**************************************	
ASS. REC. BY: REF: MSG-/	00133461K
	SIGNMENT
From: Date:	
Estimated Cost:	Veh No: SGD 9992 Eyr Regn: 03, 06
OD 1 7 WS ITP RES I OD RES I EVA I INV I MV	- Type. M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
To Inspect Vehicle No:	Truck / Trailer or
at Workshop m/s Chen ltoe	Make: NIS Siny c.c 1597
of	Colour M. Maron AC: Insured / Std / NI / NA
Insured:	Sp.Reading 144385 T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:  TAIL CEANILLE 9718
Claims No.	1
Sum Insured: Excess:	Gen. Cond: Good / Fair / Poor / Burnt
(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Brake: Inorder / Jammed / Leaked / Burnt or
	Modi: NII / S/Rim / STD A/Rim or  Tyre Size: F: / S S S S S S S S S S S S S S S S S S
(Policy Condition)	Tyre Stze: F: 195 160R15
Remark: The veh had commenced its N/S O/S	
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YORO or
Bal. or Market Value:	Front
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. R/Bal.
GIA / PR Seen: Consistent?: Yes or No	L/Bal. L/Bal
Est. Repairs: /2 days Res.: Yes or No	DOA 1/12/12
Lum Sum: _/-/3./_ % 3 Val.: Yes or No	Survey held at D.O.I. 9/12/2020
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted: Vehicle: IN / OUT	meg ols
Date / Time   Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
11/12 8384.18 Cerfins	
·	
Date/Timo, Fig Pass to?	
Days	s Of Repair:
1) : Final Report Rest	Drvey No. of Trip: Survey Fee:
	Transportative
Add Fee:	Site Insp (\$ )_s - Rssi
Toward Format (	: Interview (\$ ); Factors
Report Format:	Tech Invs (\$ ). Others
ump Sum / I.B.I: (S	Weekend (\$
	10211
	TOTAL

# **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

MSIG INSURANCE (S) PTE LTD (SGX) M/S:

16 RAFFLES QUAY

#24-01 HONG LEONG BUILDING

SINGAPORE 048581

68277660 TEL:

WS Ref:

ATTN: Motor Claim Department

TP MSIG

Third Party Claim Type:

01/12/2020 Accident Date:

YP4065G TP Veh Reg No:

Estimate No:

ES2090996/WS 09 Dec 2020

Date:

Policy No:

Veh Reg No: SGD9992Z

NISSAN NISSAN Make/Model:

SUNNY 1.6EXM JN1CFAN16Z0097792

Resny Ala Paix Engine No: Chassis No:

Reg. Date:

QG16400658

07/03/2006

Estimate Renair Cost to Vehicle No :SGD9992Z

FAX: 62257402

NOT Authorise

	Estimate Repair Cost to veri	U/Price	Quantity	List Price	Amount
	Description			<u>S\$</u>	<u>S\$</u>
1	Net Price REAR RH TAILLAMP	360.20	1 PC	CM 360.20 360.20	
			Less 10%	36.02	324.18
2	Labour TO REMOVE AND REFIX REAR RH TAILLAMP AND CHECK	80.00	1 LA	80.00	601
	WIRING		*	80.00	
			Less 10%	8.00	72.00
	The state of the s			Total	S\$ 396.18
			Add C	GST @ 7%	27.73
			Total Amou	nt Payable	S\$ 423.91

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** 

SAON20C10002 / Automotive Repair Centre Pte Ltd ENTRY DATE & TIME: 01/12/2020 15:36 (SGT) SUBMITTED BY: Ken Ho Cheng Ming VERSION: 1 (01/12/2020 15:36 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to repudiate 3. Information provided must be as truthful and accurate as possible. Any wiltul misrepresentation of mustoring an interest of the insurance companies.

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**

01/12/2020 15:36 (SGT) 01/12/2020 12:55 (SGT) Date of Accident 29 Jln Lengkok Sembawang, Singapore 759218 Exact Location of Accident JLN LENGKOK SEMBAWANG Additional Location Information ..... Country/State of Loss ..... Singapore

## **DETAILS OF OWN VEHICLE**

Nissan

SGD9992Z Vehicle Registration Number .....

#### INSURED/POLICYHOLDER

Is company? ..... TAN YEW BENG Name Of Registered Owner ..... SXXXX217I chmotor@singnet.com.sg Email Address ..... (Phone) +65-96414736 Mobile Phone No ..... Alternative Phone No ..... +65-96414736

## VEHICLE PARTICULARS

Manufacturer ..... Exact purpose for which vehicle was being used at time of Private use accident ..... Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? ..... Private car Vehicle Category .....

#### INSURANCE COMPANY

**FWD** Name of Insurance Company ..... ThirdPartyFireTheft Type of Coverage ...... Fleet Policy ..... PNPV2018-00001648-02 Policy Number ..... Cover Note Number

57 1 1 24 1 1/2

#### DRIVER

TAN YEW BENG Name of Driver ... SXXXX217I NRIC No 17/06/1960 Date Of Birth Occupation ..... Outdoor

Accident report SA0N20C10002

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र का प्राथम एक प्रोप्ता कार्य करता है। व्यक्त स्थानित नेव

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	01/07/1981 39 YEARS AND 5 MONTHS Male (Phone) +65-96414736 +65-96414736 chmotor@singnet.com.sg BLK 510A WELLINGTON CIRCLE #09-63 - 751510 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Hit and run / Vandalism / Damaged whilst parked Clear Dry
OTHER INFORMATION	in the second of the second of
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other material or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1
DETAILS OF POLICE ACTION	in high the
The state of the s	
Was the accident reported to the police?	No No
CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN	
ATTACHMENT(S)	Control of the Control of the Section Control of the Control of th
Are accident photos available for attachment?	Yes No No VEHICLE PROPERTY 1
Vehicle Registration Number	YP4065G
Vehicle Manufacturer Vehicle Model Vehicle Variant	Hino -
Vehicle Colour  Vehicle Category  Name of Driver	Goods vehicle LEE HAN LIN
Work Permit No Contact Number	GXXXX617Q (Phone) +65-98213134
Address	A STATE OF THE STA
Address complement	- 201
	Description
Accident report SA0N20C10002	Page 2 of 14

*		
The Lengtonk Sembar Jang Shap Houses	A B	f 5009993 Z 8 Yr 40659 lee 1160 Lin 9 216 9617 & 98213134 (office
F	1 - 1320 (3	e established
DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
My car w	ns parked cutside	the shop houses a
was standing	wereby waiting	fer my friend . Then
of cudden	heard sound 1	roalised diver of
eperiod his v	chicle forder ber	left doer coursing it
hit ento me	, car right side	taillamp.
the company of the second of	para tra	
under your own cor DECLARATION		Frame for you to submit an Own Damage with your policy for more information
under your own cor DECLARATION	mprehensive policy. Please check to	Frame for you to submit an Own Damage with your policy for more information
under your own col DECLARATION  //We declare the foregoing parti  //olicyholder's Sgnature Date & Time	mprehensive policy. Please check viculars are true in every respect.  Driver's Signature (If driver is not the policyholder) Date & Time:	