

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

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: ES2090996/WS

Date: 09 Dec 2020

Policy No:

Veh Reg No: SGD9992Z

Make/Model: NISSAN NISSAN

SUNNY 1.6EXM

Chassis No: JN1CFAN16Z0097792

Engine No: QG16400658

Reg. Date: 07/03/2006

WS Ref: TP MSIG

Claim Type: Third Party

Accident Date: 01/12/2020

TP Veh Reg No: YP4065G

NOT Authorized

Resurvey After Repair

384.18

1/2 day

Estimate Repair Cost to Vehicle No :SGD9992Z

Description	U/Price	Quantity	List Price S\$	Amount S\$
Net Price				
1 REAR RH TAILLAMP	360.20	1 PC	<i>CM</i> 360.20	
			360.20	
		Less 10%	36.02	324.18
Labour				
2 TO REMOVE AND REFIX REAR RH TAILLAMP AND CHECK WIRING	80.00	1 LA	80.00	<i>601</i>
			80.00	
		Less 10%	8.00	72.00
Total				S\$ 396.18
Add GST @ 7%				27.73
Total Amount 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

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

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGD9992Z

INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company FWD
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number PNPV2018-00001648-02
Cover Note Number -

DRIVER

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

Date Of Driving Pass 01/07/1981
 Driving experience 39 YEARS AND 5 MONTHS
 Gender Male
 Mobile Number (Phone) +65-96414736
 Alt. Phone Number +65-96414736
 Email Address chmotor@singnet.com.sg
 Address BLK 510A WELLINGTON CIRCLE #09-63
 Address complement -
 Postcode 751510
 Is the driver the policyholder? Yes
 If No, Relationship of the Driver with the Insured -
 Does Driver Own Other Vehicles? No
 Vehicle Registration Number of Other Vehicle Owned by Driver -
 Insurance Company of Other Vehicle Owned by Driver -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Hit and run / Vandalism / Damaged whilst parked
 Weather Conditions Clear
 Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
 Number of vehicles involved in the accident 2
 Was anybody injured in the Accident? No
 Was any injured conveyed to hospital by ambulance? -
 Was any other material or property damaged? Yes
 Number of Passengers (Including Driver) 1
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

DETAILS OF POLICE ACTION

Was the accident reported to the police? No
 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

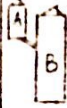
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP4065G
 Vehicle Manufacturer Hino
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Goods vehicle
 Name of Driver LEE HAN LIN
 Work Permit No GXXX617Q
 Contact Number (Phone) +65-98213134
 Address -
 Address complement -
 Postcode -

ETCH PLAN

the Longkang Sembawang

Shop Houses



A - 4D99922

B - 9R40634

Lee Han Lin

92169617R

98213134 (office)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was parked outside the shop houses and I was standing nearby waiting for my friend. Then out of sudden I heard sound I realised driver of Veh B opened his vehicle fodge box left door causing it to hit onto my car right side taillamp.

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:

() Claim Own Policy () Claim Third Party () Reporting Only
(✓) Claim OD/TP at other workshop (Cheng Hoe Motor Pte)