

Kenneth

REF: 014/ 21000673 Hcgf3

## ASSIGNMENT

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

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

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

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. DMHCSNA00003512000

Claims No. SNM21D200224C02

Sum Insured: \_\_\_\_\_

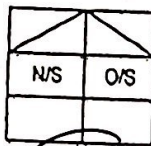
Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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



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

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

Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_

Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_

05 days

Res.: Yes or No

Lum Sum: \_\_\_\_\_

1. B. / %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Date / Time

Action / Instruction

22/01/21 @ 5.42pm revised to Tan Kah Leong via Merimen.

Kenneth confirmed final fig \$2908 (Red \$645, 18%)

(No Lump Sum)

Date/Time, File Pass to?

☐

: Prel. Report

08/07 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Report Format: MER-TP

Lump Sum / I.B.I: (\$ 2908

Days Of Repair: 5

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

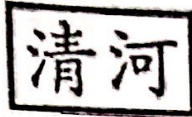
S - RS. SI

Fees

Others

TOTAL

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



# CHENG HOE MOTOR PTE LTD

Blk 1019, Yishun Industrial Park A, #01-374/382, Singapore 768761

Tel : 67556142 Fax : 67557719

Email: chmotor@singnet.com.sg

TP INSURER: China Taiping Insurance (Singapore) Pte. Ltd. (HQ)

Singapore

## PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	TP/CHINA(SKB8610X)
Policy No:	DMHCSNA00003512000	Date of Loss:	13/01/2021
Vehicle Reg. No.:	SLR2136S	Driveable?	
Party At Fault:	UNKNOWN		
Driver (TP):	LAI WEI HERN (LAI WEIHENG)	Driver (Insured):	JAFFERDEEN S/O ABDUL SUKKUR

Make/Model:	HYUNDAI ELANTRA, 1.6 AD GLS (A)	Vehicle Reg. Date:	04/08/2017
Vehicle Colour:	SILVER		
Engine No:	G4FGHU630010	Chassis No:	KMHD841CMJU516197
Odometer:	0 KM		

Paint Type:  
Total Loss? NO  
Est. Duration of Repair (day) 0

*Not Authorised  
Resurvey By paint  
5 days*

Description of Accident/Loss: REFER TO GIA REPORT ATTACHED.  
Remarks: VEHICLE CURRENTLY LYING AT YISHUN WORKSHOP.

Present Location: CHENG HOE MOTOR PTE LTD (YISHUN)

COST OF CLAIMS	Amount
Parts	1,663.00
Miscellaneous Items	200.00
Labour	1,690.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>3,553.00</b>
<b>+ GST 7.00% (S\$)</b>	<b>248.71</b>
<b>Nett Amount (S\$)</b>	<b>3,801.71</b>

This claim is handled by: SHARON CHIONG BENG CHOON

Generated using Merimen e-Claims Internet Estimation & Adjusting System

14/01/2021



**REPAIR DETAILS**

SLR2136S

TP/CHINA

**Reference**

**Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 14 Jan 2021)  
**Parts:** 143 HYUNDAI ELANTRA 1.6 AD GLS (A) (Catalogue:Merimen Singapore 1.0)  
**Labour:** Repairer's (Price-denominated Standard List)  
**Print Code:** Cheng Hoe Motor Pte Ltd/SLR2136S/14/01/2021 12:40  
**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 REAR BUMPER	0.00	0.00	Ry *250.00 F
2	1		*1 PC REAR BUMPER REINFORCEMENT	0.00	0.00	cm *145.00 F
3	1		*1 PC REAR BUMPER LOWER SKIRT	0.00	0.00	Ry *135.00 F
4	1		*1 PC REAR BUMPER LH REFLECTOR	0.00	0.00	cm *25.00 F
5	1		*6 PCS REAR BUMPER CLIPS @2/PC	0.00	0.00	na *12.00 F
6	1		*1 PC REAR BOOT	0.00	0.00	Ry *550.00 F
7	1		*1 PC REAR BOOT LOGO	0.00	0.00	na *18.00 F
8	1		*1 PC REAR BOOT EMBLEM (ELANTRA)	0.00	0.00	na *25.00 F
9	1		*1 PC REAR BOOT EMBLEM (S)	0.00	0.00	mc *35.00 F
10	1		*1 PC REAR BOOT INNER LOCK	0.00	0.00	na *65.00 F
11	1		*1 PC REAR BOOT INNER RUBBER	0.00	0.00	na *58.00 F
12	1		*1 PC REAR END PANEL	0.00	0.00	Ry *180.00 F
13	1		*1 PC REAR END PANEL TOP GARNISH	0.00	0.00	*50.00 F
14	1		*1 PC REAR SPARE TYRE TOP BOARD	0.00	0.00	na *115.00 F

F=Franchise part.

Total Parts (\$\$) 1,663.00

Cheng Hoe Motor Pte Ltd/SLR2136S/14/01/2021 12:40. Not valid without Reference section.  
 Generated using Merimen e-Claims IEAS

**Estimates on Miscellaneous Items**

No	Qty	Particulars	Amount
1	1	1 SET REVERSE SENSOR	short 200.00
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			Sub Total (\$\$) 200.00

**Estimates on Labour**

No	Particulars	Lab.Type	Amount
1	REMOVE & REFIX REAR BUMPER ASSY, TAILLAMPS, REAR BOOT & ATTACHMENT, TO CUT, WELD & RENEW REAR END PANEL, KNOCK & REPAIR REAR SPARE TYRE COMPARTMENT & REALIGN THE SAME	New	800.00
2	PUTTY & RESPRAY ON REAR PANEL, BOOT, REAR BUMPER, REAR CENTRE PANEL, REAR SPARE TYRE COMPARTMENT	New	800.00
3	REMOVE & REFIX REVERSE CAMERA & RESET SYSTEM	New	40.00
4	RUSTPROOFING	New	50.00
Gross Labour Cost (\$\$)			1,690.00

Cheng Hoe Motor Pte Ltd/SLR2136S/14/01/2021 12:40. Not valid without Reference section.  
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&lt; END OF ESTIMATES &gt;



# 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 ..... 13/01/2021 15:14 (SGT)  
Date of Accident ..... 13/01/2021 09:10 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SLIP RD -TAMPINES AVE 12 TOWARDS TAMPINES AVE 9  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLR2136S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LAI WEI HERN (LAI WEIHENG)  
NRIC No ..... SXXXX290Z  
Email Address ..... wat\_the\_h3ck@hotmail.com  
Mobile Phone No ..... (Phone) +65-93217496  
Alternative Phone No ..... +65-93217496

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... ELANTRA AD 1.6 GLS AT  
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 ..... 5116887038  
Cover Note Number ..... 27/03/2020- 26/03/2021

### DRIVER

Name of Driver ..... LAI WEI HERN (LAI WEIHENG)  
NRIC No ..... SXXXX290Z  
Date Of Birth ..... 03/01/1987  
Occupation ..... Indoor



Date Of Driving Pass ..... 23/03/2016  
 Driving experience ..... 4 YEARS AND 10 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-93217496  
 Alt. Phone Number ..... +65-93217496  
 Email Address ..... wat\_the\_h3ck@hotmail.com  
 Address ..... BLK 513C YISHUN ST 51 #12-343  
 Address complement ..... -  
 Postcode ..... 763513  
 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 ..... Collision - Head to Rear  
 Weather Conditions ..... Clear  
 Road Surface ..... Wet

#### 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

I STOP AND WAIT FOR ONCOMING TRAFFIC TO CLEAR ON MAIN ROAD. SUDDENLY, FELT AN IMPACT ON MY REAR AND REALIZED M/CAR(B) HAD COLLIDED ONTO MY VEHICLE. BOTH DRIVERS ALIGHTED TO CHECK AND WE EXCHANGED PARTICULARS. NO INJURIES ON BOTH VEHICLES. 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 ..... SKB8610X  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... Private car  
 Vehicle Category ..... JAFFERDEEN S/O ABDUL SUKKUR  
 Name of Driver ..... SXXXX464J  
 NRIC No ..... (Phone) +65-85145178  
 Contact Number ..... -  
 Address ..... -



# Sketch Plan

Tampines Ave 9



Tampines Ave 12

A = SLR 2136 S

B = SKB 8610 X

Jafferdeen S/o Abdul Sukkur

S1787464J

hp: 8514 5178

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stop and wait for oncoming traffic to clear on main road.

Suddenly, I felt an impact on my rear and realized m/car (B) had collided onto my vehicle.

Both drivers alighted to check and we exchanged particulars.

No passengers on both vehicles. No one was injured.

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: *[Signature]*

NRIC/FIN No.:

(YS)

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