

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. 1001179698

Claims No. 251291

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: 86800

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 06 days Res.: Yes or No

Lump Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SGP 9285T

Yr Regn: 12, 06

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

Truck / Trailer or

Make: Toy Vios

c.c. 1897

Colour: M. Green

A/C: Insured / Std / NI / NA

Sp. Reading: 443684

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MRO 5314Y 4204213643

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____

R: 175/85R14

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

TOYO / YOKO or

Front

Rear

R/Bal. 8 mm

R/Bal. 6 mm

L/Bal. 8 mm

L/Bal. 6 mm

D.O.A. 26/12/20

D.O.I. 28/12/2020

Survey held at _____

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

28/12

Repair asking 116k & 3k, revert to insurance

30/12/20 @ 3.28pm revised to Jasmine Lok via Merimen.

Kenneth confirmed LS \$2900, 6 days (Red \$1167.53, 40%)

Date/Time, File Pass to?

☐

Prell. Report

11/08/03 Typist

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trlp: _____

Survey Fee:

Transportation:

S + RS \$

Fees

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format: MER-TP

Lump Sum / T.B.: (\$ 2900

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

WS Ref: TP/MSIG/AMK

Claim Type: Third Party

Accident Date: 26/12/2020

TP Veh Reg No: SLJ5115A

Estimate No: ES2091054/AMK

Date: 28 Dec 2020

Policy No: 5106050808-01

Veh Reg No: SGP9285T

Make/Model: TOYOTA VIOS 1.5E
 A

Chassis No: MR053HY4204213643

Engine No: 1NZX510118

Reg. Date: 29/12/2006

Not Authorized

U/Sing B

Mercury After Repair

6dan

Estimate Repair Cost to Vehicle No :SGP9285T

Description	U/Price	Quantity	List Price	Amount
			S\$	S\$
List Price				
1 REAR BUMPER	245.50	1 PC	<i>Br</i> 245.50	<i>✓</i>
2 REAR BUMPER SIDE RETAINER	21.60	2 PC	<i>D's</i> 43.20	<i>✓</i>
3 REAR BUMPER CLIP	4.50	5 PC	<i>Ne</i> 22.50	<i>✓</i>
4 TAILLAMP	165.70	2 PC	<i>cm</i> 331.40	<i>✓</i>
5 TAILLAMP INNER GASKET	33.30	2 PC	<i>Ne</i> 66.60	<i>✓</i>
6 REAR BOOT	505.70	1 PC	<i>R</i> 505.70	<i>✓</i>
7 REAR BOOT INNER LOCK	82.30	1 PC	<i>Ne</i> 82.30	<i>✓</i>
8 REAR BOOT INNER RUBBER	59.70	1 PC	<i>Ne</i> 59.70	<i>508in</i>
9 REAR BOOT LOGO	42.70	1 PC	<i>Ne</i> 42.70	<i>✓</i>
10 REAR BOOT EMBLEM 'VIOS'	25.10	1 PC	<i>Ne</i> 25.10	<i>✓</i>
11 REAR BOOT EMBLEM '1.5'	25.10	1 PC	<i>Ne</i> 25.10	<i>✓</i>
12 REAR BOOT EMBLEM 'E'	25.10	1 PC	<i>Ne</i> 25.10	<i>✓</i>
13 REAR BOOT EMBLEM 'VVTI'	21.70	1 PC	<i>Ne</i> 21.70	<i>✓</i>
14 REAR END PANEL	721.60	1 PC	<i>R</i> 721.60	<i>✓</i>
15 REAR END PANEL INNER TOP GARNISH	87.80	1 PC	<i>Ne</i> 87.80	<i>✓</i>
16 REAR END PANEL INNER TOP GARNISH CLIP	4.50	2 PC	<i>Ne</i> 9.00	<i>✓</i>
17 REAR SPARE TYRE COMPARTMENT PANEL INNER TOP BOARD	61.70	1 PC	<i>cm</i> 61.70	<i>✓</i>
			2,376.70	
Less 25%			594.18	1,782.53
Special Net				
18 REAR END PANEL SEALANT	40.00	1 PC	<i>Ne</i> 40.00	<i>301in</i>
19 REAR NUMBER PLATE	35.00	1 PC	<i>Ne</i> 35.00	<i>✓</i>
20 REVERSE SENSOR	200.00	1 SET	<i>Ne</i> 200.00	<i>✓</i>
			275.00	275.00
Labour				
21 REMOVE & REFIX REAR BUMPER & ATTACHMENTS,REAR BOOT & ATTACHMENTS,TAILLAMPS;TO CUT,WELD & RENEW REAR END PANEL;KNOCKING & REPAIR REAR SPARE TYRE PANEL,REAR FENDER & REALIGN THE SAME	950.00	1 PC	950.00	<i>800</i>
22 PUTTY & RESPRAY REAR BUMPER,REVERSE SENSORS,REAR BOOT,REAR BOTH FENDERS,REAR END PANEL,REAR SPARE TYRE PANEL & ALL AFFECTED AREAS	1,000.00	1 LA	1,000.00	<i>900</i>
23 RUSTPROOFING	60.00	1 LA	60.00	<i>✓</i>
			2,010.00	2,010.00

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	428E
Vehicle Details	
Vehicle No.:	SGP9285T
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Dec 2020
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS 1.5E A
Primary Colour:	Silver
Manufacturing Year:	2006
Engine No.:	1NZX510118
Chassis No.:	MR053HY4204213643
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$12,237.00
Original Registration Date:	29 Dec 2006
First Registration Date:	29 Dec 2006
Transfer Count:	0
Actual ARF Paid:	\$13,461.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	28 Dec 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$25,636.00
COE Rebate Amount:	\$5,127.00
Total Rebate Amount:	\$5,127.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 28 Dec 2020

OK

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 28/12/2020 12:08 (SGT)
Date of Accident 26/12/2020 10:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information ANG MO KIO AVE 5/ YIO CHU KANG RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGP9285T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KING PLASTIC PTE LTD
Company Reg No 1XXXXX428E
Email Address roger.chua@kingplasticgroup.com
Mobile Phone No (Phone) +65-91813083
Alternative Phone No +65-91813083

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
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 NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5106050808-01
Cover Note Number -

DRIVER

Name of Driver CHUA PENG TIAN
NRIC No SXXXXX565Z
Date Of Birth 26/10/1960
Occupation Indoor

Date Of Driving Pass 26/06/1978
 Driving experience 42 YEARS AND 6 MONTHS
 Gender Male
 Mobile Number (Phone) +65-91813083
 Alt. Phone Number -
 Email Address roger.chua@kingplasticgroup.com
 Address BLK 116A RIVERVALE DRIVE
 Address complement 16-12
 Postcode 541116
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Employee
 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 Collision - Head to Rear
 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) 3
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name MRS CHUA
 Gender Female

PASSENGER 2

Name MR CHUA (DRIVER'S SON)
 Gender Male

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

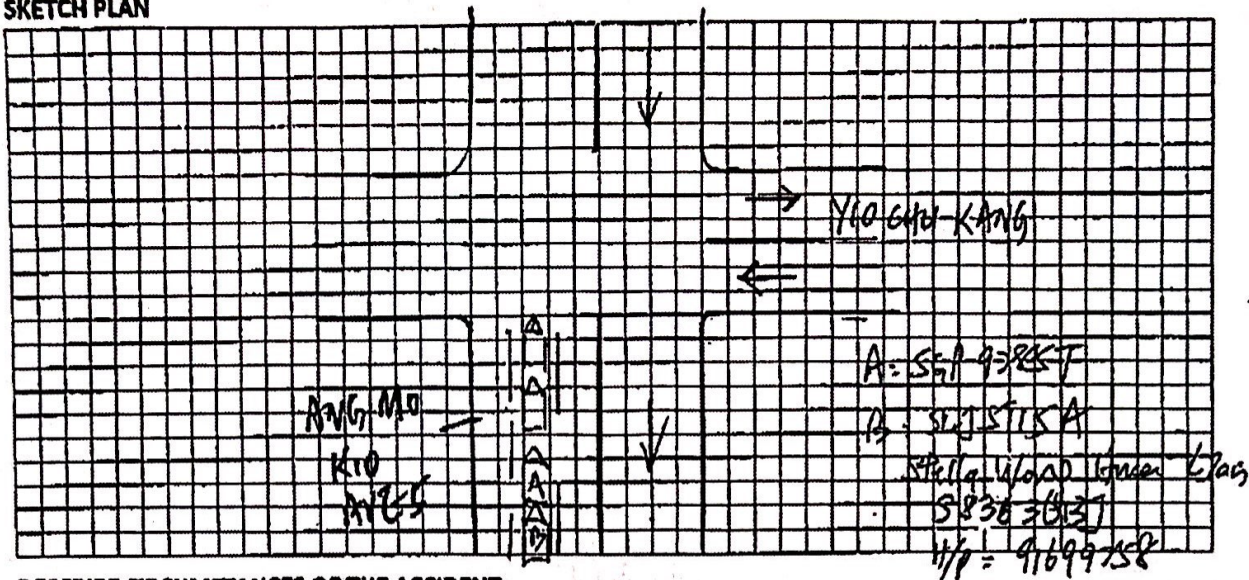
ACCIDENT OCCURED ON 26/12/20 @10AM. TRAFFIC LIGHT FROM MY DIRCTION FROM RED CHANGE TO GREEN AND BEFORE MY CAR MOVE ON (VEHICLE INFRONT OF ME ALSO YET TO MOVE ON), MOTOR CAR SLJ5115A HIT ME FROM BEHIND.
 MY WIFE AND MY SON WERE ON BOARD OF MY VEHICLE DURING THE ACCIDENT.
 NO ONE WAS INJURED.

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident occurred on 26/12/20 @ 10 am. Traffic light from my direction from red change to green and before my car move on (vehicle in front of me also yet to move on), motor car S8383037 hit me from behind.

My wife and my son were on board of my vehicle during the accident.

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 & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIARMC SketchPlanForm_V3 () Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()