make: NIS NV200 c.c. 1461

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

Sp. Reading: 52315 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VSKYBAM 20 U 015 3530

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: MT / S/Rim / STD A/Rim or

Tyre Size: F: G4 175/70R14
R: Pi

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

Front	Rear
R/Bal. <u>4</u> mm	R/Bal. <u>3</u> mm
L/Bal. <u>4</u> mm	L/Bal. <u>3</u> mm
D.O.A. <u>24/3/20</u>	D.O.I. <u>9/6/2020</u>

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or 015 171

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	

Date/Time, File Pass to? : Prell. Report : Final Report

Days Of Repair: 3

Resurvey No. of Trlp: 1

Survey Fee:

Transportation: _____

S - RS. _____

Fixtures _____

Others _____

TOTAL

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Report Format: Merimen

Lump Sum / I.B.I: (\$ 2280.91)

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 : MSIG INSURANCE (S) PTE LTD (SGX)
 16 RAFFLES QUAY
 #24-01 HONG LEONG BUILDING
 SINGAPORE 048581

TEL: 68277660 FAX: 62257402
 ATTN: Motor Claim Department
 WS Ref: TP MSIG
 Claim Type: Third Party
 Accident Date: 24/03/2020
 TP Veh Reg No: EQ180P

Estimate No: ES2090447 ES2090447/WS
Date: 09 Jun 2020
Policy No:
Veh Reg No: GBH5998Y
Make/Model: NISSAN NISSAN NV200
Chassis No: VSKYBAM20U0153530
Engine No:
Reg. Date: 26/07/2018

*Not Authorized
 Resurvey B4 paint
 3 days*

Estimate Repair Cost to Vehicle No :GBH5998Y

PAGE:1/1

Description	U/Price	Quantity	List Price	Amount
			S\$	S\$
Net Price				
1 FRONT BUMPER	655.20	1 PC	655.20	✓
2 FRONT BUMPER SIDE RETAINER RH	25.40	1 PC	25.40	✓
3 FRONT BUMPER CLIP	5.00	6 PCS	30.00	✓
4 FRONT BUMPER FOG LAMP GARNISH RH	96.80	1 PC	96.80	✓
5 HEADLAMP RH	444.63	1 PC	444.63	✓
6 RH HEADLAMP LOWER GARNISH	368.50	1 PC	368.50	✓
7 FRT RH FENDER INNER SHIELD	188.40	1 PC	188.40	✓
		Less 10%	180.89	1,628.04
Special Net				
8 COMPANY STICKER	20.00	2 PC	40.00	✓
9 FRONT BUMPER FOG LAMP RH	321.60	1 PC	321.60	✓
			361.60	361.60
Labour				
10 TO REMOVE AND REFIXD FRT BUMPER ASSY, FOG LAMPS, HEADLAMP AND LOWER COVER, KNOCK AND REPAIR FRT BUMPER REINFORCEMENT, FRT RH FENDER AND RE-ALIGN TO SAME	500.00	1 LA	500.00	400
11 TO PUTTY AND RESPRAY ON FRT RH FENDER, RH HEADLAMP LOWER COVER,	350.00	1 LA	350.00	300
			850.00	850.00
		Total	S\$ 2,839.64	
		Add GST @ 7%	198.77	
		Total Amount Payable	S\$ 3,038.41	

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


 AUTHORIZED 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	25/03/2020 11:01
Date Of Accident	24/03/2020 09:50
Exact Location Of Accident	BLK 221 BOON LAY WET MARKET CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5998Y
Insured/Policyholder	
Name Of Registered Owner	EE HUI FOOD MANUFACTURE PTE LTD
Co Reg No	1XXXXX567H
Email Address	ADMIN@EEHUIFOOD.COM
Mobile Phone No	
Alternative Phone No	OFFICE-67585885

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 ACENTA DCI 1.5 MANUAL
Exact Purpose for which vehicle was being used at time of accident	GOING TO MEET CLIENT
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102236587-01
Cover Note Number	26/07/19 - 25/07/20

Driver

Name of Driver	LEE SWE HAP
NRIC No	SXXXX622H
Date Of Birth	30/08/1960
Occupation	OUTDOOR
Date Of Driving Pass	06/12/1979
Driving Experience	40 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91683637
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 956 HOUGANG ST.91 #09-304
 Postcode 530956
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE
 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?
 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) 1

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

I was moving straight slowly towards the exit and I noticed car B was parked at above non parking area. While passing by car B, it suddenly moved out from stationary position causing its front left collided onto the front right of my vehicle. The said driver didn't deny nor admit he hit me and claimed that he was unwell and left the scene without giving his contact number to me.

Attachment(s)

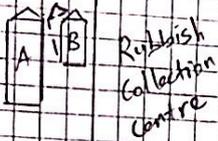
Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number EQ180P
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver ONG POH HIN
 NRIC/Passport Number SXXXX828I
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Kenn

B/K 221 Boon Lay
West Market Car Park



A: GBH5998Y
B: EQ180P
Ong Poh Hin
S0211828I

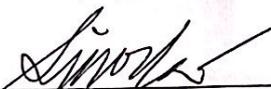
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was moving straight slowly towards the exit and I noticed car B was parked at above non parking area. While passing by car B, it suddenly moved out from stationary position causing its front left collided onto the front right of my vehicle. The said driver didn't deny nor admit he hit me and claimed that he was unwell and left the scene without giving his contact number to me.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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: _____

Reporting Centre Personnel's Signature: 
Name: _____
NRIC/FIN No.: (Ys) _____

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