ASS. REC. BY: Kenneth | REF: FCZ/2101094S/kr

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Cheng Hoe

of Amk

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: 02 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

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

Veh No: SCN 7357J Yr Regn: 05/17

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

Make: Kia Cerato c.c 1591

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

Sp.Reading 56047 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAFZ411MH 5696137

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: 215/45 ZR17

R: _____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	22/10/21	D.O.I.	23/11/2021

Survey held at ✓

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

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

Date / Time	Action / Instruction
23/11	@ 9.40 a

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

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: 22/10/2021
TP Veh Reg No: SG6298G

Estimate No: **ES2191135/AMK**
Date: 25 Nov 2021
Policy No: 8-V0022322-MVA-R002
Veh Reg No: **SLN7357J**
Make/Model: KIA CERATO K3 1.6A
Chassis No: KNAFZ411MH5696137
Engine No: G4FGGH667953
Reg. Date: 16/05/2017

Estimate Repair Cost to Vehicle No :SLN7357J

	Description	U/Price	Quantity	List Price S$	Amount S$
	Labour				
1	REMOVE & REFIX REAR BUMPER & ATTACHMENTS & REALIGN THE SAME	200.00	1 LA	200.00	80
2	PUTTY & RESPRAY REAR BUMPER & PARKING SENSORS,REAR LH FENDER & ALL AFFECTED AREAS	400.00	1 LA	400.00	360
				600.00	600.00
				Total	S$ 600.00
				Add GST @ 7%	42.00
				Total Amount Payable	S$ 642.00

* SURVEY VEHICLE AT ANG MO KIO WORKSHOP

Not Authorized
@ 4pcl.
2days

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	25/10/2021 15:35 (SGT)
Date of Accident	22/10/2021 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	T/JUNCTION OF TAMPINES RD & HOUGANG AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN7357J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN TAK KHIN KELVIN (CHEN DAQUAN KELVIN)
NRIC No	SXXXX486B
Email Address	keinc2002@yahoo.com.sg
Mobile Phone No	(Phone) +65-98275409
Alternative Phone No	+65-98275409

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1600

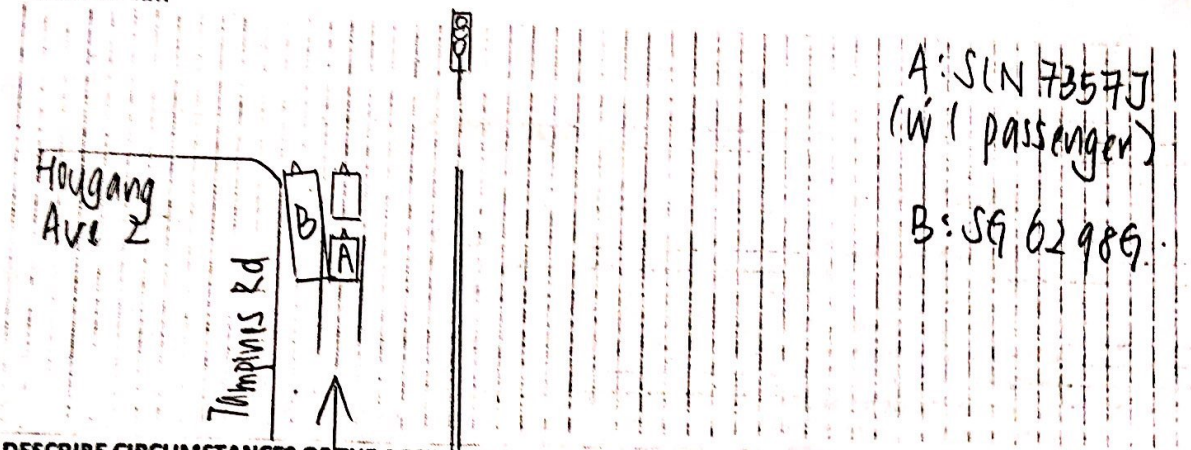
INSURANCE COMPANY

Name of Insurance Company	QBE Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	8-V0022322-MVA-R002
Cover Note Number	16/05/2021 - 15/05/2022

DRIVER

Name of Driver	CHAN TAK KHIN KELVIN (CHEN DAQUAN KELVIN)
NRIC No	SXXXX486B

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at the junction of ~~the~~ Tampines Road and Hougang Ave 2. I stopped at the traffic light along Tampines Road. Bus 62 was turning left and ~~his~~ the rear of the bus graced my car on the left side, near the tyres.

I caught up with the bus at the next bus stop along Hougang Ave 2 and we exchanged particulars.

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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