ASS. REC. BY: Kenneth

REF: C12/21011572/KVy3

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

Insured: GBH 9242T

Policy No. DMCVSNW00134192103

Claims No. SNM21D206504/C02/TANKL

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: 06 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: 12/28 Person Contacted: Vehicle: IN / OUT

Veh No: SJL 6449T Yr Regn: 12, 08

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

Make: Toy Allion (A) c.c 1496

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

Sp.Reading 149386 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: NZT260 3037306

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/60R15

R: —

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	6 mm
L/Bal.	8 mm	L/Bal.	6 mm
D.O.A.	11/11/21	D.O.I.	12/11/2021

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
/	
1/12/21	Submit preli report-revised fig $4784 check items $260

Date/Time, File Pass to? ☑ : Preli. Report ☐ : Final Report

1)

Date/Time, File Return to?

2) 1/12/21-typist

Days Of Repair: 6

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ Tech Invs ($) ☐ Weekend ($)

Survey Fee:

Transportation: __$ + RS.__$/

Photos

Others

TOTAL

Report Format :

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

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 : CHINA TAIPING INSURANCE (S) PTE LTD
3 ANSON ROAD
16-00 SPRINGLEAF TOWER
SINGAPORE 079909
TEL: 63896111 FAX: 62221033
ATTN: Motor Claim Department Not Available

WS Ref: TP/CHINA/AMK C/Slip &
Claim Type: Third Party Receipt After Paid
Accident Date: 11/11/2021
TP Veh Reg No: GBH9242T 6days

Estimate No: **ES2191090/AMK**
Date: 12 Nov 2021
Policy No: 5121022745
Veh Reg No: **SJL6449T**
Make/Model: TOYOTA ALLION A15 1.5 AUTO
Chassis No: NZT2603033306
Engine No: 1NZD204214
Reg. Date: 05/12/2008

Estimate Repair Cost to Vehicle No :SJL6449T

	Description	U/Price	Quantity	List Price S$	Amount S$
	Cost Plus				
1	REAR BUMPER	590.0000	1 PC	Rpl 590.00	
2	REAR BUMPER SIDE RETAINER	58.0000	2 PC	Rpl 116.00	
3	REAR BUMPER CLIP	1.5000	5 PC	Rpl 7.50	
4	REAR BOOT	470.0000	1 PC	Rpl 470.00	
5	REAR BOOT INNER LOCK	160.0000	1 PC	Rpl 160.00	
6	REAR BOOT INNER RUBBER	95.0000	1 PC	Rpl 95.00	50 Sin
7	REAR BOOT LOGO	28.0000	1 PC	Rpl 28.00	
8	REAR BOOT HINGE	60.0000	2 PC	120.00	?
9	REAR BOOT EMBLEM 'ALLION'	34.0000	1 PC	Rpl 34.00	
10	REAR BOOT NUMBER PLATE LAMP	55.0000	1 PC	55.00	?
11	REAR BOOT CHROME MOULDING	170.0000	1 PC	Chk 170.00	
12	TAILLAMP	195.0000	2 PC	Cas/Rpl 390.00	
13	TAILLAMP CLIP	2.0000	2 PC	Rpl 4.00	
14	TAILLAMP INNER GASKET	14.0000	2 PC	Rpl 28.00	
15	REAR END PANEL	270.0000	1 PC	Rpl 270.00	
16	REAR END PANEL INNER TOP GARNISH	125.0000	1 PC	Rpl Dri 125.00	
17	REAR END PANEL INNER TOP GARNISH CLIP	2.0000	2 PC	Rpl 4.00	
18	REAR END PANEL BUZZER SENSOR	85.0000	1 PC	85.00	?
19	REAR SPARE TYRE TOP BOARD	125.0000	1 PC	Rpl 125.00	
				2,876.50	2,876.50
	Special Net				
20	REAR NUMBER PLATE	35.0000	1 PC	Rpl 35.00	
21	REAR END PANEL SEALANT	40.0000	1 PC	Rpl 40.00	30Sin
22	REVERSE CAMERA	300.0000	1 PC	Short 300.00	250Sin
23	REVERSE SENSOR	200.0000	1 PC	Rpl 200.00	
				575.00	575.00
	Labour				
24	REMOVE & REFIX REAR BUMPER & ATTACHMENTS,TAILLAMPS,REAR BOOT & ATTACHMENTS;TO CUT,WELD & RENEW REAR END PANEL;KNOCKING & REPAIR REAR FENDERS,REAR SPARE TYRE PANEL & REALIGN THE SAME	1,000.000	1 LA	1,000.00	Fool
25	PUTTY & RESPRAY REAR BUMPER & PARKING SENSORS,REAR BOOT,BOTH FENDERS,REAR END PANEL,REAR SPARE TYRE PANEL & ALL AFFECTED AREAS	1,000.000	1 LA	1,000.00	Fool
26	REMOVE & REFIX REVERSE CAMERA,RESET & REPOSITION	40.0000	1 PC	40.00	

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 : CHINA TAIPING INSURANCE (S) PTE LTD
3 ANSON ROAD
16-00 SPRINGLEAF TOWER
SINGAPORE 079909
TEL: 63896111 FAX: 62221033
ATTN: Motor Claim Department

WS Ref: TP/CHINA/AMK
Claim Type: Third Party
Accident Date: 11/11/2021
TP Veh Reg No: GBH9242T

Estimate No: **ES2191090/AMK**
Date: 12 Nov 2021
Policy No: 5121022745
Veh Reg No: **SJL6449T**
Make/Model: TOYOTA ALLION A15 1.5 AUTO
Chassis No: NZT2603033306
Engine No: 1NZD204214
Reg. Date: 05/12/2008

Estimate Repair Cost to Vehicle No :SJL6449T

	Description	U/Price	Quantity	List Price	Amount
				S$	S$
27	RUSTPROOFING	60.0000	1 LA	60.00	
				2,100.00	2,100.00

Total	S$ 5,551.50
Add GST @ 7%	388.61
Total Amount Payable	S$ 5,940.11

* SURVEY VEHICLE AT ANG MO KIO WORKSHOP

For Cheng Hoe Motor Pte Ltd

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	11/11/2021 22:50 (SGT)
Date of Accident	11/11/2021 15:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KIM CHUAN ROAD TWDS UPPER PAYA LEBAR RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL6449T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG BUCK KHOY
NRIC No	SXXXX027E
Email Address	michaelngbk52@gmail.com
Mobile Phone No	(Phone) +65-90080158
Alternative Phone No	+65-90080158

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Allion
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	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5121022745
Cover Note Number	18/02/2021 - 04/12/2021

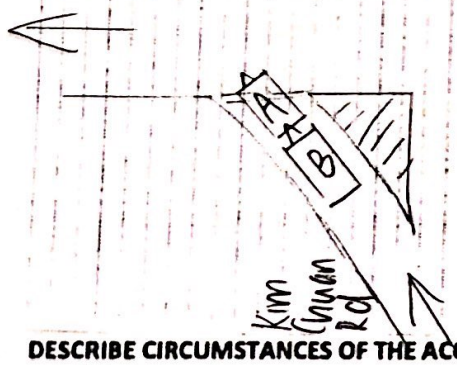
DRIVER

Name of Driver	LIM SEE CHENG JAMIE
NRIC No	TXXXX932I

Sketch Plan

A: SJL 64497
(W 1 passenger)

B: GBH9242T
Ah Soon - 82320928



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SJL 64497 (NTUC)
Date & Time: 11/11/2021 @ 1545 (clear/dry)

I slowly moved out of the slip road and next thing i knew was a great impact came from the back and pushed my car forward to the main road. 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 (_____)

2