ASS. REC. BY: Kenneth

REF: C12 / 21010472 Key3

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. SNM21D205789/C02

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: 05 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: GBD 7946E Yr Regn: 04/15

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

Make: Nv Citan 109 CDI c.c 1461

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

Sp.Reading 170086 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDF 415/052 4 158343

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: 195/65R15

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.	10/10/21	D.O.I.	12/10/2021

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
/	
	14/10/21@3.15pm revised to Jenny Lew via Merimen.
	Kenneth confirmed LS $2400, 5 days (Red $1361, 36%)

Date/Time, File Pass to?

1) 21/10 Typist

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S + RS ___ SI

Parking _____

Others _____

TOTAL _____

Report Format : MER-TP

Lump Sum ~~I.B.I.~~ ($ 2400)

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)

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Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	TP/CHINA(GBH4521X)
Policy No:		Date of Loss:	10/10/2021
Vehicle Reg. No.:	GBD7946E	Driveable?	
Party At Fault:	UNKNOWN		
Driver (TP):	CHANG CHON YONG RANDY	Driver (Insured):	GLENN QUAH HUI JING
Make/Model:	MERCEDES-BENZ CITAN 109 CDI VAN, 1.5 EXTRA LONG 2 SEATERS (A)	Vehicle Reg. Date:	29/04/2015
Vehicle Colour:	BLACK		
Engine No:	K9KB608D454770	Chassis No:	WDF4156052U158343
Odometer:	0 KM		
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair (day)	0		

Not Authorised Lifting & Repairing After Painting 5 days

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

COST OF CLAIMS	Amount
Parts	2,201.00
Miscellaneous Items	80.00
Labour	1,480.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S$)	**3,761.00**
+ GST 7.00% (S$)	263.27
Nett Amount (S$)	**4,024.27**

This claim is handled by: SHARON CHIONG BENG CHOON

Generated using Merlmen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

GBD7946E
TP/CHINA

Reference		
Part Source:		(Last Synchronised: 12 Oct 2021)
Parts:	N/A	MERCEDES-BENZ CITAN 109 CDI VAN 1.5 EXTRA LONG 2 SEATERS (A) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for GBD7946E)	
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 RH TAILGATE	0.00	0.00	Rp	*580.00 F
2	1		*1 PC RH TAILGATE EMBLEM (109 CDI)	0.00	0.00	Rp	*35.00 F
3	1		*1 PC LH TAILGATE THIRD LIGHT	0.00	0.00		*105.00 F
4	1		*1 PC LH TAILGATE LOGO	0.00	0.00	Rp	*38.00 F
5	1		*1 PC LH TAILGATE EMBLEM (CITAN)	0.00	0.00	Rp	*35.00 F
6	1		*1 PC LH TAILGATE GLASS Shattered	0.00	0.00		*230.00 F
7	1		*1 PC REAR BUMPER	0.00	0.00	Rp	*650.00 F
8	1		*1 PC REAR BUMPER REINFORCEMENT	0.00	0.00		*290.00 F
9	1		*1 PC LH TAILLAMP	0.00	0.00	Rp	*210.00 F
10	1		*1 PC LH TAILGATE WIPER NOZZLE	0.00	0.00		*28.00 F

F=Franchise part.

Total Parts (S$) **2,201.00**

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

Estimates on Miscellaneous Items

No	Qty	Particulars		Amount
Miscellaneous Items				
1	1	1 PC STICKER - 4 PAX	Rp	10.00
2	1	1 PC STICKER - 70KM/H	Rp	10.00
3	1	2 PCS TAILGATE GLASS GUM @30/PC	Rp	60.00

Sub Total (S$) **80.00**

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 Labour

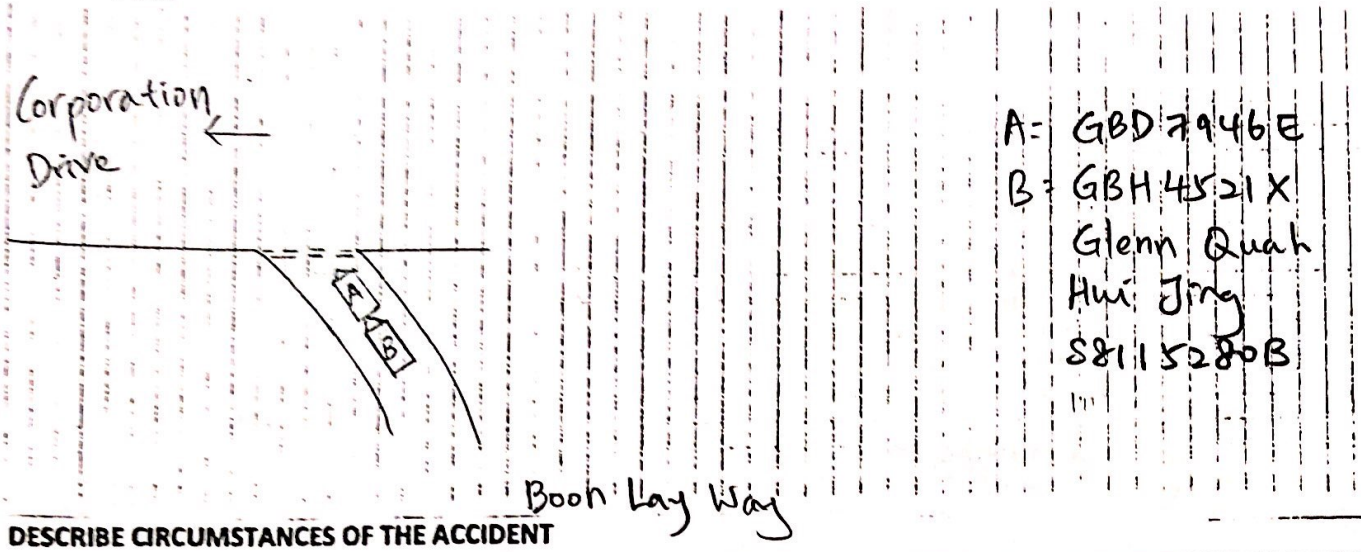
No	Particulars	Lab.Type	Amount
Labour Items			
1	REMOVE & REFIX LH TAILGATE GLASS	New	80.00
2	REMOVE & REFIX RH TAILGATE GLASS	New	70.00
3	REMOVE & REFIX RH TAILGATE ASSY,THIRD BRAKE LIGHTS,REAR WIPER ASSY,LOCK ASSY,REAR BUMPER,TO KNOCK & REPAIR LH TAILGATE,REAR END PANEL & REALIGN THE SAME	New	700.00
4	PUTTY & RESPRAY ON TAILGATES & ALL AFFECTED AREAS	New	600.00
5	RUSTPROOFING	New	30.00

Gross Labour Cost (S$) **1,480.00**

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

< END OF ESTIMATES >

Sketch Plan



A: GBD7946E
B: GBH4521X
Glenn Quah Hui Jing
S8115280B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary at the above slip road waiting for main road traffic to clear when vehicle B hit me from behind. 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.

CHENG HOE MOTOR PTE LTD YS

11/10/21

Policyholder's Signature
Date & Time:

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

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

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

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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	11/10/2021 15:41 (SGT)
Date of Accident	10/10/2021 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BOON LAY WAY SLIP RD TO CORPORATION DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD7946E

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	800 SUPER WASTE MGMT PTE LTD
Company Reg No	1XXXXX155H
Email Address	enquiries@800super.com.sg
Mobile Phone No	(Phone) +65-63663800
Alternative Phone No	(Office) +65-63663800

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	CITAN 109 CDI VAN EXTRA-LONG - 2 SEATERS
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	1461

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5116856417-01
Cover Note Number	01/04/21 - 31/03/22

DRIVER

Name of Driver	CHANG CHON YONG RANDY
NRIC No	SXXXX006I