

ASS. REC. BY:

REF:

A/G/ 210037021kp

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. _____

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 1.9.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SMD 8389B Yr Regn: 09, 18Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: M/ C180 C.C. 1595Colour: Red A/C: Insured / Std / NI / NASp. Reading: 79521 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: W001173422-N 892013Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rim / STD A/Rim orTyre Size: F: 225/40ZR18

R: _____

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

TOYO / YOKO or

Towador

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 18/3/21

Survey held at

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 29/3/2021

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

O/S FR

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

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

Report Format :

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

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

SMD 8389B
TP/AIG

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

Estimate No: ES2190289/YISHUN

Date: 29 Mar 2021

Policy No: DMPCSNW00118762000

Veh Reg No: SMD8389B

Make/Model: MERCEDES MERC
BENZ CLA180 AMG
LINE AUTO

WS Ref: TP/AIG

Claim Type: Third Party

Accident Date: 18/03/2021

TP Veh Reg No: GBC7515X

Chassis No: WDD1173422N692013

Engine No: 27091031686599

Reg. Date: 07/09/2018

Estimate Repair Cost to Vehicle No :SMD8389B

Description	U/Price	Quantity	List Price	Amount
			S\$	S\$
Net Price				
1 RH HEADLAMP	3,220.00	1 PC	3,220.00	✓
2 FRONT BUMPER	1,860.00	1 PC	1,860.00	✓
3 FRT BUMPER LOGO	123.00	1 PC	123.00	✓
4 FRONT BUMPER REINFORCEMENT	365.00	1 PC	365.00	?
5 FRONT BUMPER RH SIDE RETAINER	172.00	1 PC	172.00	?
6 FRONT RH FENDER	735.00	1 PC	735.00	X
			6,475.00	
		Less 10%	647.50	5,827.50
Labour				
7 REMOVE & REFIX FRT BUMPER ASSY,RH HEADLAMP,FRT RH FENDER,KNOCK & REPAIR RH HEADLAMP PANEL & REALIGN THE SAME	500.00	1 LA	500.00	400
8 PUTTY & RESPRAY ON FRT BUMPER,FRT RH FENDER	550.00	1 LA	550.00	440
9 REMOVE & REFIX FRT PARKING SENSOR & RESET SYSTEM, TO REPROGRAMME HEADLAMP	180.00	1 LA	180.00	?
			1,230.00	1,230.00
			Total	S\$ 7,057.50
			Add GST @ 7%	494.03
			Total Amount Payable	S\$ 7,551.53

For Cheng Hoe Motor Pte Ltd

AUTHORISED SIGNATURE

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:

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	19/03/2021 11:27 (SGT)
Date of Accident	18/03/2021 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NO. 7 GAMBAS CRESCENT ARK@GAMBAS LEVEL 2 CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD8389B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN HAI SIAH
NRIC No	SXXXX142H
Email Address	vincent@bk.com.sg
Mobile Phone No	(Phone) +65-92212232
Alternative Phone No	+65-92212232

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	CLA180 AMG LINE AUTO
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
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00118762000
Cover Note Number	07/09/20 - 06/09/21

DRIVER

Name of Driver	TAN HAI SIAH
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No SXXXX142H
 Date of Birth 06/03/1970
 Occupation Indoor
 Date of Driving Pass 26/04/1988
 Driving experience 32 YEARS AND 11 MONTHS
 Gender Male
 Mobile Number (Phone) +65-92212232
 Alt. Phone Number +65-92212232
 Email Address vincent@bk.com.sg
 Address BLK 351 WOODLANDS AVE 1 #05-733
 Address complement -
 Postcode 730351
 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 SHELTERED
 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) 0
 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

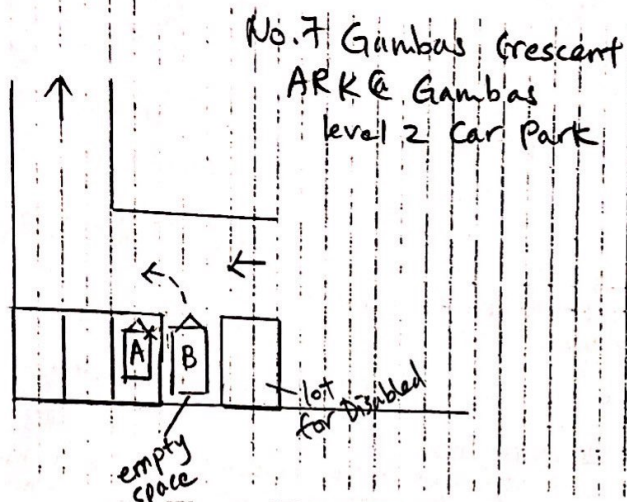
My car was parked at the above car park. At about 12.30pm, I came back to retrieve my car and saw driver of vehicle B taking pictures of my car and noticed a note at my car front windscreen. I approached the said driver and he claimed that he had accidentally hit onto my car front right while exiting his vehicle. His boss has contacted me and agreed to let the insurance handle the matter.

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 GBC7515X
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver MUHAMMAD NAZIRUL HAFIZ BIN MASURI



A: SMD 8389B

B: GBC 7515X

Muhammad Nazirul
Hafiz Bin Masuri

G 6829327N

HP-93551264

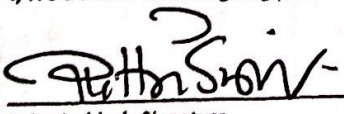
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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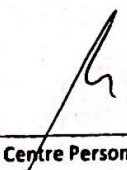
Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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:

 18/3/21
Reporting Centre Personnel's Signature
Name: (YS)
NRIC/FIN No.:

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