

Kenneth

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ 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

Veh No: GBF 9958Y Yr Regn: 05, 17

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

Truck / Trailer or \_\_\_\_\_

Make: N/S NV350 c.c. 2488Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 110275 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JN1MC 2E267 000 7750

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NI / S/Rim / STD A/Rim orTyre Size: F: 195R 15X8

R: \_\_\_\_\_

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

TOYO / YOKO or

Wind Force

Front

Rear

R/Bal. 8 mmR/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 19/11/20D.O.I. 4/1/2021

Survey held at \_\_\_\_\_

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

FTM O/S

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

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

Report Format :

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



**REPAIR DETAILS****Reference**

Part Source: (Last Synchronised: 01 Dec 2020)

Parts: N/A NISSAN NV350 2.5 5AT 5DR EURO V (A) (Model not available in database)

Labour: Repairer's (Price-denominated Standard List)

Print Code: Cheng Hoe Motor Pte Ltd/GBF9958Y/01/12/2020 15:50

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 BUMPER	0.00	0.00	*280.00F
2	1		*1 PC FRT RH HEADLAMP	0.00	0.00	*210.00F
3	1		*1 PC FRT PANEL	0.00	0.00	*480.00F
4	1		*1 PC FRT GRILLE	0.00	0.00	*310.00F

F=Franchise part.

Total Parts (S\$) 1,280.00

Cheng Hoe Motor Pte Ltd/GBF9958Y/01/12/2020 15:50. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS**Estimates on Miscellaneous Items**

No	Qty	Particulars	Amount
1	1	1 PC FRT WINDSCREEN SEALANT	40.00
Sub Total (S\$)			40.00

**Estimates on Labour**

No	Particulars	Lab.Type	Amount
<b>Labour Items</b>			
1	1) TO REMOVE AND REFIX FRT WINDSCREEN GLASS	New	100.00
2	2) TO REMOVE AND REFIX DASH BOARD, METER ASSY TO FACILITATE ON REPAIRS	New	230.00
3	3) TO REMOVE AND REFIX AIRCON, CHECK AND VACUUM GAS	New	100.00
4	4) TO PANEL BEATING	New	550.00
5	5) TO PUTTY AND RESPRAY ON FRT PANEL, FRT RH FENDER, FRT BUMPER	Repair	550.00
Gross Labour Cost (S\$)			1,530.00

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Generated using Merimen e-Claims IEAS

&lt; END OF ESTIMATES &gt;

LKK Auto Consultants hence notify the Repairer of the following:

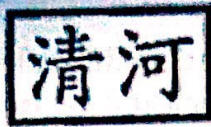
- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval 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: chrmotor@singnet.com.sg

TP INSURER: China Taiping Insurance (Singapore) Pte. Ltd. (HQ)  
ANNABELLA PATISSERIE TRADING PTE LTD

Singapore

Claimant Insurer: NTUC Income Insurance Co-operative Ltd

## PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	TP CHINA
Policy No:	DMCVSNW00091022000	Date of Loss:	19/11/2020
Vehicle Reg. No.:	GBF9958Y	Driveable?	
Party At Fault:	UNKNOWN		
Driver (TP):	ZHANG YINGWEI		
Make/Model:	NISSAN NV350, 2.5 5AT 5DR	Vehicle Reg. Date:	16/05/2017
	EURO V (A)		
Vehicle Colour:	SILVER	Chassis No:	JN1MC2E26Z0007750
Engine No:	YD25412959A		
Odometer:	0 KM		
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair (day)	0		
Description of Accident/Loss	I WAS WAITING AT PETROL STATION AND INFRONT OF ME THERE WAS A VEHICLE SUDDENLY REVERSE AND HIT ONTO MY VEHICLE FRONT RIGHT SIDE PORTION AND CAUSE MY VEHICLE DAMAGE.		
Present Location:	CHENG HOE MOTOR PTE LTD (YISHUN)		

*NOT Authorized  
Reserve B4 painting  
5 days*

COST OF CLAIMS	Amount
Parts	1,280.00
Miscellaneous Items	40.00
Labour	1,530.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	2,850.00
+ GST 7.00% (\$\$)	199.50
Nett Amount (\$\$)	3,049.50

This claim is handled by: JUNE PHUA LIAN HUA

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 20/11/2020 10:33  
Date Of Accident 19/11/2020 11:00  
Exact Location Of Accident 50 WOODLANDS AVE 1 - ESSO PETROL STATION  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF9958Y  
**Insured/Policyholder**  
Name Of Registered Owner DAYPLUS FOOD PTE LTD  
Co Reg No 2XXXXX293R  
Email Address ONGZHIHAO@SUNLIGHTINTL.COM.SG  
Mobile Phone No  
Alternative Phone No OFFICE-65159948

### Vehicle Particulars

Manufacturer NISSAN  
Model NV350 PANEL VAN 2.5 5MT 5DR EURO V  
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

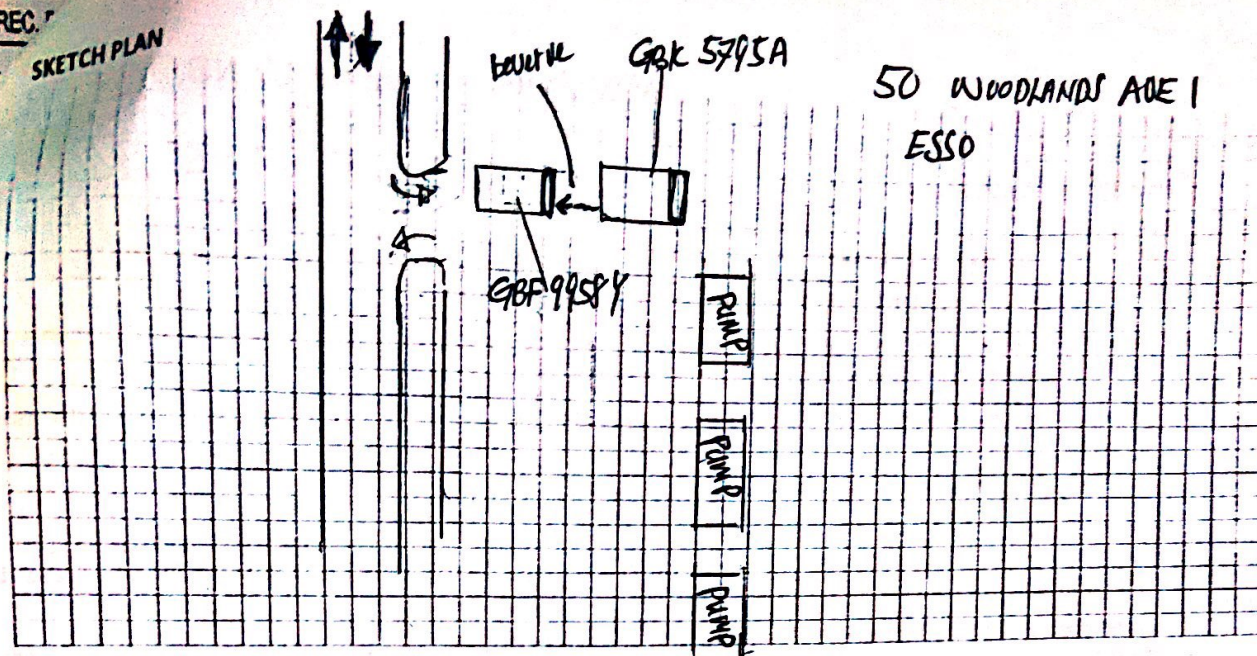
Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number 5117164490  
Cover Note Number 16/05/20 - 15/05/21

### Driver

Name of Driver ZHANG YINGWEI  
Passport No/FIN GXXXX442W  
Date Of Birth 07/01/1987  
Occupation OUTDOOR  
Date Of Driving Pass 28/01/2015  
Driving Experience 5 YEARS AND 9 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-86604918  
Fax Number  
Contact Number  
EMail Address NOEMAIL



Kenny



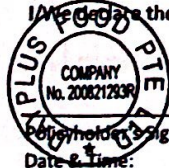
## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting at petrol station and in front of me there was a vehicle suddenly reverse and hit onto my vehicle front right side portion and cause my vehicle damage.

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:

(WH) 09/20/11/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIARIMA Sketch Plan Form V3 ( ) Claim Own Policy (✓) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( )