

ASS. REC. BY:

REF:

CS/C12/ 21004820/K9f3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: SLX 4306Z

at Workshop m/s Cheng Hoe

of _____

Insured: SLG 9530Z

Policy No. DMHCSNA00004132000

Claims No. SNM21D202177/C02

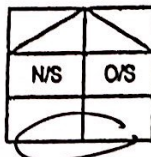
Sum Insured: _____ Excess: _____

(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: 3-6 days Res.: Yes or NoLum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLX 4306Z Yr Regn: 03, 18

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

Truck / Trailer or WagonMake: Honda Fit c.c. 1496Colour: Dark Blue A/C: Insured / Std / NI / NASp. Reading: 56143 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GB7 1058589Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: Ariva 185 / 65R15R: Firestone

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

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 8 mmL/Bal. 9 mm L/Bal. 8 mmD.O.A. 15/4/21 D.O.I. 19/4/2021

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

21/4/2021 @ 12.14pm Revised to Pauline Tham via Merimen.

Kenneth confirmed final fig \$5241, 6 days (Red \$1588, 23%)

Date/Time, File Pass to?

☐ : Prell. Report

09/06 Typist

☐ : Final Report

Date/Time, File Return to?

Days Of Repair: 6Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S - RS. \$

Pumps

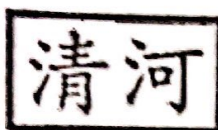
Others

TOTAL

Report Format: MER-TP

Lump Sum / I.B.I: (\$ 5241)

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 (SLG9530Z)
Policy No:		Date of Loss:	15/04/2021
Vehicle Reg. No.:	SLX4306Z	Driveable?	
Party At Fault:	UNKNOWN		
Driver (TP):	LIM ENG HUAT(LIN YINGFA)	Driver (Insured):	NURULAIN BTE KARIM
Make/Model:	HONDA FREED HYBRID, 1.5 G (A)	Vehicle Reg. Date:	27/03/2018
Vehicle Colour:	BLUE		
Engine No:	LEB5589957	Chassis No:	GB71058589
Odometer:	0 KM		
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair (day)	0		
Description of Accident/Loss	REFER TO GIA REPORT ATTACHED.		
Remarks:	VEHICLE CURRENTLY LYING AT YISHUN WORKSHOP.		
Present Location:	CHENG HOE MOTOR PTE LTD (YISHUN)		

*Not Authored
Repair B&paint
5-6 days*

COST OF CLAIMS

	Amount
Parts	4,034.00
Miscellaneous Items	625.00
Labour	2,170.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$)	6,829.00
+ GST 7.00% (\$)	478.03
Nett Amount (\$)	7,307.03

This claim is handled by: SHARON CHIONG BENG CHOON

Generated using Merimen e-Claims Internet Estimation & Adjusting System

SLX 4306Z

TP/China

REPAIR DETAILS**Reference**

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 19 Apr 2021)
Parts: M1-MPV HONDA FREED HYBRID 1.5 G (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's (Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SLX4306Z)
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	*390.00 F	✓
2	1		*1 PC REAR BUMPER TOW COVER	0.00	0.00	*13.00 F	X
3	1		*2 PCS REAR BUMPER RETAINERS @12/PC	0.00	0.00	*24.00 F	✓
4	1		*6 PCS REAR BUMPER CLIPS @2/PC	0.00	0.00	*12.00 F	✓
5	1		*1 PC TAILGATE	0.00	0.00	*610.00 F	✓
6	1		*1 PC TAILGATE LOGO	0.00	0.00	*20.00 F	✓
7	1		*1 PC TAILGATE EMBLEM FREED	0.00	0.00	*28.00 F	✓
8	1		*1 PC TAILGATE EMBLEM HYBRID	0.00	0.00	*42.00 F	✓
9	1		*1 PC TAILGATE OUTER MOULDING	0.00	0.00	*145.00 F	✓
10	1		*1 PC TAILGATE INNER LOCK	0.00	0.00	*120.00 F	✓
11	1		*1 PC TAILGATE INNER RUBBER	0.00	0.00	*75.00 F	7
12	1		*1 PC TAILGATE INNER BOARD	0.00	0.00	*130.00 F	7
13	1		*2 PCS TAILGATE REFLECTORS @275/PC	0.00	0.00	*550.00 F	7
14	1		*1 PC REAR WINDSCREEN GLASS MOULDING	0.00	0.00	*60.00 F	✓
15	1		*2 PCS TAILLAMPS @450/PC	0.00	0.00	*900.00 F	✓
16	1		*1 PC REAR WINDSCREEN GLASS	0.00	0.00	*620.00 F	✓
17	1		*1 PC REAR PANEL OUTER	0.00	0.00	*260.00 F	7
18	1		*1 PC REAR PANEL INNER TOP GARNISH	0.00	0.00	*35.00 F	7

F=Franchise part.

Total Parts (S\$)

4,034.00

Report was unsubmitted during this print-out.
 Generated using Merimen e-Claims IEAS

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:

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	1 PC REAR NUMBER PLATE	CM 35.00 ✓
2	1	1 PC REAR WINDSCREEN GLASS GUM	na 40.00 ✓
3	1	1 SET REVERSE CAMERA	350.00 ?
4	1	1 SET REVERSE SENSOR	200.00 ?
Sub Total (S\$)			625.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	REMOVE & REFIX REAR WINDSCREEN GLASS	New	120.00 ✓
2	PANEL BEATING	New	900.00 ?
3	REMOVE & REFIX REAR CARPET, SEAT, GARNISH	New	80.00 60/
4	PUTTY & RESPRAY PAINTING ON REAR BUMPER, REAR PANEL, TAILGATE, REAR LFOOR BOARD	New	950.00 850/
5	REMOVE & REFIX REVERSE CAMERA & REVERSE SENSOR AND RESET SYSTEM	New	60.00 ✓
6	RUSTPROOFING	New	60.00 ?
Gross Labour Cost (S\$)			2,170.00

Report was unsubmitted during this print-out.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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	16/04/2021 13:27 (SGT)
Date of Accident	15/04/2021 16:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX4306Z
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INSURED/POLICYHOLDER

Is company?	No
Name of Registered Owner	TOH WEI LI WENDY(ZHUO WEILI WENDY)
NRIC No	SXXXX498J
Email Address	wendytoh76@gmail.com
Mobile Phone No	(Phone) +65-91459331
Alternative Phone No	+65-91459331

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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	1496

INSURANCE COMPANY

Name of Insurance Company	QBE Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	8-V0021619-MVA-R002
Cover Note Number	-

DRIVER

Name of Driver	LIM ENG HUAT(LIN YINGFA)
NRIC No	SXXXX455Z

Date Of Birth 29/05/1976
 Occupation Indoor
 Date Of Driving Pass 25/10/1996
 Driving experience 24 YEARS AND 6 MONTHS
 Gender Male
 Mobile Number (Phone) +65-92386081
 Alt. Phone Number -
 Email Address tommyleh1976@gmail.com
 Address BLK 278 YISHUN ST. 22 #07-268
 Address complement -
 Postcode 760278
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Spouse
 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 Raining
 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 followed front vehicles came to a stop as ahead traffic was red. Suddenly I felt an impact came from behind and realized car B had collided onto the rear of my car. No one was injured.

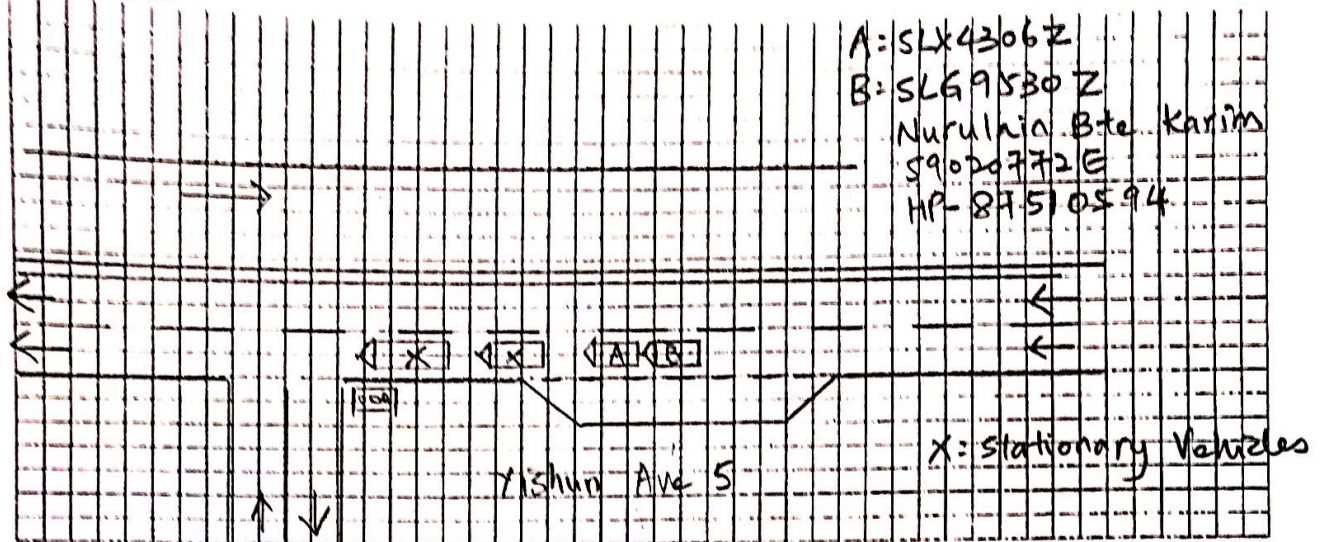
ATTACHMENT(S)

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

Vehicle Registration Number SLG9530Z
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category -
 Name of Driver Private car
 NRIC No NURULAIN BTE KARIM
 Contact Number SXXXX772E
 (Phone) +65-87510594

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Chong Pang Market

I followed front vehicles came to a stop as ahead traffic was red. Suddenly I felt an impact came from behind and realized car B had collided onto the rear of my car. 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:
NRIC/FIN No.:

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

16/4/21

(YS)