

ASS. REC. BY:

CS/REF:

MSG/20012245/K

Kqd3

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. MSD/VMS/20-409093-CA

Claims No. MSC/V/20-000811

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 Report:

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SDH 6777M

Yr Regn: 10, 14

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

Truck / Traller or

Make:

Honda Vezel

c.c. 1498

Colour

M. Silver

A/C: Insured / Std / NI / NA

Sp. Reading

110827

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

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

Front

Rear

R/Bal.

6 mm

R/Bal.

7 mm

L/Bal.

6 mm

L/Bal.

7 mm

D.O.A.

8/11/20

D.O.I.

9/11/2020

Survey held at

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

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

Date / Time

Action / Instruction

23/11/20@12.56pm revised to Chhia Nyuk Pui via Merimen.

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:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

S + RS. SI

Fees

Others

TOTAL

Report Format :

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

**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

SDH6777M  
TP/MS19

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

WS Ref: TP/MSIG

Claim Type: Third Party

Accident Date: 08/11/2020

TP Veh Reg No: FBJ3508G

Estimate No: ES2090899/YISHUN

Date: 09 Nov 2020

Policy No: D300353767QMX

Veh Reg No: SDH6777M

Make/Model: HONDA VEZEL 1.5G A

Chassis No: RU11008697

Engine No: L15B3508712

Reg. Date: 17/02/2014

**Estimate Repair Cost to Vehicle No :SDH6777M**

PAGE:1/1

Description	U/Price	Quantity	List Price S\$	Amount S\$
<b>List Price</b>				
1 REAR BUMPER	508.50	1 PC	508.50	✓
2 REAR BUMPER CLIPS	3.90	6 PCS	23.40	✓
3 REAR TAILGATE	1,100.90	1 PC	1,100.90	✓
4 TAILGATE EMBLEM (VEZEL)	43.50	1 PC	43.50	✓
5 REAR SPARE TYRE PANEL UNDER COVER	190.00	1 PC	190.00	✓
6 REAR WINDSCREEN GLASS	1,350.10	1 PC	1,350.10	✓
7 REAR WINDSCREEN GLASS MOULDING	108.70	1 PC	108.70	✓
			3,325.10	
		Less 20%	665.02	2,660.08
<b>Special Net</b>				
8 REAR WINDSCREEN GLASS GUM	40.00	1 PC	40.00	✓
9 REVERSE SENSOR	200.00	1 SET	200.00	✓
			240.00	240.00
<b>Labour</b>				
10 REMOVE AND REFIX REAR WINDSCREEN GLASS	120.00	1 LA	120.00	✓
			<del>120.00</del>	120.00
11 REMOVE & REFIX REAR BUMPER ASSY, TAILGATE, THIRD BRAKE LIGHT, SPOILER ASSY, KNOCK & REPAIR REAR END PANEL & REALIGN THE SAME	600.00	1 LA	600.00	450/
12 PUTTY & RESPRAY ON REAR PANEL, TAILGATE, REAR GARNISH, REAR SPARE TYRE PANEL	600.00	1 LA	600.00	550/
13 REMOVE & REFIX REAR SEAT, CARPET, GARNISH, WASH CUSHION	120.00	1 LA	120.00	7
14 REMOVE & REFIX REVERSE CAMERA & RESET SYSTEM	50.00	1 LA	50.00	✓
15 RUSTPROOFING	30.00	1 LA	30.00	✓
			1,400.00	1,400.00

Total S\$ 4,420.08

Add GST @ 7% 309.41

Total Amount Payable S\$ 4,729.49

For Cheng Hoe Motor Pte Ltd

AUTHORISED SIGNATURE

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:



MARC20098649 / Automotive Repair Centre Pte Ltd - HQ  
ENTRY DATE & TIME: 09/11/2020 11:27  
SUBMITTED BY: Lin Shu Juan

## 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 09/11/2020 11:27  
Date Of Accident 08/11/2020 09:00  
Exact Location Of Accident JUNCTION OF YISHUN AVE 2 & YISHUN RING RD  
Country/State of Loss SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SDH6777M  
**Insured/Policyholder**  
Name Of Registered Owner SIM KHENG LENG  
NRIC No SXXXX819G  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-98590579  
Alternative Phone No OTHERS-98590579

## Vehicle Particulars

Manufacturer HONDA  
Model VEZEL 1.5G A

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY  
PRIVATE CAR

Vehicle Category

## Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number D300353767AQMXX  
Cover Note Number

## Driver

Name of Driver SIM KHENG LENG  
NRIC No SXXXX819G  
Date Of Birth 19/07/1963  
Occupation INDOOR  
Date Of Driving Pass 13/05/1991  
Driving Experience 29 YEARS AND 5 MONTHS  
Gender FEMALE  
Mobile Number (LOCAL) +65-98590579  
Fax Number  
Contact Number OTHERS-98590579  
Email Address NOEMAIL

Address 299 YISHUN STREET 20 #03-35  
Postcode 760299  
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 DAMP

**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) 3  
Passenger 1 NAME: : MOTHER  
GENDER: : FEMALE  
Passenger 2 NAME: : BROTHER  
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**

REFER TO SKETCH PLAN

**Attachment(s)**

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

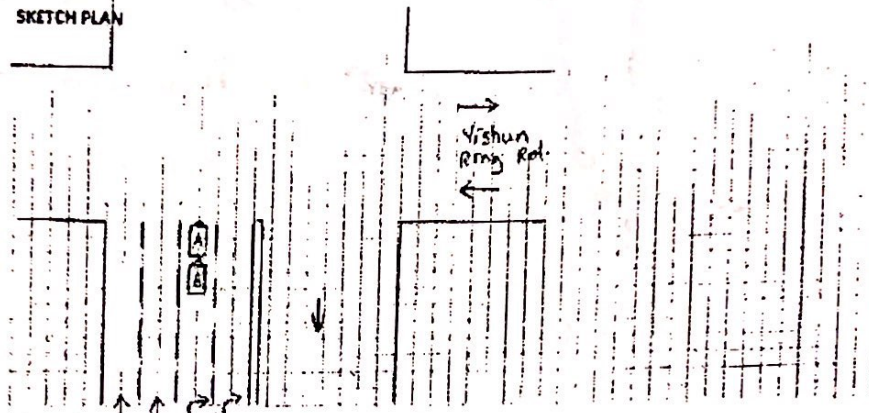
**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number FBJ3508G  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category MOTORCYCLE  
Name of Driver GOH TEH FAH, ANDY  
NRIC/Passport Number SXXXX623I  
Contact Number 93855876  
Address  
Postcode



## Sketch Plan #2

SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Yishun Ave 2

I was stationary at the above junction, waiting for right turn traffic when suddenly m/bike FB33086 hit me from behind. My mother and brother was on board when the accident happened. The traffic was green for straight moving lane only. No one was injured.

Note: Please note that your insurer may have 14 days 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 &amp; Time: 09/11/2020

Driver's Signature

(if driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/TP No.:

( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only  
(✓) Claim ODP/TP at other workshop by Cheng Hoe Motor P/L