ASS. REC. BY: Kenneth | REF: CS/MSG/21003269/Kgf3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SMF 1696A

at Workshop m/s Cheng Hoe

of _____

Insured: FBC 7662D

Policy No. MSD/VMT/21-513817-WTT

Claims No. MSC/V/21-000133

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 1.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMF 1696A Yr Regn: 10, 18

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A) Wagon

Make: Volkswagen Taran c.c 1395

Colour M. Grey A/C: Insured / Std / NI / NA

Sp.Reading 38888 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WVGZZZ1TZKW004592

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 215/55R17

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	20/3/21 to	D.O.I.	22/3/2021

Survey held at _____

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

& O/S Rear

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

Date / Time	Action / Instruction
23/03/2021	@3.03PM REVISED IA TO JOWYN TAY VIA MERIMEN
	Cfmed final fig $3380.26, 4 days: (RED $986.22, 23%)

Date/Time, File Pass to? 1) 22/4 TYPIST

Date/Time, File Return to? 2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee: _____

Transportation: _____ $ - RS. _____ SI

Fuel: _____

Others: _____

TOTAL: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format : TP

~~Lump Sum~~ / I.B.I: ($ 3380.26

SMF 1696A
TP/MSIG

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

Not Authorised
Awaiting B4 paint
4 days

WS Ref:	TP/MSIG
Claim Type:	Third Party
Accident Date:	10/03/2021
TP Veh Reg No:	FBC7662D

Estimate No:	**ES2190251/WS**
Date:	22 Mar 2021
Policy No:	DMPCSNW00145072000
Veh Reg No:	**SMF1696A**
Make/Model:	VOLKSWAGEN VOLKSWAGEN TOURAN 1.4 TSI CL 5T13NZ HLG
Chassis No:	WVGZZZ1TZKW004592
Engine No:	CZD175735
Reg. Date:	30/10/2018

Estimate Repair Cost to Vehicle No :SMF1696A

	Description	U/Price	Quantity	List Price S$	Amount S$
	List Price				
1	REAR BUMPER	1,355.70	1 PC	1,355.70	
2	REAR BUMPER LOWER SKIRT	495.10	1 PC	495.10	
3	REAR BUMPER REINFORCEMENT	623.20	1 PC	623.20	
4	REAR BUMPER RH TAILLAMP	430.00	1 PC	430.00	
5	TAILGATE LOGO	133.74	1 PC	133.74	
6	TAILGATE EMBLEM (TAURAN)	91.68	1 PC	91.68	
				3,129.42	
			Less 10%	312.94	2,816.48
	Special Net				
7	REVERSE SENSOR	200.00	1 PC	200.00	
				200.00	200.00
	Labour				
8	REMOVE & REFIX REAR BUMPER ASSY,TAILLAMP,KNOCK & REPAIR TAILGATE,REAR RH FENDER & REALIGN THE SAME	500.00	1 LA	500.00	
9	PUTTY & RESPRAY ON TAILGATE,REAR BUMPER,REAR RH FENDER	800.00	1 LA	800.00	
10	REMOVE & REFIX REVERSE CAMERA & RESET SYSTEM	50.00	1 LA	50.00	
				1,350.00	1,350.00
				Total	S$ 4,366.48
				Add GST @ 7%	305.65
				Total Amount Payable	S$ 4,672.13

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

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	10/03/2021 18:49 (SGT)
Date of Accident	10/03/2021 08:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS AVE 12 TOWARDS GAMBAS AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF1696A

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DING AIJUN
NRIC No	SXXXX915H
Email Address	ajding@gmail.com
Mobile Phone No	(Phone) +65-91902410
Alternative Phone No	+65-91902410

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	TOURAN 1.4 TSI CL 5T13NZ HLG
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

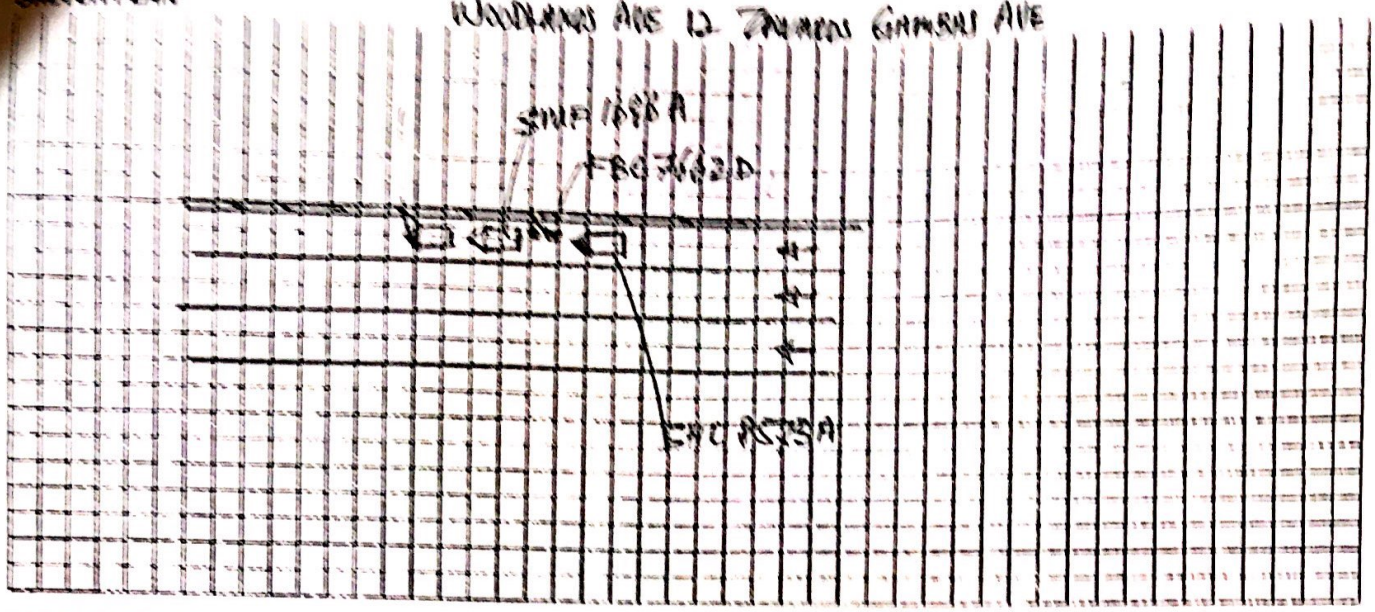
INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00145072000
Cover Note Number	30/10/20-29/10/21

DRIVER

Name of Driver	DING AIJUN
NRIC No	SXXXX915H
Date Of Birth	28/05/1973
Occupation	Indoor

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

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.

10/3/21

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name: (WL)