

ASS. REC. BY:

REF:

C72 / 20009741/Kvd3

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 Hoe

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: 04 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: SKV 6419R Yr Regn: 09, 15

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

Truck / Trailer or

Make: Toy Prius c.c. 1897

Colour: M. Acc A/C: Insured / Std / NI / NA

Sp. Reading: 74528 T/Radio: Insured / Std / NI / NA

Eng No: _____

C/No: JTDK D3B 3701101634

Gen. Cond: Good / Fair / Poor / Burnt

Sleering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NII / S/Rim / STD / Rrim or

Tyre Size: F: 185/60R15

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. 29/8/20 D.O.I. 16/9/2020

Survey held at _____

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

Frt d/s

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

| Date / Time | Action / Instruction |
|-------------|----------------------|
| <u>1</u> | <u>Examination</u> |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Date/Time, File Pass to?

: Prell. Report

Days Of Repair: 4

1)

: Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

Survey Fee:

2) 29/9/20-Typist

Add Fee: : Site Insp (\$ _____)

Transportation:

Report Format: Merimen

: Interview (\$ _____)

_____ \$ - RS. _____ SI

Lump Sum H.B.H: (\$ 2350)

: Tech Invs (\$ _____)

Fixes

: Weekend (\$ _____)

Others

TOTAL

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

SKV6419R
TP/clina

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 16 Sep 2020)
 Parts: 144 TOYOTA PRIUS C 1.5 HYBRID CVT (A) (Catalogue:Merimen Singapore 1.0)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: Cheng Hoe Motor Pte Ltd/SKV6419R/16/09/2020 12:09
 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 RH FENDER | By 0.00 | 0.00 | *260.00 F |
| 2 | 1 | | *1 PC RH HEADLAMP | By 0.00 | 0.00 | *980.00 F |
| 3 | 1 | | *1 PC BONNET | By 0.00 | 0.00 | *290.00 F |
| 4 | 1 | | *1 PC FRT RH FENDER EMBLEM HYBRID | By 0.00 | 0.00 | *50.00 F |
| 5 | 1 | | *1 PC FRT BUMPER | By 0.00 | 0.00 | *185.00 F |
| 6 | 1 | | *1 PC FRT BUMPER LOGO | By 0.00 | 0.00 | *45.00 F |
| 7 | 1 | | *6 PCS FRT BUMPER CLIPS @2/PC | By 0.00 | 0.00 | *12.00 F |
| 8 | 1 | | *1 PC FRT BUMPER LAMP | By 0.00 | 0.00 | *85.00 F |
| Total Parts (S\$) | | | | | | 1,907.00 |

F=Franchise part.

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 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

Estimates on Labour

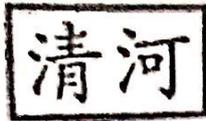
| No | Particulars | Lab.Type | Amount |
|--------------------------------|---|----------|-----------------|
| 1 | REMOVE & REFIX FRT BUMPER, FOG LAMPS, CENTER LOWER GRILLE, FRT RH FENDER, GRILLE, HEADLAMP & REALIGN THE SAME | New | 550.00 |
| 2 | PUTTY & RESPRAY ON FRT BUMPER, BONNET, FRT RH FENDER | New | 680.00 |
| 3 | RUSTPROOFING | New | 30.00 |
| Gross Labour Cost (S\$) | | | 1,260.00 |

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 Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

- 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:



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)
 TUNG SHUN PTE LTD

Singapore

Claimant Insurer: Lonpac Insurance Bhd

PARTICULARS OF CLAIM

| | | | |
|-------------------------------|----------------------------------|--------------------|-----------------------------|
| Claim Type: | THIRD PARTY | Ref. No: | TP/CHINA(YN6416A) |
| Policy No: | DMCVSN30705019044 | Date of Loss: | 29/08/2020 |
| Vehicle Reg. No.: | SKV6419R | Driveable? | |
| Party At Fault: | UNKNOWN | | |
| Driver (TP): | KUAN KOW KHIANG | | |
| Make/Model: | TOYOTA PRIUS C, 1.5 HYBRID | Vehicle Reg. Date: | 28/09/2015 |
| | CVT (A) | | |
| Vehicle Colour: | RED | Chassis No: | JTDKD3B3701101634 |
| Engine No: | 1NZR300369 | | |
| Odometer: | 0 KM | | <i>Not Authorized</i> |
| Paint Type: | | | <i>6/1/2020</i> |
| Total Loss? | NO | | <i>Recovery After Paint</i> |
| Est. Duration of Repair (day) | 0 | | <i>4 days</i> |
| Description of Accident/Loss | REFER TO POLICE REPORT ATTACHED. | | |
| Present Location: | CHENG HOE MOTOR PTE LTD (YISHUN) | | |

| COST OF CLAIMS | | Amount |
|--------------------------|--|-----------------|
| Parts | | 1,907.00 |
| Miscellaneous Items | | 0.00 |
| Labour | | 1,260.00 |
| Paintwork Labour | | 0.00 |
| Towing | | 0.00 |
| Gross Total (S\$) | | 3,167.00 |
| + GST 7.00% (S\$) | | 221.69 |
| Nett Amount (S\$) | | 3,388.69 |

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 | 29/08/2020 11:37 |
| Date Of Accident | 29/08/2020 09:00 |
| Exact Location Of Accident | WOODLANDS ST.83 OPEN CAR PARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|----------------------------|
| Vehicle Registration Number | SKV6419R |
| Insured/Policyholder | |
| Name Of Registered Owner | KUAN KOW KHIANG |
| NRIC No | SXXX981Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98464301 |
| Alternative Phone No | OTHERS-98464301 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | PRIUS C-1.5 HYBRID CVT (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 | LONPAC INSURANCE BHD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | Z20VP05026459 |
| Cover Note Number | 04/04/20 - 03/04/21 |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | KUAN KOW KHIANG |
| NRIC No | SXXX981Z |
| Date Of Birth | 26/01/1953 |
| Occupation | INDOOR |
| Date Of Driving Pass | 17/04/1975 |
| Driving Experience | 45 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98464301 |
| Fax Number | |
| Contact Number | |
| E-Mail Address | NOEMAIL |

Address BLK 832 WOODLANDS ST.83 #12-65
 Postcode 730832
 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?
 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? YES
 If Yes, Please state which Police Station
 Police Station Name WOODLANDS EAST N.P.C
 Police Station Address ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED.

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 Witness 1

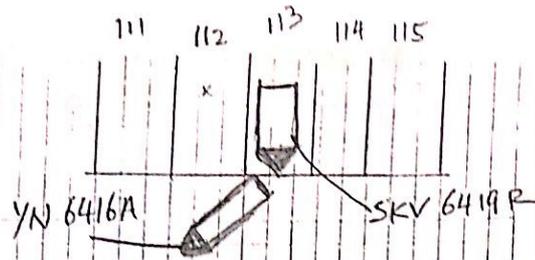
Name POH LEONG WEE
 Phone Number 90564118
 Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YN6416A
 Vehicle Make/Model/Colour WHITE 14 FOOTER LORRY
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver CHINESE MALE IN HIS 50'S TO 60'S
 NRIC/Passport Number
 Contact Number

WOODLANDS STP3 BLK 834

SKETCH PLAN



BLK 832

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.

周机强
 Policyholder's Signature
 Date & Time:

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

 29/8/20
 Reporting Centre Personnel's Signature
 Name: (WL)
 NRIC/FIN No.:

CLAIM TYPE: Claim Own Policy Claim Third Party Reporting Only
 Claim OD/TP at other workshop (_____)