

ASS. REC. BY:

REF:

MSG/

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

05

days

Res.:

Yes or No

Lum Sum:

20

%

3 Val.:

Yes or No

CA / REV / REP / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLC 4510M

Yr Regn:

08, 07

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

Truck / Trailer or

Make:

Mer C200

C.C

Colour:

M.P. Blue

A/C:

Insured / Std / NI / NA

Sp. Reading:

143485

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WDD 2040412A 023485

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/45R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

30/5/20

D.O.I.

10/6/2020

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

LUMP SUM \$4450, 5DAYS ; Red; 4132.30; 48%

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

Days Of Repair:

5

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS, SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

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

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/AMK

Claim Type: Third Party

Accident Date: 30/05/2020

TP Veh Reg No: YN9850J

Estimate No: ES2090448/AMK

Date: 10 Jun 2020

Policy No: 5110947697 DC

Veh Reg No: SLL4510M

Make/Model: MERCEDES BENZ C200 1.8 K

Chassis No: WDD2040412A023485

Engine No: 27195030918810

Reg. Date: 28/08/2007

Estimate Repair Cost to Vehicle No: SLL4510M

Description	U/Price	Quantity	List Price SS	Amount SS
Net Price				
1 FRONT BUMPER	1,624.00	1 PC	1,624.00	✓
2 FRONT BUMPER SPONGE	190.00	1 PC	190.00	x
3 FRONT GRILLE	780.00	1 PC	780.00	✓
4 FRONT GRILLE T BRACKET	28.00	1 PC	28.00	✓
5 BONNET	1,850.00	1 PC	1,850.00	✓
6 BONNET LOGO	84.00	1 PC	84.00	✓
7 BONNET INNER TOP RUBBER	33.00	1 PC	33.00	✓
8 BONNET STOPPER	24.00	2 PC	48.00	✓
9 FRONT PANEL INNER TOP GARNISH	130.00	1 PC	130.00	✓
10 HEADLAMP	1,090.00	2 PC	2,180.00	✓
			6,947.00	
		Less 10%	694.70	6,252.30
Special Net				
11 BODY WRAPPING STICKER	1,200.00	1 PC	1,200.00	?
			1,200.00	1,200.00
Labour				
12 REMOVE & REFIX FRT BUMPER & ATTACHMENTS, GRILLE, HEADLAMPS, BONNET & ATTACHMENTS & REALIGN PANEL THE SAME	500.00	1 LA	500.00	400
13 PUTTY & RESPRAY FRT BUMPER & PARKING SENSORS, BONNET & ALL AFFECTED AREAS	600.00	1 LA	600.00	480
14 RUSTPROOFING	30.00	1 LA	30.00	x
			1,130.00	1,130.00
Total				SS 8,582.30
Add GST @ 7%				600.76
Total Amount Payable				SS 9,183.06

* SURVEY VEHICLE AT ANG MO KIO WORKSHOP

LKK Auto Consultants hence notify the Repairer of the following:

- 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

Dorlyn
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	01/06/2020 13:50
Date Of Accident	30/05/2020 12:25
Exact Location Of Accident	2 FISHERY PORT ROAD LEVEL 2 OF CACHE COLD CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL4510M
Insured/Policyholder	
Name Of Registered Owner	TAN YUAN CHUAN (CHEN YUANQUAN)
NRIC No	SXXXX369D
Email Address	TANYUANCHUAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96490537
Alternative Phone No	OTHERS-83631757

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200-1.8 KOMPRESSOR (A)
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	5110947697 DC
Cover Note Number	18/07/2019 - 17/07/2020

Driver

Name of Driver	TAN YUAN CHUAN (CHEN YUANQUAN)
NRIC No	SXXXX369D
Date Of Birth	08/08/1988
Occupation	INDOOR
Date Of Driving Pass	10/11/2008
Driving Experience	11 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96490537
Fax Number	
Contact Number	OTHERS-83631757
Email Address	TANYUANCHUAN@GMAIL.COM

Address	BLK 739 JURONG WEST ST 73 #05-58
Postcode	640739
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT

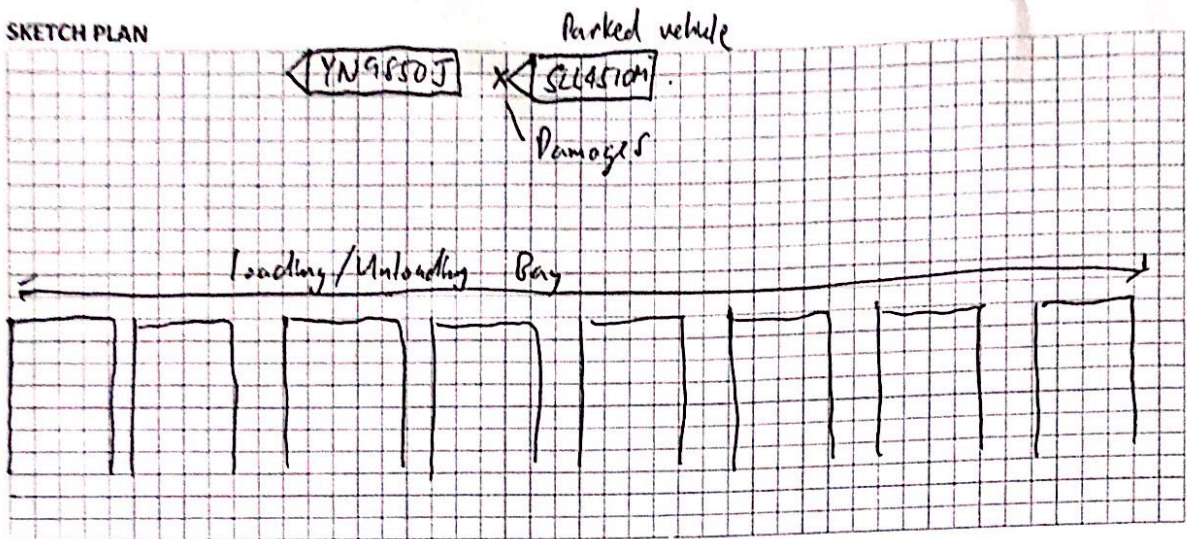
Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN9850J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NG HOCK SENG
NRIC/Passport Number	SXXXX950G
Contact Number	91036768
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/06/20 at about 1215hrs, I am the driver of SL24510M and had parked my car behind YN9850J. at the Level 2 loading/unloading bay of No 2 Fishery Port Road, Cache Cold Centre. to collect some items.

On the same day at about 1225hrs, I came back to my vehicle and found damages to my front part of my vehicle. A passerby had then pointed to the vehicle YN9850J and informed me that the vehicle had reverse and hit onto my parked vehicle. Thereat, I approached the vehicle driver and he apologized to the incident. The vehicle driver also told me that his lorry is too big and he had failed to notice my vehicle. We then exchanged our particulars and contact number.

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.

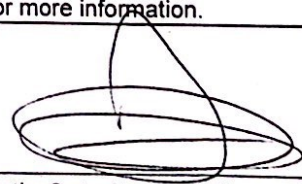


Policyholder's Signature

Date & Time: 01/06/20 @ 1.30pm (If driver is not the policyholder)

Driver's Signature

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: (AMK)

GIARMC SketchPlanForm_V3

() Claim Own Policy

(X) Claim Third Party

() Reporting Only

() Claim OD/TP at other workshop ()