

ASS. REC. BY:

REF: MSG / 210105371K vf3

Kenneth

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Cheng Hwe

Insured: SNA 7766G

Policy No. A80485109QMX

Claims No. 63855

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: \$ 24K

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS 10'24

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: STU 52086 Yr Regn: 12, 09

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

Make: Mit Lancer Ex c.c. 1499

Colour: Mr. Red A/C: Insured / Std / NI / NA

Sp. Reading: 203789 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: TMYSRCY2A9U. 004517

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rlm / STD / Rim or

Tyre Size: F: 205/55R16

R: \_\_\_\_\_

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

Front R/Bal. 6 mm Rear R/Bal. 8 mm

L/Bal. 6 mm L/Bal. 8 mm

D.O.A. 8/10/21 D.O.I. 14/3/2022

Survey held at 3pm

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or 1st N/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
24/3/22	LS \$1850 (red 719.50, 28%)

Date/Time, File Pass to?  : Prel. Report

: Final Report

Date/Time, File Return to? 24/3/22-typist

Days Of Repair: 3

Resurvey No. of Trip: 2

Survey Fee:	
Transportation:	
\$ + RS. SI	
Others	
TOTAL	

Add Fee:  : Site Insp (\$ )

: Interview (\$ )

: Tech Invs (\$ )

: Weekend (\$ )

Report Format : Merimen

Lump Sum / I.B.#: (\$1850)

# 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

SJU 5208G  
 TP/MSIG

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

Estimate No: ES2290234/YISHUN  
 Date: 12 Mar 2022  
 Policy No: DMPCSN3017311902  
 Veh Reg No: SJU5208G  
 Make/Model: MITSUBISHI MIT.  
 LANCER 1.5 MIVEC  
 GLX AT ABS  
 Chassis No: JMYSRCY2A9U004517  
 Engine No: 4A910124039  
 Reg. Date: 15/12/2009

WS Ref: TP/MSIG  
 Claim Type: Third Party  
 Accident Date: 08/10/2021  
 TP Veh Reg No: SNA7766G

*Not Authorized*  
*U/Rp & Putty After Paint*  
*3 days*

## Estimate Repair Cost to Vehicle No :SJU5208G

Description	U/Price	Quantity	List Price	Amount
			S\$	S\$
<b>NETT</b>				
1 FRONT BUMPER	810.00	1 PC	810.00	810.00
2 FRONT BUMPER REINFORCEMENT	326.00	1 PC	326.00	326.00
3 FRONT BUMPER CLIPS	3.50	6 PCS	21.00	21.00
4 LH HEADLAMP	698.00	1 PC	698.00	698.00
			1,855.00	
		Less 10%	185.50	1,669.50
<b>Labour</b>				
5 REMOVE & REFIX FRT BUMPER ASSY,GRILLE,HEADLAMP,TO KNOCK & REPAIR FRT LH FENDER AND REALIGN THE SAME	400.00	1 LA	400.00	400.00
6 PUTTY & RESPRAY ON FRT BUMPER,REINFORCEMENT AND FRT LH FENDER	500.00	1 LA	500.00	500.00
			900.00	900.00
		Total		S\$ 2,669.50
		Add GST @ 7%		179.87
		Total Amount Payable		S\$ 2,749.37

**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

*[Signature]*

AUTHORISED SIGNATURE

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report accurately the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Subpolicy Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 lodging 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 17:50 (SGT)  
Date of Accident ..... 08/10/2021 18:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... MSCP EXIT - BLK 874A WOODLANDS ST  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJU5208G  
INSURED/POLICYHOLDER  
Is company? ..... No  
Name Of Registered Owner ..... TAN TSE MIN  
NRIC No ..... SXXXX747D  
Email Address ..... nicholas\_tws@hotmail.com  
Mobile Phone No ..... (Phone) +65-96303586  
Alternative Phone No ..... +65-96303586

## VEHICLE PARTICULARS

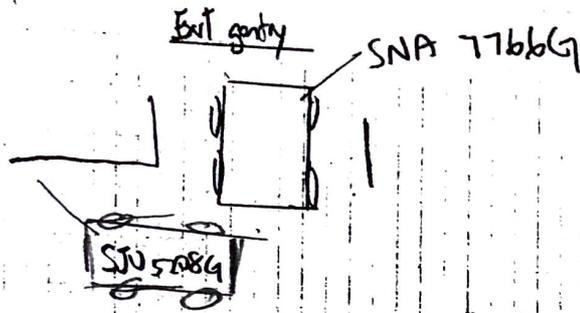
Manufacturer ..... Mitsubishi  
Model ..... Lancer  
Variant .....  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1500

## INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSN3017311902  
Cover Note Number .....

## DRIVER

Name of Driver ..... TAN WEI BHENG  
NRIC No ..... 8XXXX957G



Ravinda Grot  
8299 0692

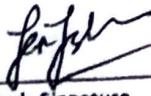
**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

SJU 5208G driver wanting to exit carpark.  
 SNA 7766G claimed gantry was problem and wanted to reverse to go other exit.  
 While reversing, SNA 7766G did not check blind spot and hit the front left corner of my car SJU 5208G.

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:

 9/10/21  
 Reporting Centre Personnel's Signature  
 Name: (WL)  
 NRIC/FIN No.:

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