

Kenneth

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Cheng Hoo

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 Rport: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

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

Lum Sum: 1.13.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: GBF 8962R Yr Regn: 04 17

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

Truck / Trailer or \_\_\_\_\_

Make: Fiat Doblo maxi c.c 1598

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

Sp. Reading: 12700 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: ZFA 26300006D18004

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: \_\_\_\_\_

R: 205/50R16

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

Front

R/Bal. 3 mm

L/Bal. 3 mm

D.O.A. 8/6/20

Survey held at \_\_\_\_\_

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

FR N/S

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

Date / Time Action / Instruction

11/06/20 @ 10.33am revised to Christina Wong via Merimen.

Kenneth confirmed final fig \$2328.20, 3 days (Red \$299.50, 11%)

Date/Time, File Pass to?

: Prell. Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

11/19/06 Typist

: Final Report

Date/Time, File Return to?

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

Transportation:

\$ - F.S. \$ \_\_\_\_\_

Fuel \$ \_\_\_\_\_

Others \_\_\_\_\_

TOTAL

Report Format: MER-TP

Comp Sum / I.B.I: (\$ 2328.20)

# 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

*GBF8962R*  
*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:** ES2090449/AMK  
**Date:** 10 Jun 2020  
**Policy No:** 20-MK001064-R00  
**Veh Reg No:** **GBF8962R**  
**Make/Model:** FIAT DOBLO CARGO  
 MAXI 1.6 MTJ AMT  
 GLAZE  
**Chassis No:** ZFA26300006D18004  
**Engine No:** 263A50007657871  
**Reg. Date:** 06/04/2017

**WS Ref:** TP/MSIG  
**Claim Type:** Third Party  
**Accident Date:** 08/06/2020  
**TP Veh Reg No:** FBF6967R

*Not Authorized*  
*Putty by paint*  
*3 days*

### Estimate Repair Cost to Vehicle No :GBF8962R

Description	U/Price	Quantity	List Price S\$	Amount S\$
<b>List Price</b>				
1 FRONT BUMPER	<i>Bul mg Di</i> 860.00	1 PC	860.00	✓
2 FRONT BUMPER LOWER SKIRT	488.00	1 PC	488.00	✓
3 FRONT BUMPER LH FOG LAMP GARNISH	120.00	1 PC	120.00	✓
4 FRONT BUMPER SPONGE	155.00	1 PC	155.00	?
			1,623.00	
		Less 10%	162.30	1,460.70
<b>Special Net</b>				
5 FRONT NUMBER PLATE	35.00	1 PC	<i>Net</i> 35.00	✓
			35.00	35.00
<b>Labour</b>				
6 REMOVE & REFIX FRT BUMPER ASSY,GRILLE,LOWER SKIRT;TO KNOCKING & REPAIR FRT BUMPER REINFORCEMENT,FRT RH FENDER & REALIGN THE SAME	400.00	1 LA	400.00	<i>3201</i>
7 PUTTY & RESPRAY ON FRT BUMPER,REINFORCEMENT,FRT LH FENDER	480.00	1 LA	480.00	<i>4001</i>
			880.00	880.00
			<b>Total</b>	<b>S\$ 2,375.70</b>
			Add GST @ 7%	166.30
			<b>Total Amount Payable</b>	<b>S\$ 2,542.00</b>

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	08/06/2020 16:33
Date Of Accident	08/06/2020 11:20
Exact Location Of Accident	TRAFFIC JUNCTION OF MACHPERSON RD & PAYA LEBAR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF8962R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE SAY POULTRY INDUSTRIAL
Co Reg No	4XXXX700E
Email Address	LEESAY@LEESAY.COM
Mobile Phone No	
Alternative Phone No	OFFICE-63636565
<b>Vehicle Particulars</b>	
Manufacturer	FIAT
Model	DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	20-MK001064-R00
Cover Note Number	01/01/20 - 31/12/20

### Driver

Name of Driver	LEE JOO ANG
NRIC No	SXXXX047I
Date Of Birth	27/06/1956
Occupation	OUTDOOR
Date Of Driving Pass	19/03/1980
Driving Experience	40 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97333642
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 202C SENGKANG EAST RD #09-60  
 Postcode 543202  
 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 - CROSS JUNCTION  
 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) 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**

My intention is to make U-turn. However traffic was green for straight moving vehicles so I stopped at the above junction. When the opposite direction straight moving vehicles had stopped as right turn arrow had appeared, I slowly moved forward making U-turn when suddenly motorbike FBF6967R came straight from opposite direction crashed onto the front of my vehicle. There was a passer-by namely Melvin Lim approached me saying that he saw the said bike beat the red light that caused the accident.

**Attachment(s)**

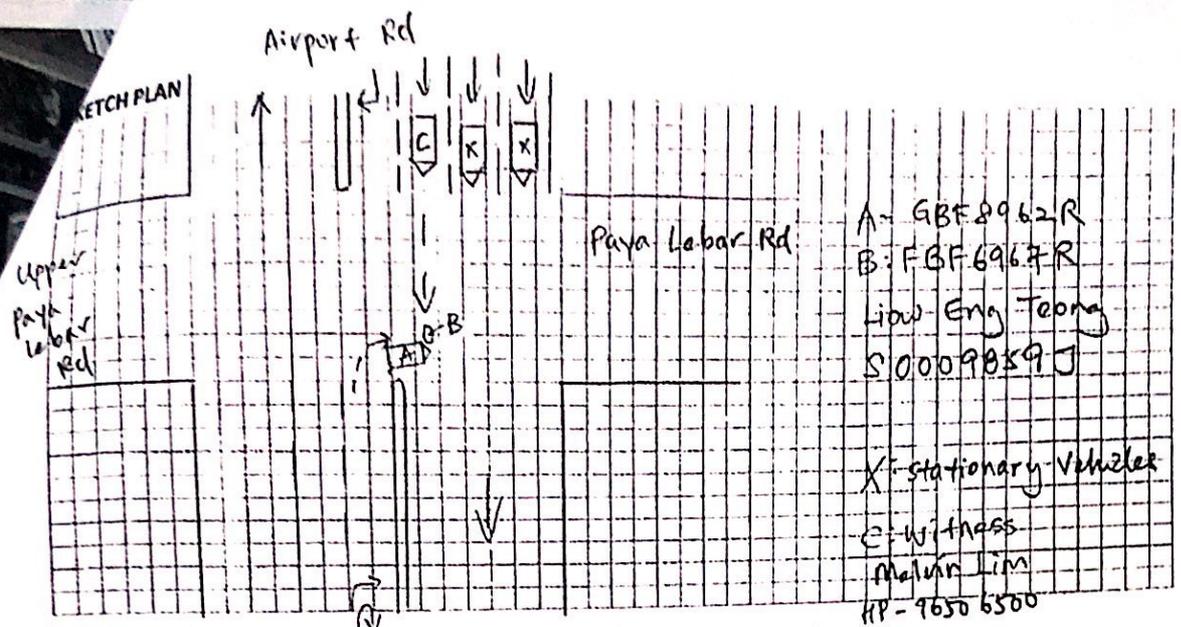
Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: TRY TO RETRIEVE  
 Was there any audio recorded? NO

**Details of Witness 1**

Name MELVIN LIM  
 Phone Number 96506500  
 Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number FBF6967R  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category MOTORCYCLE  
 Name of Driver LIOW ENG TEONG  
 NRIC/Passport Number SXXXX859J  
 Contact Number



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

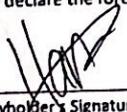
MacPherson Road

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

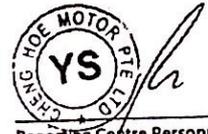
**DECLARATION**

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

  
 Policyholder's Signature  
 Date & Time: 9/6/2020



  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:



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

08/6/20

CLAIM SETTLEMENT V3 ( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only  
 ( ) Claim OD/TP at other workshop ( )