

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\$
NETT				
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
Labour				
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

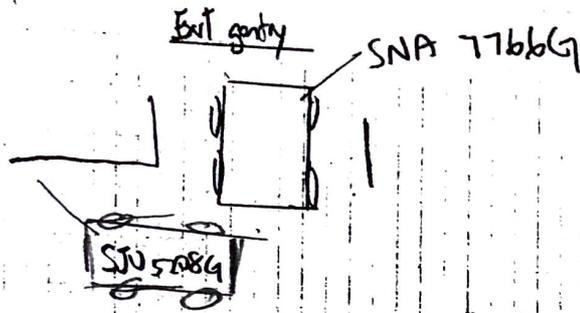
Manufacturer Mitsubishi
Model Lancer
Variant
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1500

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

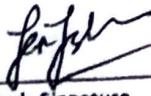
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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 (_____)