ASS. REC BY: | REF: FCV/21008421K

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

CO / TP / WS / TP RES / CO RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Chay 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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 4-5 days Res.: Yes or No

Lum Sum: 1-B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SMF 3055L Yr Regn: 11 / 18

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

Make: Honda Civic c.c 1597

Colour M.P. White A/C: Insured / Std / NI / NA

Sp.Reading 53297 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MRHFC5650JT001787

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 215/55R16

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.	7/8/21	D.O.I.	16/8/2021

Survey held at _____

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

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 ($ _____)

Report Format :

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

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Parking _____

Others _____

TOTAL _____

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

Not Authorised
Resurvey B4 paint
4-5 days

M/S : MS FIRST CAPITAL INSURANCE LTD
36 ROBINSON ROAD
#16-01 CITY HOUSE
SINGAPORE 068877
TEL: 65073848 FAX: 65073849
ATTN: Motor Claim Department
WS Ref: TP/MSFC/AMK
Claim Type: Third Party
Accident Date: 07/08/2021
TP Veh Reg No: SBS6515T

Estimate No: ES2190771/AMK
Date: 16 Aug 2021
Policy No: DMPCSNW00146352000
Veh Reg No: SMF3055L
Make/Model: HONDA CIVIC 1.6 A
Chassis No: MRHFC5650JT001787
Engine No: R16B25502055
Reg. Date: 01/11/2018

Estimate Repair Cost to Vehicle No :SMF3055L

	Description	U/Price	Quantity	List Price S$	Amount S$
	List Price				
1	REAR BUMPER	617.50	1 PC	617.50	
2	REAR BUMPER REINFORCEMENT	198.00	1 PC	198.00	
3	REAR BUMPER LH SIDE RETAINER	15.00	1 PC	15.00	
4	REAR BUMPER REVERSE SENSOR	148.50	1 PC	148.50	
5	REAR BUMPER LH REFLECTOR	14.80	1 PC	14.80	
6	REAR BUMPER CLIP	3.80	6 PC	22.80	
7	LH TAILLAMP	321.80	1 PC	321.80	
8	LH TAILLAMP LOWER PANEL	69.30	1 PC	69.30	
9	REAR BOOT EMBLEM 'CIVIC'	15.10	1 PC	15.10	
10	REAR BOOT EMBLEM 'I-VTEC'	15.20	1 PC	15.20	
11	REAR BOOT LOGO	14.20	1 PC	14.20	
12	REAR END PANEL	287.50	1 PC	287.50	
				1,739.70	
			Less 20%	347.94	1,391.76
	Labour				
13	REMOVE & REFIX & PANEL BEATING ON AFFECTED AREAS	700.00	1 LA	700.00	
14	SPRAY PAINTING ON ACCIDENT AFFECTED AREAS	750.00	1 LA	750.00	660
15	RUSTPROOFING	30.00	1 LA	30.00	
				1,480.00	1,480.00
				Total	S$ 2,871.76
				Add GST @ 7%	201.02
				Total Amount Payable	S$ 3,072.78

* SURVEY VEHICLE AT ANG MO KIO WORKSHOP

For Cheng Hoe Motor Pte Ltd

Dorlyn

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 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	10/08/2021 16:15 (SGT)
Date of Accident	07/08/2021 21:09 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PASIR RIS DRIVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF3055L

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NEO SOON HOCK
NRIC No	SXXXX475J
Email Address	soonhockneo@gmail.com
Mobile Phone No	(Phone) +65-97886678
Alternative Phone No	+65-97886678

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1597

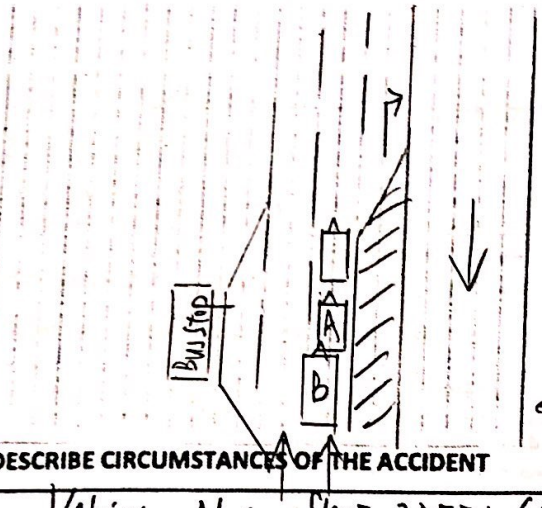
INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00146352000
Cover Note Number	01/11/2020 - 31/10/2021

DRIVER

Name of Driver	LIANG ZHESHENG
NRIC No	SXXXX855D

Sketch Plan



A: SMF 3055L (alone)

B: SBS 6515T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SMF 3055L (China)
Date & Time: 07/08/2021 @ 2:10p (Cloudy)

I follow front vehicle to stop and next moment i felt an impact from the back and realised motor bus SBS6515T had came from the back and the bus front RH portion had collided onto the rear LH portion of my stationary 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.: (AMK)

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

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