ASS. REC. BY: Kenneth

REF: AIG / 21003559 lk

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Cheng Hoe

of _____

Insured: _____

Policy No. _____

Claims No. _____

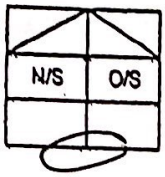
Sum Insured: _____ Excess: _____

(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 Rport: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Date: 08/05 Person Contacted: _____ Vehicle: IN / OUT

Veh No: GY 8262T Yr Regn: 08, 05

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Opel Combo c.c 1686

Colour Blue A/C: Insured / Std / NI / NA

Sp.Reading 235495 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WOLOXCI= 255306 3623

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 185/65R15

R: — —

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	12/3/21	D.O.I.	22/3/2021

Survey held at _____

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

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ $ - RS. _____ SI

Parking _____

Others _____

TOTAL _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: ($ _____)

GY8262T
TP/AIG

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 : AIG ASIA PACIFIC INSURANCE PTE LTD
78 SHENTON WAY
#07-16 AIG BUILDING
SINGAPORE 079120
TEL: 64193000 FAX: 64153727
ATTN: Motor Claim Department

Not Authorised
L/Sup &
Resurvey After Paint
6 days

WS Ref: TP/AIG
Claim Type: Third Party
Accident Date: 12/03/2021
TP Veh Reg No: SFQ3533Z

Estimate No: ES2190254/YISHUN
Date: 22 Mar 2021
Policy No: 20-MS009394-R01
Veh Reg No: **GY8262T**
Make/Model: OPEL OPEL COMBO VAN AZ
Chassis No: W0L0XCF2553063623
Engine No: Z17DTH01333677
Reg. Date: 22/08/2005

Estimate Repair Cost to Vehicle No :GY8262T

	Description	U/Price	Quantity	List Price S$	Amount S$
	List Price				
1	REAR BUMPER	850.00	1 PC	850.00	
2	REAR BUMPER REINFORCEMENT	420.00	1 PC	420.00	
3	REAR BUMPER TOP SPONGES	85.00	2 PCS	170.00	
4	REAR END PANEL OUTER	490.00	1 PC	490.00	
5	REAR END PANEL INNER TOP GARNISH	175.00	1 PC	175.00	
6	REAR END PANEL INNER ATTACHMENTS	110.00	2 PCS	220.00	
7	LH TAILGATE INNER LOCK	190.00	1 PC	190.00	
8	TAILGATE INNER RUBBER	220.00	1 PC	220.00	50%
9	TAILGATE LH EMBLEM (OPEL)	88.00	1 PC	88.00	
				2,823.00	
			Less 10%	282.30	2,540.70
	Special Net				
10	REVERSE SENSOR	200.00	1 SET	200.00	
11	STICKER - 70KM/H	10.00	1 PC	10.00	
				210.00	210.00
	Labour				
12	REMOVE & REFIX REAR BUMPER ASSY,REAR GARNISH,CARPET,TO STRAIGHTEN,CUT,WELD & RENEW REAR END PANEL OUTER,KNOCK OUT,REPAIR REAR FLOOR BOARD,LH TAILGATE & REALIGN THE SAME	900.00	1 LA	900.00	700
13	PUTTY & RESPRAY ON REAR END PANEL,REAR FLOOR BOARD PANEL,REAR BUMPER,REAR BOTH SIDE PANELS,LH TAILGATE	950.00	1 LA	950.00	800
14	RUSTPROOFING	30.00	1 LA	30.00	
				1,880.00	1,880.00
				Total	S$ 4,630.70
				Add GST @ 7%	324.15
				Total Amount Payable	S$ 4,954.85

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 witholding 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	15/03/2021 10:44 (SGT)
Date of Accident	12/03/2021 13:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP RD (UPP SERANGOON RD TWDS BUANGKOK DRIVE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY8262T

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	QINYE INDUSTRIES
Company Reg No	4XXXX200E
Email Address	shanecherss@gmail.com
Mobile Phone No	(Phone) +65-91282557
Alternative Phone No	+65-91282557

VEHICLE PARTICULARS

Manufacturer	Opel
Model	COMBO VAN AZ
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	Commercial vehicle

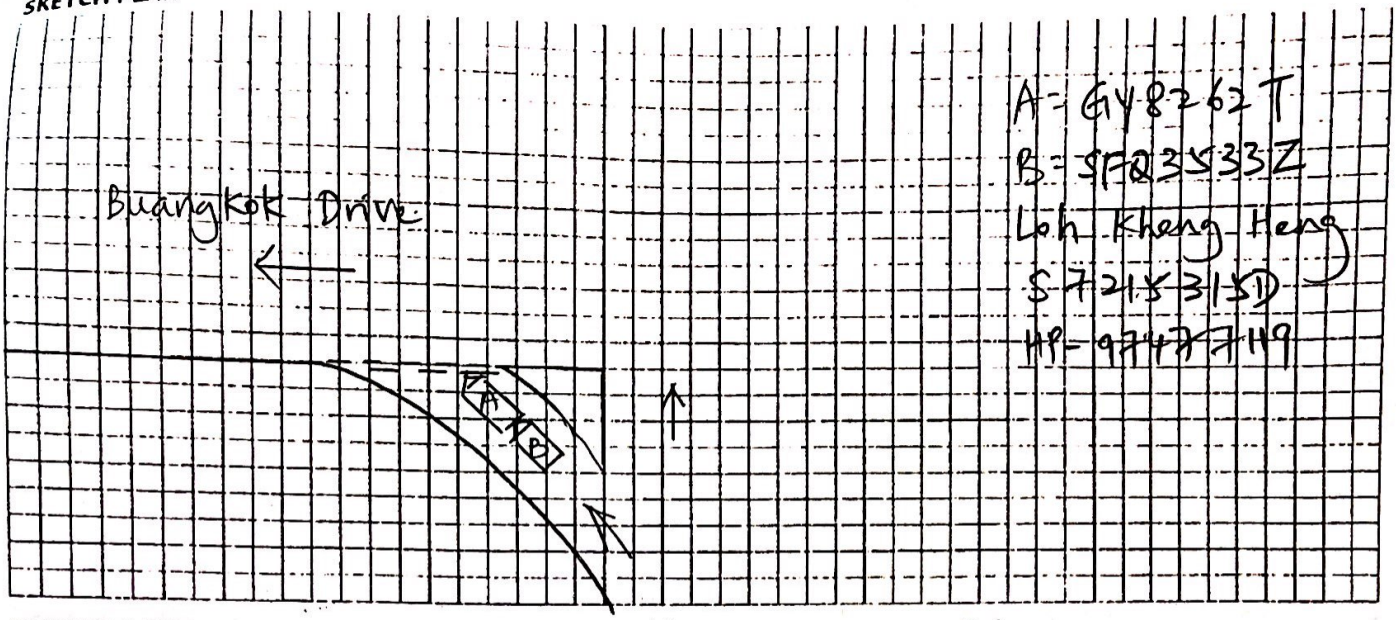
INSURANCE COMPANY

Name of Insurance Company	Tokio Marine
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	20-MS009394-R01
Cover Note Number	22/08/20 - 21/08/21

DRIVER

Name of Driver	CHER HAN CHUAN@ER HUNG KIAN
NRIC No	SXXXX535C
Date Of Birth	19/05/1949
Occupation	Outdoor

SKETCH PLAN



A - GY8262T
B - SFQ3533Z
Loh Kheng Heng
S7215315D
HP - 97447119

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Upper Serangoon Rd

I was stationary checking for main road traffic when suddenly car B hit me from behind. The said driver apologised and suggested for private settlement. 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.

勤益工業 ENTERPRISE INDUSTRIES

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.:
		13/3/21 (YS)

( ) Claim Own Policy (✓) Claim Third Party ( ) Reporting Only