

ASS. REC. BY:

REF:

TV / 200080521K

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.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

1 / EM not ready

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Veh No:

STB 2891C

Yr Regn:

01, 08

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

Truck / Trailer or

Make:

MIL Lancer GLX c.c 1584

Colour

M-Blue

AC: Insured / Std / NI / NA

Sp. Reading

348957

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JMY SNG S3A 84 002964

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / SKRM / STD A/Rlm or

Tyre Size:

F:

195/60R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

31/7/20

D.O.I.

11/8/2020

Survey held at

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

Rear O/S

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

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

SJB2891C

7P/Inde n

M/S : INDIA INT'L INSURANCE PTE LTD
64 CECIL STREET
#04/#05 IOB BUILDING
SINGAPORE 049711

TEL: 63476100

FAX: 62247743

ATTN: Motor Claim Department

WS Ref: TP INDIA

Claim Type: Third Party

Accident Date: 31/07/2020

TP Veh Reg No: SHC3521H

Estimate No: ES2090585/WS

Date: 11 Aug 2020

Policy No:

Veh Reg No:

Make/Model:

Chassis No:

Engine No:

Reg. Date:

SJB2891C

MITSUBISHI LANCER
1.6 M

JMYSNCS3A8U002964

4G18JN4940

08/01/2008

Estimate Repair Cost to Vehicle No :SJB2891C

Description	U/Price	Quantity	List Price S\$	Amount S\$
Net Price				
1 REAR BUMPER	697.00	1 PC	697.00	✓
2 REAR BUMPER CENTRE BEAM	209.00	1 PC	209.00	✓
3 REAR BUMPER SIDE RETAINER	50.00	2 PCS	100.00	✓
4 REAR BUMPER CLIP	3.50	6 PCS	21.00	✓
5 TAILLAMP RH	421.00	1 PC	421.00	✓
6 TAILLAMP CLIP	5.00	1 PC	5.00	✓
7 REAR BOOT	593.00	1 PC	593.00	✓
8 REAR BOOT LOGO	55.00	1 PC	55.00	✓
9 REAR BOOT EMBLEM - GLX	35.00	1 PC	35.00	✓
10 REAR BOOT EMBLEM - LANCER	32.00	1 PC	32.00	✓
11 REAR BOOT INNER LOCK	64.00	1 PC	64.00	✓
12 REAR BOOT INNER RUBBER	175.00	1 PC	175.00	✓
13 REAR PANEL	495.00	1 PC	495.00	✓
14 REAR PANEL INNER TOP GARNISH	156.00	1 PC	156.00	✓
15 REAR EXHAUST PIPE	439.00	1 PC	439.00	✓
16 REAR RH FENDER INNER GARNISH	212.00	1 PC	212.00	✓
			3,709.00	
		Less 10%	370.90	3,338.10
17 REAR RH FENDER BODY PROTECTOR	35.00	1 PC	35.00	✓
18 REVERSE SENSOR	200.00	1 PC	200.00	✓
			235.00	235.00
Labour				
19 TO REMOVE AND REFIX RR BUMPER ASSY, TAILLAMPS, REAR BOOT, LOCK ASSY; TO STRAIGHTEN, KNOCK AND REPAIR RR RH FENDER, RR SPARE TYRE PANEL, RR RH CHASSIS; CUT, WELD AND RENEW RR PANEL AND RE-ALIGN THE SAME	980.00	1 LA	980.00	✓
20 TO REMVOE AND REFIX REAR FENDER INNER GARNISHS, SEAT ETC	60.00	1 LA	60.00	✓

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M/S : INDIA INT'L INSURANCE PTE LTD
64 CECIL STREET
#04/#05 IOB BUILDING
SINGAPORE 049711

TEL: 63476100 FAX: 62247743
ATTN: Motor Claim Department

WS Ref: TP INDIA
Claim Type: Third Party
Accident Date: 31/07/2020
TP Veh Reg No: SHC3521H

Estimate No: ES2090585/WS
Date: 11 Aug 2020
Policy No:
Veh Reg No: SJB2891C
Make/Model: MITSUBISHI LANCER
1.6 M
Chassis No: JMYSNCS3A8U002964
Engine No: 4G18JN4940
Reg. Date: 08/01/2008

Estimate Repair Cost to Vehicle No :SJB2891C

Description	U/Price	Quantity	List Price	Amount
			<u>S\$</u>	<u>S\$</u>
21 PUTTY AND RESPARTY ON REAR SPARE TYRE COMPARTMENT, RR FENDERS, BOOT, RR PANEL, RR BUMPER AND REAR AFFECTED AREAS	850.00	1 LA	850.00	850.00
22 TO REMOVE AND REFIX RR EXHAUST PIPE AND CHECK LEAKING	60.00	1 LA	60.00	60.00
23 RUSTPROOFING	60.00	1 LA	60.00	60.00
			2,010.00	2,010.00
			Total	S\$ 5,583.10
			Add GST @ 7%	390.82
			Total Amount Payable	S\$ 5,973.92

For Cheng Hoe Motor Pte Ltd

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:

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	01/08/2020 13:34
Date Of Accident	31/07/2020 14:00
Exact Location Of Accident	WOODLANDS AVE 3- SLIP RD TO WL AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB2891C
Insured/Policyholder	
Name Of Registered Owner	TAY BOON TECK
NRIC No	SXXXX291J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96784464
Alternative Phone No	OFFICE-96784464

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 (M)
Exact Purpose for which vehicle was being used at time of accident	DRIVING TUITION
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5025778755-12
Cover Note Number	EXP 07.1.2021

Driver

Name of Driver	WANG XUXIN
NRIC No	TXXXX132A
Date Of Birth	25/01/2001
Occupation	INDOOR
Date Of Driving Pass	31/07/2020
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96750912
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 603 CHOA CHU KANG ST. 62, 02-39
Postcode	680603
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - L-LEARNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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)	2
Passenger 1	NAME: : TAY BOON TECK (DRIVING INSTRUCTOR)
	GENDER: : MALE

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

ACCIDENT OCCURED ON 31/7/2020 @2PM AT THE ABOVE SLIP ROAD. I STOP TO GIVEWAY TO TRAFFIC ALONG MAIN ROAD (WOODLANDS AVE 5). M/TAXI SHC3521H HIT ME FROM BEHIND. NO ONE WAS INJURED.

Attachment(s)

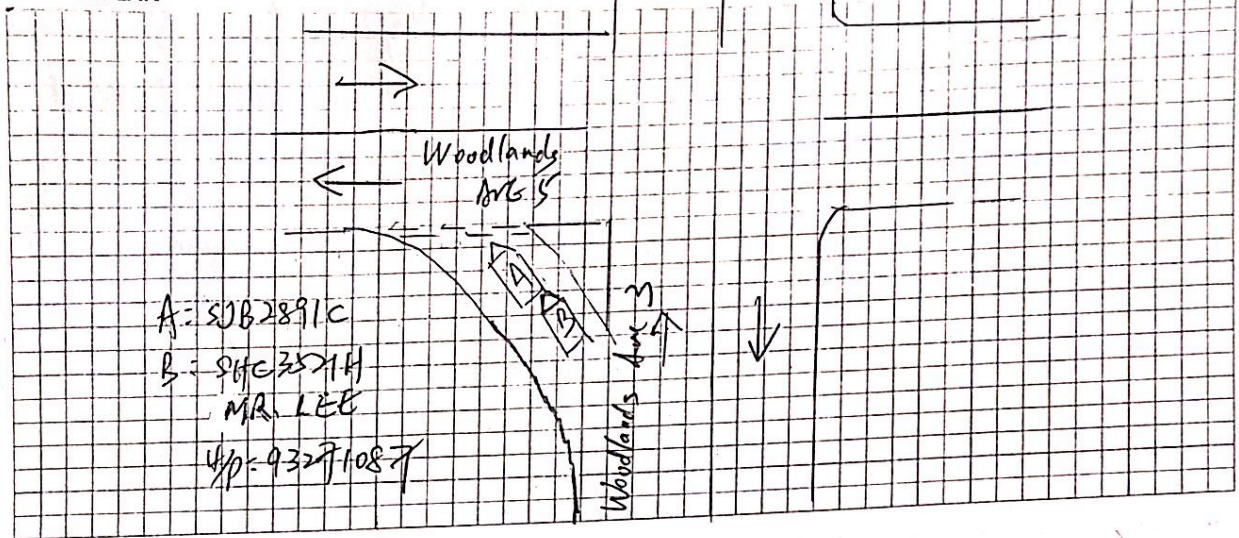
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3521H
Vehicle Make/Model/Colour	TAXI
Details Of Properties	FRONT
Vehicle Category	TAXI
Name of Driver	MR LEE
NRIC/Passport Number	
Contact Number	93271087
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

MT/1098789

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident occurred on 31/7/20 @ 2pm at the above slip road. I stop to giving to traffic along main road (Woodlands Ave 5). M/fox? site 3521H hit me from behind. No one was injured.

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.:

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