

ASS. REC. BY:

REF: C72 / 20009882KJ

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 Rpt: _____ Consistent?: Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: _____ Yr Regn: _____

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

Truck / Trailer or

Make: _____ c.c. _____

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

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

Eng/No: _____

C/No: _____

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____

R: _____

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

TOYO / YOKO or

Front

R/Bal. _____ mm

L/Bal. _____ mm

D.O.A. _____

Survey held at

Rear

R/Bal. _____ mm

L/Bal. _____ mm

D.O.I. _____

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + R.S. \$

Fees

Others

TOTAL

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

Report Format:

Lump Sum / I.B.I. (\$ _____)

GBH 6955P

TP/china

REPAIR DETAILS**Reference****Part Source:** (Last Synchronised: 16 Sep 2020)**Parts:** N/A TOYOTA DYNA 100 MANUAL 3.0 D (M) (Model not available in database)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** Cheng Hoe Motor Pte Ltd/GBH6955P/16/09/2020 12:10**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk *.**Estimates on Parts**

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*1 PC FRT BUMPER	0.00	0.00	*260.00 F
2	1		*1 PC RH HEADLAMP	0.00	0.00	*320.00 F
3	1		*1 PC FRT RH CORNAL PANEL	0.00	0.00	*90.00 F
4	1		*1 PC FRT RH DOOR	0.00	0.00	*550.00 F
5	1		*1 PC FRT RH SIDE MIRROR	0.00	0.00	*95.00 F
Total Parts (\$\$)						1,315.00

F=Franchise part.

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Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
1	1	1 PC FRT RH DOOR COY STICKER	20.00
Sub Total (\$\$)			20.00

Miscellaneous Items

LKK Auto Consultants hence notify the Repairer of the following:

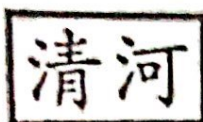
- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Estimates on Labour

No	Particulars	Lab.Type	Amount
1	REMOVE & REFIX FRT BUMPER ASSY, GRILLE, HEADLAMPS, CORNAL PANEL, KNOCK & REPAIR FRT RH W/SCREEN PILLAR & REALIGN THE SAME	New	600.00
2	PUTTY & RESPRAY FRT RH DOOR, FRT BUMPER, CORNAL PANEL, FRT RH W/SCREEN PILLAR	New	650.00
3	REMOVE & REFIX FRT RH DOOR GLASS, CHECK CENTRAL LOCKING & POWER MIRROR	New	60.00
4	TO REWRITE ADVERTISEMENT	New	120.00
Gross Labour Cost (\$\$)			1,430.00

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< END OF ESTIMATES >



CHENG HOE MOTOR PTE LTD

Blk 1019, Yishun Industrial Park A, #01-374/382, Singapore 768761
Tel : 67556142 Fax : 67557719
Email: chmotor@singnet.com.sg

TP INSURER: China Taiping Insurance (Singapore) Pte. Ltd. (HQ)

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Singapore

Claimant Insurer: China Taiping Insurance (Singapore) Pte. Ltd.

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	TP/CHINA (GBB6840T)
Policy No:	DMCVSNW00052952001	Date of Loss:	03/09/2020
Vehicle Reg. No.:	GBH6955P	Driveable?	
Party At Fault:	UNKNOWN	Driver (Insured):	ANG WENG SHENG
Driver (TP):	VARATHARAJAN RAVI	Vehicle Reg. Date:	06/09/2018
Make/Model:	TOYOTA DYNA 100 MANUAL, 3.0 D (M)	Chassis No:	JTFAT35Y70K211011
Vehicle Colour:	WHITE		
Engine No:	1KD2811704		
Odometer:	0 KM		
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair (day)	0		
Description of Accident/Loss	REFER TO POLICE REPORT		
Present Location:	CHENG HOE MOTOR PTE LTD (YISHUN)		

*Not Authorized
L1 By &
Permy After Paint
4 days*

COST OF CLAIMS	Amount
Parts	1,315.00
Miscellaneous Items	20.00
Labour	1,430.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,765.00
+ GST 7.00% (S\$)	193.55
Nett Amount (S\$)	2,958.55

This claim is handled by: SHARON CHIONG BENG CHOON

Generated using Merimen e-Claims Internet Estimation & Adjusting System

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	04/09/2020 15:45
Date Of Accident	03/09/2020 16:30
Exact Location Of Accident	WOODLANDS AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH6955P
Insured/Policyholder	
Name Of Registered Owner	BUILDERS 265 PRIVATE LIMITED
Co Reg No	2XXXXX636N
Email Address	ACCTS2@BUILDERS265.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68520265

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1828221901
Cover Note Number	6/9/19-5/9/20

Driver

Name of Driver	VARATHARAJAN RAVI
Passport No/FIN	GXXXX394K
Date Of Birth	28/05/1983
Occupation	OUTDOOR
Date Of Driving Pass	08/09/2011
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98873689
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address

CO BUILDERS 265 PRIVATE LIMITED

Postcode

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 RAINING
Road Surface WET

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? YES
If Yes, Please state which Police Station
Police Station Name BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT

Attachment(s)

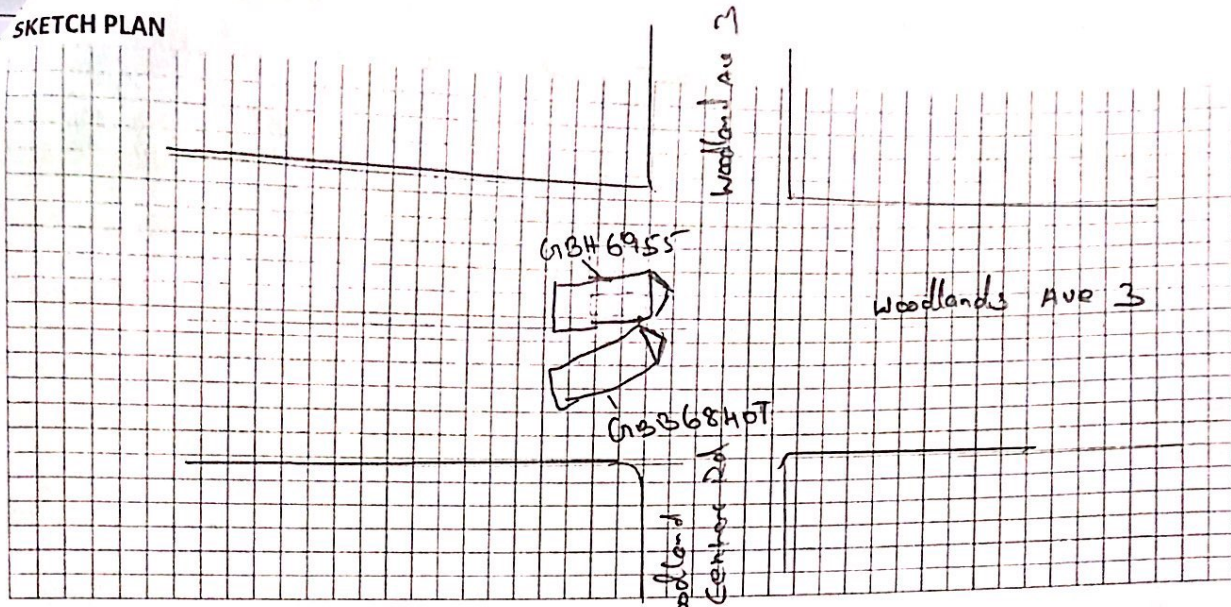
Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBB6840T
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver ANG WENG SHENG
NRIC/Passport Number SXXXX450C
Contact Number 98873689
Address
Postcode
Insurance Company Name
Nature Of Damage

SKETCH PLAN

Ke



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ATTACHED TO POLICE REPORT

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 SketchPlan form_V3 () Claim Own Policy (x) Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

4/9/20