ASS. REC. BY: Kenneth | REF: MSG/210115761K

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 Woodlands

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: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SLP2704M Yr Regn: 05 / 17

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

Make: NISSAN Note c.c 1198

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

Sp.Reading 72815 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN1TBAE12Z0985062

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: 185/65R15

R: _____

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	5/11/21	D.O.I.	22/11/2021

Survey held at _____

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

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

Date / Time	Action / Instruction
	finalise $1190.55,2days
	red: 543.44;31%

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

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

Survey Fee: _____

Transportation: _____ S - RS _____ SI

Parking: _____

Others: _____

TOTAL: _____

SLP 2704 M
TP/MSIG

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 : MSIG INSURANCE (S) PTE LTD (SGX)
16 RAFFLES QUAY
#24-01 HONG LEONG BUILDING
SINGAPORE 048581
TEL: 68277660 FAX: 62257402
ATTN: Motor Claim Department \ MR YAP/MR

Not Authorised
1-B1, U Rep &
2 days

WS Ref:	TP/MSIG
Claim Type:	Third Party
Accident Date:	05/11/2021
TP Veh Reg No:	XD8614X

Estimate No:	ES2191116/YISHUN
Date:	22 Nov 2021
Policy No:	D21MTPV01004603
Veh Reg No:	SLP2704M
Make/Model:	NISSAN NISSAN NOTE 1.2 DIG-S CVT
Chassis No:	JN1TBAE12Z0985062
Engine No:	HR12243939B
Reg. Date:	30/05/2017

Estimate Repair Cost to Vehicle No :SLP2704M

	Description	U/Price	Quantity	List Price S$	Amount S$
	Net Price				
1	FRONT BUMPER	493.30	1 PC	493.30	
2	FRONT BUMPER REINFORCEMENT	381.60	1 PC	381.60	X
3	FRONT BUMPER RH TOW COVER	25.50	1 PC	25.50	
4	FRONT BUMPER CLIPS	4.40	6 PCS	26.40	
5	FRONT GRILLE	276.70	1 PC	276.70	
6	FRONT GRILLE CLIPS	4.40	4 PCS	17.60	
				1,221.10	
			Less 10%	122.11	1,098.99
	Special Net				
7	FRONT NUMBER PLATE	35.00	1 PC	35.00	
				35.00	35.00
	Labour				
8	PANEL BEATING	300.00	1 LA	300.00	2 oo
9	PUTTY & RESPRAY PAINT	300.00	1 LA	300.00	2 oo
				600.00	600.00
				Total	S$ 1,733.99
				Add GST @ 7%	121.38
				Total Amount Payable	S$ 1,855.37

Rd/Deep Gr

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

AUTHORISED SIGNATURE

SC1G21B50008 / CHENG HOE MOTOR PTE LTD[768761]
ENTRY DATE & TIME: 08/11/2021 14:07 (SGT)
SUBMITTED BY: CHIONG BENG CHOON
VERSION: 1 (08/11/2021 14:07 (SGT))

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 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 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	08/11/2021 14:07 (SGT)
Date of Accident	05/11/2021 10:34 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	7 SENOKO AVE S(758300) - YAKULT (S) PTE LTD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP2704M

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YAKULT (S) PTE LTD
Company Reg No	1XXXXX922R
Email Address	admin@yakult.sg
Mobile Phone No	(Phone) +65-67561033
Alternative Phone No	(Office) +65-67561033

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	NOTE 1.2 DIG-S CVT
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	Private car
Transmission	Auto
CC	1198

INSURANCE COMPANY

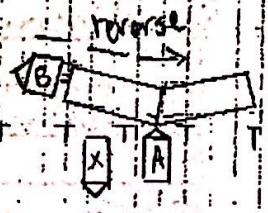
Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	S21MTPV01004603
Cover Note Number	30/05/21 - 29/05/22

DRIVER

Name of Driver	LIEW YUEH KWANG
NRIC No	SXXXX590Z

Sketch Plan

Yakult (S) Pte Ltd
7 Senoko Ave S(758300)



A: SLP 2704M
B: XD 8614X
Co: Sumitomo Warehouse (S) Pte Ltd
X: Parked vehicle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was parked at my company compound. There was a truck XD8614X was unable to exit the above premises and the said driver called my office and I was asked to move my car. After doing so as requested, the said truck left without mention anything. Shortly after, my colleague found damages on my car front which I did not realise earlier. My office helped to retrieve the compound CCTV footage and realised that it was the earlier truck I had hit onto my car while reversing.

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.

SHENG HOE MOTOR PTE LTD Y

5/11/21

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.: (45)

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