

ASS. REC. BY:

REF:

MSG/ 220008781K9f3

C

Kenneth

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. 26191

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

Bal. or Market Value: \$36k

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Date / Time Action / Instruction

27/6 212m @ 3000h Carhu (Red @ 3449.04, 53%)

Date/Time, File Pass to?

1) 28/7 11:55am ☐ : Prell. Report

Date/Time, File Return to?

2) \_\_\_\_\_

Report Format :

Lump Sum / L.B.T. (\$) 3000Days Of Repair: 4Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

Veh No: SKQ 6865L Yr Regn: 12, 14Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or Car / Auto / AMake: Kia Forte K3 c.c. 1591Colour: M. Grey A/C: Insured / Std / NI / NASp. Reading: 89473 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KNAP 8411M YF 5349152Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: Road Stone 215/45 R17R: GY

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 26/1/22Survey held at 11:15am

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

C/S

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



# 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  
 WS Ref: TP/MSIG/AMK  
 Claim Type: Third Party  
 Accident Date: 26/01/2022  
 TP Veh Reg No: GBH4977P

*Not Withheld*  
*11 Pm @ 3000h*  
*Repair After Paint 4 days*  
 Estimate No: ES2290213/AMK  
 Date: 14 Mar 2022  
 Policy No: 5069104575-07 DC  
 Veh Reg No: SKQ6865L  
 Make/Model: KIA FORTE K3 1.6A  
 Chassis No: KNAFZ411MF5349152  
 Engine No: G4FGEH748600  
 Reg. Date: 19/12/2014

## Estimate Repair Cost to Vehicle No :SKQ6865L

Description	U/Price	Quantity	List Price SS	Amount SS
<b>List Price</b>				
1 FRONT BUMPER CLIP	4.80	6 PC	28.80	✓
2 FRONT LH FENDER	377.00	1 PC	377.00	✓
3 FRONT LH FENDER INNER SHIELD	81.00	1 PC	81.00	✓
4 FRONT LH FENDER INNER SHIELD CLIP	4.80	6 PC	28.80	✓
5 HEADLAMP LH <i>1355</i>	1,795.00	1 PC	1,795.00	✓
6 FRONT LH DOOR	1,355.00	1 PC	1,355.00	✓
7 FRONT LH DOOR FRAME STICKER	46.00	1 PC	46.00	✓
8 FRONT LH DOOR TOP HINGE	33.00	1 PC	33.00	X
9 FRONT LH DOOR CHECKER	46.00	1 PC	46.00	X
10 FRONT LH DOOR BOTTOM HINGE	34.00	1 PC	34.00	X
11 FRONT LH RIM <i>790</i>	790.00	1 PC	790.00	✓
12 FRONT LH KNUCKLE ARM	420.00	1 PC	420.00	X
13 FRONT LH WHEEL BEARING	131.00	1 PC	131.00	X
			5,165.60	
		Less 10%	516.56	4,649.04
<b>Special Net</b>				
14 DOOR VISOR	150.00	1 SET	150.00	✓
			150.00	150.00
<b>Labour</b>				
15 REMOVE & REFIX FRT BUMPER & ATTACHMENTS, HEADLAMP, FRT LH FENDER, FRT LH DOOR & ATTACHMENTS; KNOCKING & REPAIR FRT LH DOOR PILLAR & REALIGN THE SAME	600.00	1 LA	600.00	<i>850</i>
16 PUTTY & RESPRAY FRT BUMPER, FRT LH FENDER, FRT LH DOOR & PILLAR & ALL AFFECTED AREAS	700.00	1 LA	700.00	<i>600</i>
17 REMOVE & REFIX FRT WHEEL, KNUCKLE ARM, BEARING & REALIGN THE SAME	180.00	1 LA	180.00	X
18 TO CONDUCT COMPUTERIZED WHEEL ALIGNMENT	60.00	1 PC	60.00	✓
19 REMOVE & REFIX FRT LH DOOR WINDOW GLASS & RESET CENTRAL LOCKING	50.00	1 LA	50.00	✓
20 RUSTPROOFING	60.00	1 LA	60.00	✓
			1,650.00	1,650.00
			Total	SS 6,449.04
			Add GST @ 7%	451.43
			Total Amount Payable	SS 6,900.47

\*SURVEY VEHICLE AT ANG MO KIO WORKSHOP

**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

*[Signature]*  
 AUTHORISED SIGNATURE

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	818H
<b>Vehicle Details</b>	
Vehicle No.:	SKQ6865L
Vehicle to be Exported:	No
Intended Deregistration Date:	27 Jan 2022
Vehicle Make:	KIA
Vehicle Model:	FORTE K3 1.6A
Primary Colour:	Brown
Manufacturing Year:	2014
Engine No.:	G4FGEH748600
Chassis No.:	KNAFZ411MF5349152
Maximum Power Output:	95.3 kW (127 bhp)
Open Market Value:	\$17,773.00
Original Registration Date:	19 Dec 2014
First Registration Date:	19 Dec 2014
Transfer Count:	0
Actual ARF Paid:	\$12,773.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Dec 2024
PARF Rebate Amount:	\$7,663.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	18 Dec 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$67,089.00
COE Rebate Amount:	\$19,389.00
<b>Total Rebate Amount:</b>	<b>\$27,052.00</b>

The information contained herein is correct as at 27 Jan 2022

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 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	26/01/2022 17:27 (SGT)
Date of Accident	26/01/2022 09:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AMK AVE 10 OSCP
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ6865L
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH ENG HAN
NRIC No	SXXXX818H
Email Address	nimenghan@rocketmail.com
Mobile Phone No	(Phone) +65-87572704
Alternative Phone No	+65-87572704

#### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Forte
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	1600

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	-
Fleet Policy	No
Policy Number	5069104575-07 DC
Cover Note Number	19/12/2021 - 18/12/2022

#### DRIVER

Name of Driver	GOH ENG HAN
NRIC No	SXXXX818H



Date Of Birth .....	29/09/1939
Occupation .....	Indoor
Date Of Driving Pass .....	13/06/1960
Driving experience .....	61 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87572704
Alt. Phone Number .....	+65-87572704
Email Address .....	nimenghan@rocketmail.com
Address .....	26 NIM ROAD
Address complement .....	-
Postcode .....	807554
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Major/Minor Rd
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBH4977P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	MR QUEK
NRIC No .....	SXXXX942J
Contact Number .....	(Phone) +65-98323276
Address .....	-



**SKETCH PLAN**

1. VEHICLE NO.: SK0 68651  
 2. INSURER CO.: NTUC  
 3. ACCIDENT DATE & TIME: 26/01/22 @ 0955

**IMPORTANT NOTICE**

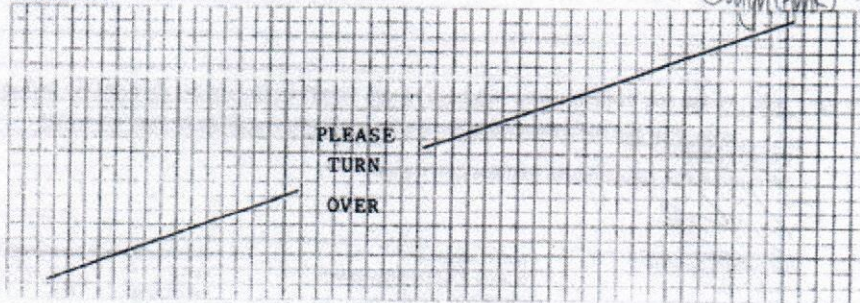
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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. The 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.
8. **Consent under the Personal Data Protection Act (PDPA)**  
 I understand, acknowledge, agree and consent that:  
 (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:  
 (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;  
 (ii) investigating the accident and/or my claims;  
 (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;  
 (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or  
 (v) complying with applicable law in administering, processing, handling and/or dealing with my claims;  
 (collectively the "Purposes")  
 (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and  
 (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

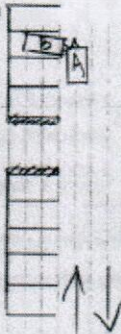
Witnessed by Reporting Centre Personnel

Sketch Plan





Sketch Plan



A: SK06865L  
(alone)

B: GBH4977P  
Mr Quirk (alone)  
SJ796942J  
HP: 98323276

Location:  
Amk Ave 10  
OSCP

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SK06865L (NTUC)  
Date & Time: 26/01/22 @ 09:55 (clearly and)

I was driving along the Carpark driveway whereby I felt a sudden impact and realised motor vehicle, GBH4977P had come out from the parking lot and collided onto my car front LH portion. No one was injured.

Note: Please note that your insurer may have 14 days 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.:

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