ASS. REC. BY: Kenneth | REF: MSG/21011616/KV

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Cheng Hee

of _____

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: $35K

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: 11/27 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJA 4419B Yr Regn: 12/07

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

Make: Toy Atio c.c 1496

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

Sp.Reading 261047 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NZE141 6054660

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: _____

R: 195/65R15

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	12/11/21	D.O.I.	16/11/2021 3pm ✓

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
/	

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

SJA4419B
TP/MSIG

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

Not Authorised
C/Slip &
Reviewy after Paint
6 days

WS Ref: TP/MSIG
Claim Type: Third Party
Accident Date: 12/11/2021
TP Veh Reg No: GBL4508P

Estimate No: ES2191104/YISHUN
Date: 16 Nov 2021
Policy No: 5119878611
Veh Reg No: SJA4419B
Make/Model: TOYOTA TOYOTA COROLLA AXIO 1.5X A
Chassis No: NZE1416054660
Engine No: 1NZC780784
Reg. Date: 10/12/2007

Estimate Repair Cost to Vehicle No :SJA4419B

	Description	U/Price	Quantity	List Price S$	Amount S$
	List Price				
1	REAR BUMPER	565.20	1 PC	565.20	
2	REAR BUMPER LH BRACKET	59.80	1 PC	59.80	
3	REAR BUMPER LH SIDE RETAINER	81.76	1 PC	81.76	
4	REAR BUMPER CLIPS	3.50	6 PCS	21.00	
5	REAR BOOT	817.53	1 PC	817.53	
6	REAR BOOT INNER LOCK	111.83	1 PC	111.83	
7	REAR BOOT INNER RUBBER	167.20	1 PC	167.20	
8	REAR BOOT EMBLEM (AXIO)	45.10	1 PC	45.10	
9	REAR BOOT EMBLEM	40.10	1 PC	40.10	
10	REAR BOOT OUTER GARNISH WITH LOGO	216.50	1 PC	216.50	
11	REAR CENTRE PANEL	514.20	1 PC	514.20	
12	REAR CENTRE PANEL INNER TOP GARNISH	166.25	1 PC	166.25	
13	TAILLAMPS	365.10	2 PCS	730.20	
				3,536.67	
			Less 25%	884.17	2,652.50
	Special Net				
14	REVERSE SENSOR	200.00	1 SET	200.00	
15	REVERSE CAMERA	350.00	1 PC	350.00	
				550.00	550.00
	Labour				
16	REMOVE & REFIX REAR BUMPER ASSY,TAILLAMPS,REAR BOOT & ATTACHMENT,CUT,WELD & RENEW REAR PANEL,KNOCK & REPAIR REAR COMPARTMENT & REALIGN THE SAME	800.00	1 LA	800.00	
17	PUTTY & RESPRAY ON REAR PANEL,BOOT,REAR BUMPER,HINGES,COMPARTMENT & REAR AFFECTED AREAS	850.00	1 LA	850.00	
18	RUSTPROOFING	60.00	1 LA	60.00	
				1,710.00	1,710.00
				Total	S$ 4,912.50
				Add GST @ 7%	343.88
				Total Amount Payable	S$ 5,256.38

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

SINGAPORE ACCIDENT STATEMENT

PORTANT 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	15/11/2021 12:34 (SGT)
Date of Accident	12/11/2021 18:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SEMBAWANG WAY TOWARDS WOODLANDS AVE 7
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA4419B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG KOON YIN
NRIC No	SXXXX732E
Email Address	markngky@gmail.com
Mobile Phone No	(Phone) +65-90605200
Alternative Phone No	+65-90605200

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	COROLLA AXIO 1.5X A
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

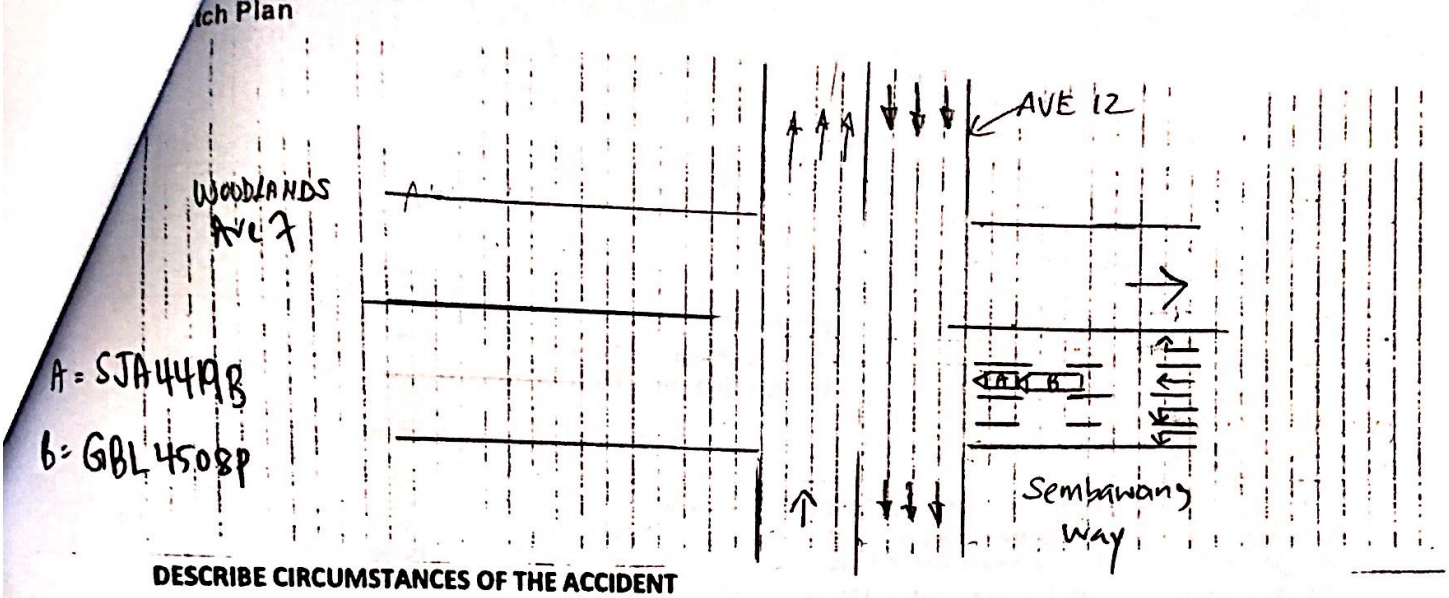
INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119878611
Cover Note Number	10/12/20-9/12/21

DRIVER

Name of Driver	NG KOON YIN
NRIC No	SXXXX732E

ich Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12 Nov 2021, Time: 1815 p.m, vehicle GBL4508P was stationary behind my Axio SJA4419B. As it was Red Light and ins supposed to go straight toward woodlands Ave 7. I stopped center lane 1st vehicle. when Green Arrow appeared for left side vehicle to turn, GBL 4508P – drove forward and hit hard onto my vehicle rear portion but there were no injuries on both parties involved

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:
13/11/2021

Driver's Signature
(If driver is not the policyholder)
Date & Time:

13/11/21

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

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

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