

Kenneth

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: _____

Policy No. _____

Claims No. 21/21/21/VP05/025193

Sum Insured: _____ Excess: 0/-

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: 861k

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 0.4 days Res.: Yes or No

Lum Sum: 13.1 % 3 Val.: Yes or No

CA / REV REP. / 24 HRS

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

Veh No: SBW 777Y Yr Regn: 01115

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

Truck / Traller or

Make: Mercedes CLA 180 c.c. 1595

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

Sp. Reading: 125439 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD1173422.N 743195

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / RIM or

Tyre Size: F: 225/40R18

R: _____

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

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 26/11/21 D.O.I. 29/11/2021

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
29/11/21 @ 3.33pm	revert to Gerald by email.
30/11/21 @ 11.21am	Kenny Lim informed C/A by email.
30/11/21 @ 12.29pm	Informed Cheng Hoe C/A & ex:\$0/- by email.

Date/Time, File Pass to? : Prell. Report

1) : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	
S - RS	SI
Others	
TOTAL	

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

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

SBW777Y
 OD/Lonpac

M/S : LONPAC INSURANCE BERHAD
 300 BEACH ROAD
 #17-04/07 THE CONCOURSE
 SINGAPORE 199555
 TEL: 62507388
 ATTN: Motor Claim Department

FAX: 62963767

Claim No: ES2191152
 Estimate No: ES2191152/YISHUN
 Date: 29 Nov 2021
 Policy No: Z21VP05028230
 Veh Reg No: SBW777Y
 Make/Model: MERCEDES BENZ
 CLA180 (R18 BI)
 Chassis No: WDD1173422N143145
 Engine No: 27091030511146
 Reg. Date: 05/01/2015

WS Ref: OD/LONPAC
 Claim Type: Own Damage
 Accident Date: 26/11/2021

Not Informed
Resurvey After Pass
Today

Estimate Repair Cost to Vehicle No : SBW777Y

Pages: 1/1

Description	U/Price	Quantity	Cost	Amount
			SS	SS
Cost Plus				
1 ENGINE UNDER COVER	290.00	1 PC	290.00	✓
2 FRONT BUMPER UNDER COVER	185.00	1 PC	185.00	✓
3 ENGINE TURBO COOLER	480.00	1 PC	480.00	✓
4 ENGINE TURBO COOLER COVER	25.00	1 PC	25.00	✓
5 AIR-CON CONDENSER	585.00	1 PC	585.00	✓
6 RADIATOR	405.00	1 PC	405.00	✓
7 RADIATOR FAN MOTOR	285.00	1 PC	285.00	✓
8 ENGINE FRT UNDER CROSS MEMBER	755.00	1 PC	755.00	✓
9 FRONT EXHAUST PIPE	1,240.00	1 PC	1,240.00	✓
10 WATER COOLER	295.00	1 PC	295.00	✓
11 WATER COOLER BRACKET	20.00	1 PC	20.00	✓
			4,565.00	
	Add 15%		684.75	5,249.75
Special Net				
12 RADIATOR COOLANT (4 LTRS)	60.00	1 UNIT	60.00	✓
				60.00
Labour				
13 TOWING	50.00	1 LA	50.00	✓
14 REMOVE & REFIX FRT BUMPER ASSY, HEADLAMPS, RADIATOR & MOTOR, GRILLE, UNDER COVER, TO REPAIR FRT SUPPORT PANEL & REALIGN THE SAME	600.00	1 LA	600.00	450
15 REMOVE AND REFIX AIRCON, CHECK, VACUUM & REFILL GAS	100.00	1 LA	100.00	✓
16 REMOVE & REFIX ENGINE TURBO COOLER, FRT EXHAUST PIPE, ENGINE UNDER CROSS MEMBER, WATER COOLER & RESET SYSTEM	600.00	1 LA	600.00	400
				1,350.00
			Total	SS 6,659.75
			Add GST @ 7%	466.18
			Total Amount payable	SS 7,125.93

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

> Back to OneMotoring

Inquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 530A

Vehicle Details

Vehicle No: SBW777Y
Vehicle to be Exported: No
Intended Deregistration Date: 26 Nov 2021
Vehicle Make: MERCEDES BENZ
Vehicle Model: CLA180 (R18 BI)
Primary Colour: Silver
Manufacturing Year: 2014
Engine No.: 27091030511146
Chassis No.: WDD1173422N143145
Maximum Power Output: 90.0 kW (120 bhp)
Open Market Value: \$27,392.00
Original Registration Date: 05 Jan 2015
First Registration Date: 05 Jan 2015
Transfer Count: 1
Actual ARF Paid: \$20,349.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 04 Jan 2025
PARF Rebate Amount: \$13,226.00

Intended COE Rebate Details

COE Expiry Date: 04 Jan 2025
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$63,990.00
COE Rebate Amount: \$19,885.00
Total Rebate Amount: \$33,111.00

Information contained herein is correct as at 26 Nov 2021

OK

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 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 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 26/11/2021 17:53 (SGT)
Date of Accident 26/11/2021 07:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE TOWARDS CHANGI AIRPORT BEFORE BKE EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBW777Y

INSURED/POLICY HOLDER

Is company? No
Name Of Registered Owner COLIN TAN BOON LEE
NRIC No SX00X530A
Email Address colintanbl@gmail.com
Mobile Phone No (Phone) +65-96569037
Alternative Phone No +65-96569037

VEHICLE PARTICULARS

Manufacturer Mercedes
Model CLA180 (R18 BI)
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1595

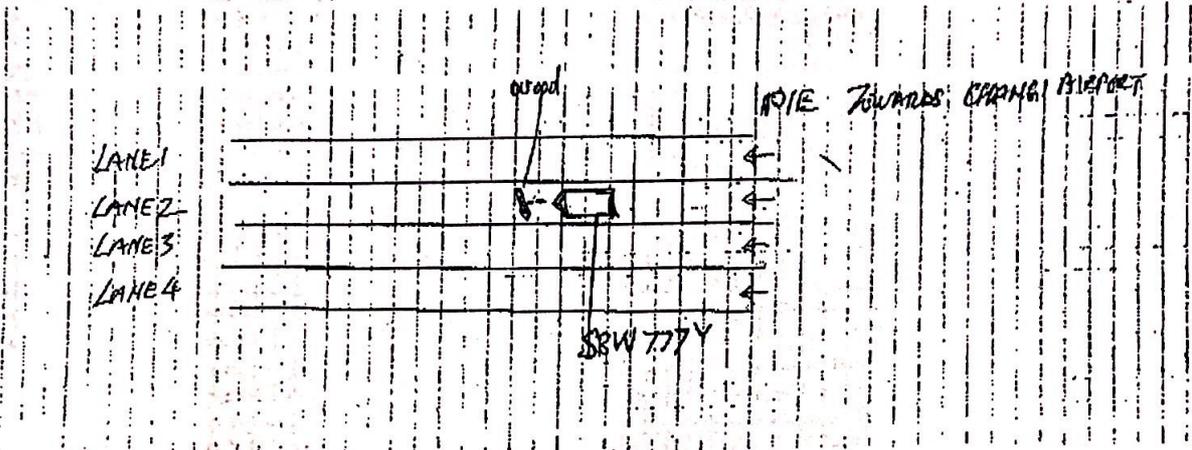
INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z21VP05028230
Cover Note Number 05/01/21 - 04/01/22

DRIVER

Name of Driver COLIN TAN BOON LEE
NRIC No SX00X530A

Sketch Plan



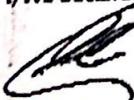
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving along lane 2.
 There was a block of wood in the middle of the lane
 There were cars so unable to avoid + driving over the block
 of wood, cause my car undercarriage damage

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.

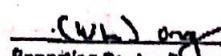
DECLARATION

I/We declare the foregoing particulars are true in every respect:

 26/11/21

Policyholder's Signature
Date & Time:

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

 26/11/21
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

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