ASS. REC. BY: Kenneth

REF: C72/ 21007479/Kqc

ASSIGNMENT

From: ____ Date: ____

Estimated Cost: ____

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

To Inspect Vehicle No: ____

at Workshop m/s Chey Hoe

of ____

Insured: ____

Policy No. ____

Claims No. SNM21D203790/C01

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: 09 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: 3/26 Person Contacted: ____ Vehicle: IN / OUT

Veh No: YN 2245C Yr Regn: 04, 11

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

Make: Isuzu FRR90 c.c 5193

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

Sp.Reading: 419450 T/Radio: Insured / Std / NI / NA

Eng/No: ____

C/No: JALFRR907B7000031

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: In(order) / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: (Nil) / S/Rim / STD A/Rim or

Tyre Size: F: 225/90R17.5

R: — — (D)

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

Front

R/Bal. 9 mm

L/Bal. 9 mm

Rear

R/Bal. 9 9 mm

L/Bal. 9 9 mm

D.O.A. 6/7/21 D.O.I. 22/7/2021

Survey held at ____

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

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

Date / Time	Action / Instruction
23/07/21@11.49am	~~revised to Chee So Chow via Merimen.~~
	Kenneth confirmed LS $6200 (Red $2491, 29%)

Date/Time, File Pass to?

1) 17/08 Typist

Date/Time, File Return to?

2) ____

[ ] : Preli. Report

[ ] : Final Report

Days Of Repair: 9

Resurvey No. of Trip: 1

Add Fee: [ ] : Site Insp ($ ____)

[ ] : Interview ($ ____)

[ ] Tech Invs ($ ____)

[ ] Weekend ($ ____)

Survey Fee:

Transportation:

__S + RS.__SI

Photos

Others

TOTAL

Report Format : MER-TP

Lump Sum ~~H.B.I.~~ ($ 6200)

清河
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)**
GA EXPRESS

Singapore

Claimant Insurer: **China Taiping Insurance (Singapore) Pte. Ltd.**

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	TP/CHINA (GBJ3595D)
Policy No:	DMCVSNW00039712100	Date of Loss:	06/07/2021
Vehicle Reg. No.:	**YN2245C**	Driveable?	
Party At Fault:	UNKNOWN		
Driver (TP):	HTUN HTUN AYE	Driver (Insured):	NADIRAH D/O ANWAR BASAH
Make/Model:	ISUZU FRR90SUQA-C, 5.2 D (M)	Vehicle Reg. Date:	26/04/2011
Vehicle Colour:	WHITE		
Engine No:	YD25046253B	Chassis No:	JALFRR907B7000031
Odometer:	0 KM		
Paint Type:			
Total Loss?	**NO**		
Est. Duration of Repair (day)	0		

Not Authorised U/Seg & Recovery After Paint

9days

Description of Accident/Loss	REER TO GIA REPORT ATTACHED.
Remarks:	VEHICLE CURRENTLY LYING AT WOODLANDS WORKSHOP.
Present Location:	CHENG HOE MOTOR PTE LTD (YISHUN)

COST OF CLAIMS	**Amount**
Parts	5,201.00
Miscellaneous Items	0.00
Labour	3,490.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S$)	**8,691.00**
+ GST 7.00% (S$)	608.37
Nett Amount (S$)	**9,299.37**

This claim is handled by: SHARON CHIONG BENG CHOON

*Generated using **Merimen e-Claims Internet Estimation & Adjusting System***

YN22455C

TP/China

REPAIR DETAILS

Reference

Part Source:		(Last Synchronised: 22 Jul 2021)
Parts:	N/A	ISUZU FRR90SUQA-C 5.2 D (M) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for YN2245C)	
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 FRT BUMPER	0.00	0.00	*680.00F	
2	1		*1 PC FRT BUMPER LH BRACKET	0.00	0.00	*41.00F	
3	1		*1 PC FRT BUMPER STEP RUBBERS @22/PC	0.00	0.00	*44.00F	
4	1		*1 PC FRT LH STEP TRAY	0.00	0.00	*128.00F	
5	1		*1 PC FRT LH STEP TRAY BRACKET	0.00	0.00	*175.00F	?
6	1		*1 PC FRT LH STEP TRAY SIDE GARNISH	0.00	0.00	*128.00F	
7	1		*4 PCS FRT LH STEP TRAY SIDE GARNISH CLIPS @3/PC	0.00	0.00	*12.00F	
8	1		*4 PCS FRT LH STEP TRAY LAMP	0.00	0.00	*25.00F	
9	1		*4 PCS FRT LH STEP TRAY MUD FLAP	0.00	0.00	*18.00F	
10	1		*1 PC AIR-CON CONDENSER	0.00	0.00	*850.00F	
11	1		*1 PC AIR-CON GAS PIPE	0.00	0.00	*115.00F	?
12	1		*1 PC FRT LH DOOR	0.00	0.00	*980.00F	
13	1		*1 PC FRT LH DOOR LOWER OUTER GARNISH	0.00	0.00	*220.00F	
14	1		*1 PC FRT LH DOOR BOTTOM HINGE	0.00	0.00	*69.00F	
15	1		*1 PC FRT LH DOOR LAMP	0.00	0.00	*45.00F	
16	1		*1 PC FRT LH SIDE MIRROR SQUARE	0.00	0.00	*116.00F	
17	1		*1 PC FRT LH SIDE MIRROR ROUND	0.00	0.00	*69.00F	X
18	1		*1 PC FRT LH SIDE MIRROR STAY	0.00	0.00	*205.00F	
19	1		*1 PC FRT LH CORNAL SIDE GARNISH	0.00	0.00	*170.00F	
20	1		*1 PC LH SIDE LAMP	0.00	0.00	*72.00F	
21	1		*1 PC LH HEADLAMP	0.00	0.00	*224.00F	
22	1		*1 PC FRT LH WHEEL ARP GARNISH	0.00	0.00	*149.00F	
23	1		*1 PC FRT LH WHEEL FRT MUDFLAP	0.00	0.00	*130.00F	
24	1		*1 PC FRT GRILLE	0.00	0.00	*428.00F	?
25	1		*1 PC FRT LIP EMBLEM (ISUZU)	0.00	0.00	*108.00F	?

F=Franchise part.

Total Parts (S$) 5,201.00

Report was unsubmitted during this print-out.
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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

There are no new miscellaneous items selected.

Estimates on Labour

No	Particulars	Lab.Type	Amount	
Labour Items				
1	REMOVE & REFIX FRT LH DOOR,TRANSFER ATTACHMENT,LH SIDE LAMP & HEADLAMP,SIDE MIRROR,STEP TRAY,WHEEL ARP GARNISH,TO KNOCK OUT,STRAIGHTEN FRT LH W/SCREEN PILLAR,FRT LH FLOOR BOARD PANEL & REALIGN THE SAME	New	1,100.00	850
2	REMOVE & REFIX FRT LH DOOR GLASS,CHECK CENTRE LOCKING & POWER MIRROR	New	60.00	✓
3	REMOVE & REFIX AIRCON,CHECK,VACUUM & REFILL GAS	New	100.00	✓
4	PUTTY & RESPRAY ON FRT BUMPER,FRT LH W/SCREEN PILLAR,FRT LH CORNAL GARNISH,FRT LH DOOR	New	800.00	700
5	TO REWRITE SIGNAL LAMP WIRE HARNESS AND CHECK WIRING	New	50.00	20
6	TO SUPPLY 1 PC REAR TRUCK WOODEN CROSS MEMBER,LABOUR TO REMOVE & REPLACE WOODEN CROSS MEMBER INCLUDING SUPPLY ALL NECESSARY MATERIAL & LIFT UP REAR WOODEN TRUCK	New	1,000.00	750
7	TO REWRITE ADVERTISMENT (BILL)	New	380.00	7
		Gross Labour Cost (S$)	**3,490.00**	

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 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	07/07/2021 17:34 (SGT)
Date of Accident	06/07/2021 11:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES AVE 12 (PASIR RIS FLYOVER)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN2245C

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	OR KIM PEOW CONTRACTORS (PTE) LTD
Company Reg No	1XXXXX891R
Email Address	annieyeo@okph.com
Mobile Phone No	(Phone) +65-63671960
Alternative Phone No	(Office) +65-63671960

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	FRR90SUQA-C
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	5193

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z/20/VC00/107249-001
Cover Note Number	01/07/21 - 25/10/21

DRIVER

Name of Driver	HTUN HTUN AYE
Passport No/FIN	GXXXX317U

Sketch Plan

Refer to sketch attached

A: YN2245C
B: GBJ3595D
Nadirah D/o
Anwar Basah
S9237091G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary due to red traffic in my direction.
Moments later, suddenly an impact came at my left.
Upon alighted to check, according to driver of vehicle B,
she applied brake but could not stop in time and she
veered to the left and hit the railing and mounted
onto the kerb. She continued to move forward squeezed
in between the railing and my stationary vehicle
causing damage to my vehicle left portion.
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:

6/7/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

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