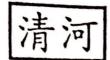
16-10-01	
Kenneth	SSIGNMENT
From: Date:	Veh No: GBC 5517-Drr Regn: 01, 13
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van Lorry / Taxi / Prime Mover /
OD VIP WS I TP RES I OD RES I EVA I INV I MY	Truck / Trailer or
To Inspect Vehicle No:	Make: Mer Sprinter 3/8 coi 21
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Insured:	Eng/No:
Policy No.	CNO: WDB 9086332571804
Ctaims No. SNM21D207373/C02	Gen. Cond: Good? Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inopder Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: All) S/Rim STD A/Rim or
	Tyre Stre: Centinental
(Policy Condition)	R: Kumho 235/65R/K
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value:	
IDAC Accident Rport: Consistent?: Yes or No	Fron! Rear R/Bal. 7 mm R/Bal. 9 mm
GIA / PR Seen: Consistent? : Yes or No	7
Est. Repairs: 06 days Res.: Yes or No	D.O.A. 17/12/21 D.O.I. 20/12/20
Lum Sum: 20 % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: Date / Time Action / Instruction	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or O/S / N/S / U/C / Chassis frame / Body Structure affected due to collision O/S / O/S / U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction Vehicle: IN / OUT	The U/C / Chassis frame / Body Structure affected due to collision
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REPAIR D	ETAILS		GBCSSIJD		
Referend Part Source:		(Last Synchronised: 18 Dec 2021)	TP/CHINA		
Parts: Labour:	N/A Repairer's	MERCEDES-BENZ 316CDI/3665 2.1 (A) (Model not available in database) (Price-denominated Standard List)	and the second second second second second		
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1	*1 PC REAR BUMPER REINFORCEMENT	Control of the Contro	0.00	.00	*460.00 F
1	*2 PCS REAR BUMPER TOP CLIPS @3/PC		0.00		*6.00F
1	*1 PC REAR BUMPER RH TOP PROTECTOR		0.00	.00 No	*20.00F
1	*1 PC RH TAILLAMP COVER	the same of the sa		.00	*185.00 F
1	*1 PC RH TAILLAMP HOUSING	(0.00		*230.00 F
1	*1 PC RH TAILLAMP SOCKET	019455 mg 13m	0.00		7 *39.00 F
0 1	*3 PCS RH TAILLAMP CLIPS @3/PC				*9.00F
1 1	*1 PC RH TAILGATE				*1,450.00 F
2 1	*1 PC RH TAILGATE LOWER HINGE	M 1/4			*165.00 F
3 1	*1 PC RH TAILGATE INNER RUBBER			0.00	*230.00 F
4 1	*1 PC RH TAILGATE EMBLEM (316 CDI)				*105.00 F
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CHENG HOE MOTOR PTE LTD

Blk 1019, Yishun Industrial Park A, #01-374/382, Singapore 768761 Tel: 67556142 Fax: 67557719

Email: chmotor@singnet.com.sg

TP INSURER:

China Taiping Insurance (Singapore) Pte. Ltd. (HQ)

Singapore

PARTICULARS OF CLAIM

Claim Type:

THIRD PARTY

Ref. No:

TP/CHINA(SMU6931J)

Policy No:

Vehicle Reg. No.:

GBC5517D

Date of Loss: Driveable?

17/12/2021

Party At Fault: Driver (TP):

UNKNOWN PHUA MING HONG

Driver (Insured):

LEE WEI NENG

Make/Model:

MERCEDES-BENZ 316CDI/3665, 2.1 Vehicle Reg. Date:

22/01/2013

Vehicle Colour:

(A)

YELLOW

Engine No:

65195531279705

Chassis No:

WDB9066332S718047

Odometer:

0 KM

Paint Type:

Total Loss?

NO

Not bothorises lily & Renory After Paint Edays

Est. Duration of Repair (day)

Description of

REFER TO GIA REPORT ATTACHED.

Accident/Loss

Present Location: CHENG HOE MOTOR PTE LTD (YISHUN)

COST OF CLAIMS	LKK Auto Consultants he the Repairer of the follow	na	Amount
Parts Miscellaneous Items	 To resurvey before after spray To display damaged part(s) du 	painting ring resurvey	3,504.00 10.00
Labour Paintwork Labour	Parts prices are subject to com Third party survey is on a "With No illegal modification(s) is allo	out Prejudice" basis	3,030.00 0.00
Towing	 Supplementary item(s) must be is subject to final approval from 	resurveyed and	0.00
	Acknowledged by Repairer	Gross Total (S\$)	6,544.00
	Signature:	+ GST 7.∮0% (S\$)	458.08
	Date:	Nett Amount (S\$)	7,002.08

This claim is handled by: SHARON CHIONG BENG CHOON

Generated using Merimen e-Claims Internet Estimation & Adjusting System

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- IMPORTANT NOTICE

 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

 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

- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to reputiest 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.

ACCIDE	NT STATEMENT
Date of Submission	17/12/2021 19:20 (SGT)
Date of Accident	17/12/2021 19:20 (SGT) 17/12/2021 07:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	INFRONT OF #01-260,BLK 1017 YISHUN IND PARK A
Country/State of Loss	Singapore
DETAILS C	F OWN VEHICLE
Vehicle Registration Number	GBC5517D
INSURED/POLICYHOLDER	
Is company?	
Name Of Registered Owner	Yes
Company Reg No	WELTUNE AUTO SERVICES 3XXXX100D
Email Address	
Mobile Phone No	phuaminghong@gmail.com (Phone) +65-91129916
Alternative Phone No	+65-91129916
VEHICLE PARTICULARS	
Manufacturer	Mercedes
Model	316CDI/3665
Variant	" - TOO BE TO BE THE PARTY OF A MOTTER THE PARTY OF A P
Exact purpose for which vehicle was being used at time of	A STANDARD OF THE STANDARD OF
accident	Employment
Are you claiming under your own insurance policy for repair to	the second secon
your vehicle?	No - Claiming third party
Vehicle Category	Motor trade
Transmission	Manual
CC	2143
INSURANCE COMPANY	
Name of Insurance Company	NTHC Income Income
ype of Coverage	NTUC Income Insurance Co-operative Ltd
leet Policy	ThirdParty
olicy Number	No 5122176510
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PHUA MING HONG SXXXX113J

Accident report SC1G21CH0008

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LAMBATHODA					
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