

ASS. REC. BY:

REF:

MC/280107/HK

CS/MSG20010710/Kqf3

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. A80463249QMKClaims No. 629392

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: 03 days Res.: Yes or NoLum Sum: 1.B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

20/10/20 @ 10.28am revised to Monica Chung via Merimen.

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation:

S + P.S. \$

Fees

Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$) 1

Veh No:

PTT 502U

Yr Regn:

09, 20Type: ☒ Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Traller or

Make:

Toy Vios

c.c

1496

Colour

M. Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

3885

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

NR 2B23F390120290PGen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt orModl: Nil / S/Rlm / STD / ☒ Rlm or

Tyre Size:

F:

R:

185/60R15

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

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

3/10/20

D.O.I.

19/10/2020

Survey held at

Des. of Damages: ☒ Fnt / ☐ Rear / ☐ O/S / ☐ N/S / ☐ U/C / ☐ Rooftop orO/S Rnt

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

SJT 502U
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: ES2090834/YISHUN

Date: 19 Oct 2020

Policy No: 5118972549

Veh Reg No: SJT502U

Make/Model: TOYOTA VIOS J GRADE
MANUAL

(INSTRUCTOR BRAKE)

Chassis No: MHFBT9F3206070039

Engine No: 1NZZ292080

Reg. Date: 10/03/2016

WS Ref: TP/MSIG

Claim Type: Third Party

Accident Date: 03/10/2020

TP Veh Reg No: SGH6555B

Not Authorised

Return by claim

3 days

Estimate Repair Cost to Vehicle No :SJT502U

Description	U/Price	Quantity	List Price	Amount
			S\$	S\$
List Price				
1 FRONT BUMPER	429.00	1 PC	429.00	—
2 FRONT BUMPER CLIPS	3.50	6 PCS	21.00	—
			450.00	
		Less 25%	112.50	337.50
Labour				
3 REMOVE & REFIX FRT BUMPER ASSY,GRILLE,FOG LAMP & GARNISH,LOWER GRILLE,KNOCK & REPAIR FRT RH FENDER & REALIGN THE SAME	300.00	1 LA	300.00	200
4 PUTTY & RESPRAY ON FRT RH FENDER,FRT BUMPER	450.00	1 LA	450.00	400
			750.00	750.00
Total				S\$ 1,087.50
Add GST @ 7%				76.13
Total Amount Payable				S\$ 1,163.63

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 03/10/2020 16:13
Date Of Accident 03/10/2020 08:10
Exact Location Of Accident JUNCTION OF GHIM MOH LINK/ COMMONWEALTH AVE WEST
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJT502U
Insured/Policyholder
Name Of Registered Owner GOH POH ENG
NRIC No SXXXX439H
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-91052830
Alternative Phone No OTHERS-91052830

Vehicle Particulars

Manufacturer TOYOTA
Model VIOS-1.5 E (A)
Exact Purpose for which vehicle was being used at time of accident PVT 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 PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5118972549
Cover Note Number 21/09/2020- 20/09/2021

Driver

Name of Driver GOH POH ENG
NRIC No SXXXX439H
Date Of Birth 15/12/1949
Occupation INDOOR
Date Of Driving Pass 09/10/1975
Driving Experience 44 YEARS AND 11 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-91052830
Fax Number
Contact Number OTHERS-91052830
Email Address NOEMAIL

Address 56 CHOA CHU KANG NORTH 6 #18-30
 Postcode 689577
 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 COLLISION - CHANGE/CROSS LANE
 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) 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

I WAS MAKING A RIGHT TURN FROM GHIM MOH LINK TOWARDS COMMONWEALTH AVE WEST. OUT OF SUDDEN, M/CAR(B) ON MY RIGHT(RIGHT TURN LANE ONLY) CHANGES LANE TO THE LEFT AND COLLIDED ONTO MY VEHICLE RIGHT SIDE. BOTH VEHICLES HAVE NO PASSENGERS. NO INJURY ON ANYONE. WE THEN EXCHANGED PARTICULARS WITH EACH OTHER.

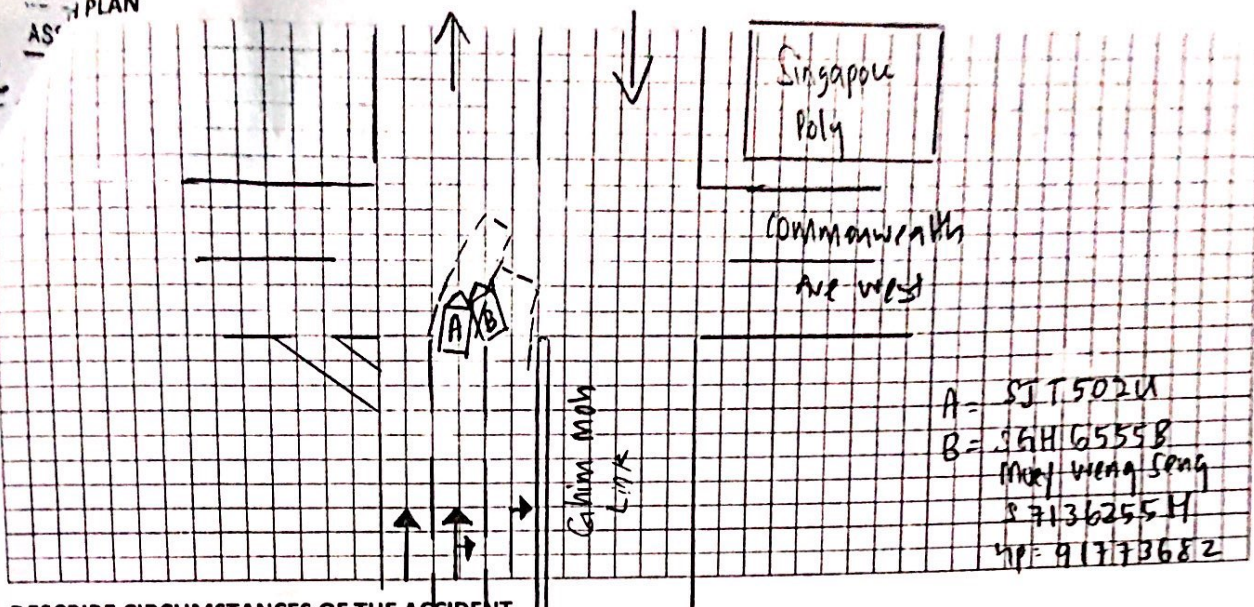
Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGH6555B
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver MOEY WENG SENG
 NRIC/Passport Number SXXXX255H
 Contact Number 91773682
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

Ke



A = SJT 502U
B = SHH 6555B
MAY WENG SENG
S 7136255H
NP 91773682

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was making a right turn from Ghim Moh Link towards Commonwealth Ave West. Out of sudden, M/car (B) on my right (right turn lane only) changes lane to the left and collided onto my vehicle right side.

Both vehicles have no passenger. No injury on anyone. We then exchanged particulars with each other.

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: *Efeeda*
NRIC/FIN No.: *CYS*

GIARMC Sketch/Plan form_V3 () Claim Own Policy (☒) Claim Third Party () Reporting Only () Claim OD/TP at other workshop ()