

ASS. REC. BY:

REF: MSG / 20012334/Kg

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. 30001551640

Claims No. 249594

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading:

Eng/No:

C/No:

Gen. Cond: Good Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: M/c

R: Yoko

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

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

12/11/20@12.26pm revised to Chhia Nyuk Pui via Merimen.

Kenneth confirmed LS \$2000, 4 days (Red \$1129.92, 36%)

Date/Time, File Pass to?

: Prell. Report

1) 26/11 Typist

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

Add Fee:

: Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

Report Format: MER-TP

Lump Sum / B.H. \$ 2000



# 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

GBD 5666B  
 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 \ MR. JASON

Estimate No: ES2090905/YISHUN  
 Date: 11 Nov 2020  
 Policy No: DMCVSN3060371905  
 Veh Reg No: GBD5666B  
 Make/Model: TOYOTA TOYOTA  
 DYN 3.0 DIESEL  
 Chassis No: KDY2318017576  
 Engine No: 1KD2453745  
 Reg. Date: 16/12/2014

WS Ref: TP/MSIG/YS  
 Claim Type: Third Party  
 Accident Date: 09/11/2020  
 TP Veh Reg No: SLX5784U

*Not Authorized*  
*1/1 Sup &*  
*Permy After Paint*  
*90441*

## Estimate Repair Cost to Vehicle No :GBD5666B

Description	U/Price	Quantity	List Price S\$	Amount S\$
<b>List Price</b>				
1 FRONT RH DOOR	1,349.97	1 PC	1,349.97	✓
2 FRONT RH DOOR LAMP	56.90	1 PC	56.90	✓
3 FRONT RH DOOR LOWER INNER RUBBER	83.58	1 PC	83.58	X
4 FRONT RH DOOR INNER RUBBER	186.34	1 PC	186.34	X
5 FRONT RH WHEEL ARP RUBBER	39.20	1 PC	39.20	X
6 FRONT BUMPER	683.90	1 PC	683.90	✓
			2,399.89	
		Less 25%	599.97	1,799.92
<b>Special Net</b>				
7 FRONT RH DOOR COY STICKER	20.00	1 PC	20.00	20.00
<b>Labour</b>				
8 REMOVE & REFIX FRT RH DOOR,TRANSFER LOCK ASSY,SIDE MIRROR,STEP TRAY & REALIGN THE SAME	450.00	1 LA	450.00	360
9 REMOVE & REFIX FRT RH DOOR GLASS	60.00	1 LA	60.00	✓
10 PUTTY & RESPRAY FRT RH DOOR,WHEEL ARP PANEL,FRT BUMPER	600.00	1 LA	600.00	400
11 TO REWRITE ADVERTISEMENT	200.00	1 LA	200.00	150
			1,310.00	1,310.00
			<b>Total</b>	<b>S\$ 3,129.92</b>
			Add GST @ 7%	219.09
			<b>Total Amount Payable</b>	<b>S\$ 3,349.01</b>

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 10/11/2020 13:48  
Date Of Accident 09/11/2020 18:10  
Exact Location Of Accident SELETAR WEST LINK TWDS YISHUN AVE 1  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD5666B  
**Insured/Policyholder**  
Name Of Registered Owner GENERAL WATERPROOFING & SERVICE PTE LTD  
Co Reg No 2XXXXX170M  
Email Address SALES@GENERAL.COM.SG  
Mobile Phone No  
Alternative Phone No OFFICE-67544648

### Vehicle Particulars

Manufacturer TOYOTA  
Model DYNA 3.0 DIESEL TURBO M/T 2WD  
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 DMCVSN3060371905  
Cover Note Number 16/12/19 - 15/12/20

### Driver

Name of Driver ONG HAN KHIM  
NRIC No SXXXX892A  
Date Of Birth 30/03/1965  
Occupation OUTDOOR  
Date Of Driving Pass 26/02/1983  
Driving Experience 37 YEARS AND 8 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-96672488  
Fax Number  
Contact Number  
EMail Address NOEMAIL



Address

Postcode

BLK 649 WOODLANDS RING RD #07-440

730649

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 - 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? 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) 4

Passenger 1 NAME: : WORKER  
GENDER: : MALE

Passenger 2 NAME: : WORKER  
GENDER: : MALE

Passenger 3 NAME: : WORKER  
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

Traffic was heavy. I followed front vehicles to move forward when suddenly car B cut into my lane and collided onto the right front portion of my vehicle. No one was injured.

### Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Was there any audio recorded? NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLX5784U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver ERIC HO CHI KIAN(HE ZIJIAN)

NRIC/Passport Number SXXXX2911