ASS. REC. BY: Kenneth | REF: MSG-/21006701/Kt

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Chevy Hse

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 Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

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

Veh No: SDG 54K Yr Regn: 12, 15

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

Make: Toy Harrier 4) c.c 1986

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

Sp.Reading 42994 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZSU60 - 0033957

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: 235/60R18

R: _____

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	12/6/21	D.O.I.	15/6/2021

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: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Parking _____

Others _____

TOTAL _____

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

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
L/Sup &
Resurvey After Paint

WS Ref: TP/MSIG/AMK
Claim Type: Third Party
Accident Date: 12/06/2021
TP Veh Reg No: SKU648R

Estimate No: ES2190537/AMK
Date: 14 Jun 2021
Policy No: D20MTPV01013471
Veh Reg No: **SDG54K.1**
Make/Model: TOYOTA HARRIER 2.0 AT PREMIUM
Chassis No: ZSU600033957
Engine No: 3ZRB492158
Reg. Date: 27/10/2015

5days

Estimate Repair Cost to Vehicle No :SDG54K.1

	Description	U/Price	Quantity	List Price S$	Amount S$
	List Price				
1	REAR BUMPER	1,495.70	1 PC	Bu 1,495.70	
2	REAR BUMPER LOWER SPOILER	421.70	1 PC	Rep 421.70	
3	REAR BUMPER ~~SPOILER~~ Sponge	123.40	1 PC	~~Rep~~ 123.40	
4	REAR BUMPER SIDE RETAINER	82.70	2 PC	Rpl 165.40	
5	REAR BUMPER CLIP	4.50	5 PC	Ne 22.50	
6	REAR BUMPER LH INNER PDC SENSOR	490.80	1 PC	Rep 490.80	
7	TAILGATE EMBLEM ' HARRIER'	73.70	1 PC	Ne 73.70	
8	REAR END PANEL	1,006.40	1 PC	Bu 1,006.40	
9	REAR END PANEL INNER TOP GARNISH	438.30	1 PC	438.30	
				4,237.90	
			Less 25%	1,059.48	3,178.43
	Special Net				
10	REAR END PANEL SEALANT	40.00	1 PC	Ne 40.00	
				40.00	40.00
	Labour				
11	REMOVE & REFIX REAR BUMPER & ATTACHMENTS,TAILLAMPS;TO CUT,WELD & RENEW REAR END PANEL & REALIGN THE SAME	700.00	1 LA	700.00	
12	PUTTY & RESPRAY REAR BUMPER & PARKING SENSORS,TAILGATE,REAR END PANEL & ALL AFFECTED AREAS	700.00	1 LA	700.00	
13	RUSTPROOFING	30.00	1 LA	30.00	
				1,430.00	1,430.00
				Total	S$ 4,648.43
				Add GST @ 7%	325.39
				Total Amount Payable	S$ 4,973.82

* SURVEY VEHICLE AT ANG MO KIO WORKSHOP

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

Dorlyn

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	14/06/2021 11:15 (SGT)
Date of Accident	12/06/2021 13:39 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE (BEFORE EXIT 10)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDG54K

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AU TSIN YIN CONSTANCE
NRIC No	SXXXX381Z
Email Address	auconstance@gmail.com
Mobile Phone No	(Phone) +65-96830118
Alternative Phone No	+65-96830118

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	2000

INSURANCE COMPANY

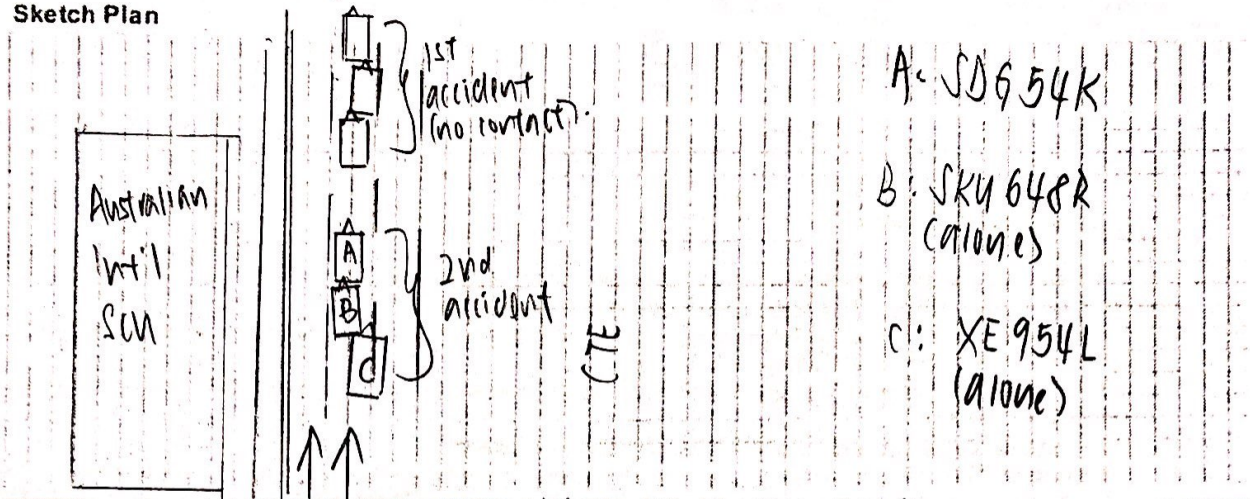
Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MTPV01013471
Cover Note Number	27/10/2020 - 26/10/2021

DRIVER

Name of Driver	AU TSIN YIN CONSTANCE
NRIC No	SXXXX381Z

Braddell Rd
EXIT
10

Sketch Plan



A: SDG54K

B: SKU648R (alone)

C: XE954L (alone)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Vehicle No: SDG54K (Sompo)

I applied emergency brake due to the car emergency brake in front of my car. A few seconds later, I felt an impact from the back. Upon alighting a truck (XE954L) hit the car ~~Root~~ SKU648R that hit onto my car (SDG54K). 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: 14 June 9:30am

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: (AMK)
NRIC/FIN No.:

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