

ASS. REC. BY:

REF:

MSG/2001227/K

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:

3-4 days

Res.: Yes or No

Lum Sum:

1.3.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLM 2141C

Yr Regn:

03, 17

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

Truck / Trailer or

Make:

Hyundai Elantra c.c. 1591

Colour:

M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading:

63630

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMH0841CMHU332551

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NI / S/Rlm / STD A/Rlm or

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Nexen

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

13/10/20

D.O.I.

29/10/2020

Survey held at

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

N/S Rear

The UIC / Chassis frame / Body Structure affected due to collision.

OPC

Date / Time

Action / Instruction

LUMP SUM 1150.3DAYS

RED: 6318.40;35%)

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

3

Resurvey No. of Trlp:

Survey Fee:

Transportation:

S - R.S. SI

Fees

Others

TOTAL

Report Format:

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

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

SLM2141C
 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: ES2090869/YISHUN
 Date: 29 Oct 2020
 Policy No: 5089679288-03
 Veh Reg No: SLM2141C
 Make/Model: HYUNDAI HYUNDAI ELANTRA AD 1.6 GLS AT
 Chassis No: KMHD841CMHU332551
 Engine No: G4FGGU014707
 Reg. Date: 24/03/2017

WS Ref: TP/MSIG
 Claim Type: Third Party
 Accident Date: 13/10/2020
 TP Veh Reg No: FBF7688P

Not Authorized
Return B4 pain

3-4 day

Estimate Repair Cost to Vehicle No :SLM2141C

Description	U/Price	Quantity	List Price S\$	Amount S\$
List Price				
1 REAR BUMPER	459.60	1 PC	459.60	2
2 REAR BUMPER CLIPS	3.50	6 PCS	21.00	2
3 REAR BUMPER LH REFLECTOR	40.60	1 PC	40.60	7
4 REAR BUMPER LH SIDE RETAINER	44.00	1 PC	44.00	X
5 LH TAILLAMP	362.10	1 PC	362.10	✓
			927.30	
		Less 20%	185.46	741.84
Labour				
6 REMOVE & REFIX REAR BUMPER ASSY,REPAIR & REALIGN THE SAME	500.00	1 LA	500.00	3601
7 PUTTY & RESPRAY ON REAR BUMPER,REAR RH FENDER	500.00	1 LA	500.00	4001
8 REMOVE & REFIX REVERSE SENSOR & RESET SYSTEM	40.00	1 LA	40.00	2
			1,040.00	1,040.00
Total			S\$ 1,781.84	
Add GST @ 7%				124.73
Total Amount Payable				S\$ 1,906.57

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 14/10/2020 13:27
Date Of Accident 13/10/2020 06:25
Exact Location Of Accident ALONG KJE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLM2141C
Insured/Policyholder
Name Of Registered Owner RABA'AH JAN BINTE KARIM DAL
NRIC No SXXXX986B
Email Address JAN_SPF@YAHOO.COM.SG
Mobile Phone No (LOCAL) +65-91500509
Alternative Phone No OTHERS-91500509

Vehicle Particulars

Manufacturer HYUNDAI
Model ELANTRA-1.6 AD GLS (A)
Exact Purpose for which vehicle was being used at time of accident PTE 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 5089679288-03(D.PREMIUM)
Cover Note Number 24/03/20 - 23/03/21

Driver

Name of Driver RABA'AH JAN BINTE KARIM DAL
NRIC No SXXXX986B
Date Of Birth 26/07/1971
Occupation INDOOR
Date Of Driving Pass 31/01/1997
Driving Experience 23 YEARS AND 8 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-91500509
Fax Number
Contact Number
Email Address JAN_SPF@YAHOO.COM.SG

Address BLK 646 WOODLANDS RING RD #08-100
 Postcode 730648
 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 - 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? YES
 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? YES
 If Yes, Please state which Police Station
 Police Station Name TRAFFIC POLICE DIVISION HQ
 Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 65470000 - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED.

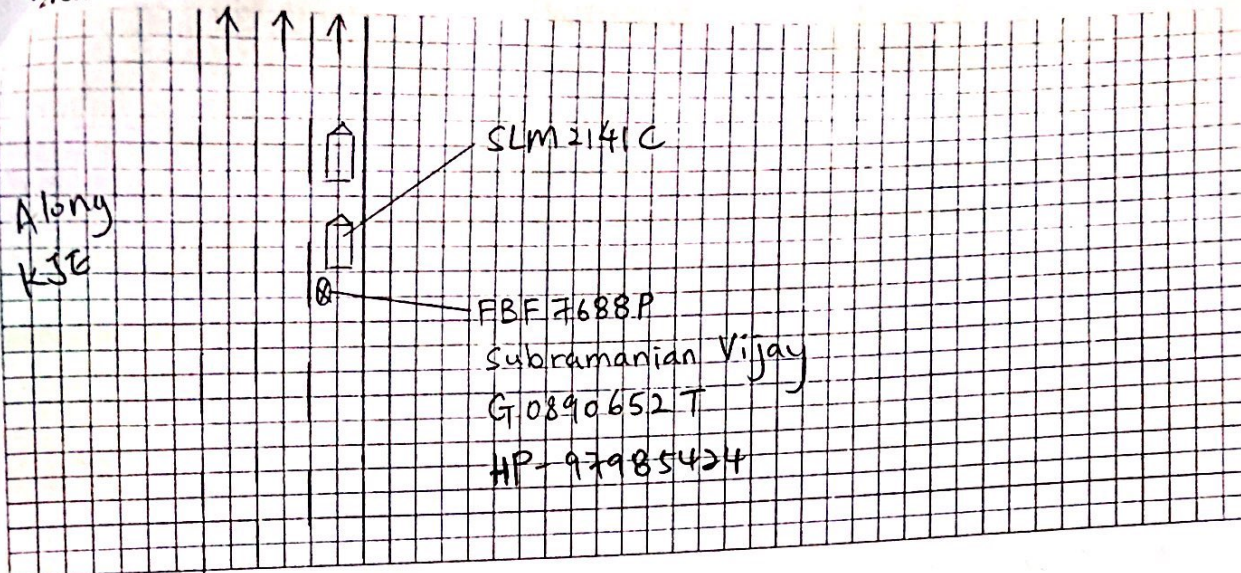
Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBF7688P
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category MOTORCYCLE
 Name of Driver SUBRAMANIAN VIJAY
 NRIC/Passport Number GXXXX652T
 Contact Number 97985424
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

Sketch PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: T/20201013/7016

* I am not claiming injury against the rider except for my car damaged

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 () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

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