ASS. REC. BY: Kenneth

REF: PCI/22001588/K

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Chong Hoe

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: $150k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: _____ 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: SMU 2043Z Yr Regn: 11 / 19

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

Make: BMW 218i c.c 1499

Colour Red A/C: Insured / Std / NI / NA

Sp.Reading 32196 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA2M120XC7D62831

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 235/35ZR19

R: 255/40ZR19

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	7 mm
L/Bal.	8 mm	L/Bal.	7 mm
D.O.A.	17/2/22	D.O.I.	24/2/2022

Survey held at _____

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

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

Date / Time	Action / Instruction
/	Est not ready

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

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

Not Authorised
Repairing B4 paying
3days

M/S : MS FIRST CAPITAL INSURANCE LTD
36 ROBINSON ROAD
#16-01 CITY HOUSE
SINGAPORE 068877
TEL: 65073848 FAX: 65073849
ATTN: Motor Claim Department

WS Ref:	TP/MSFC/AMK
Claim Type:	Third Party
Accident Date:	17/02/2022
TP Veh Reg No:	GBJ7839A

Estimate No:	ES2290173/AMK
Date:	24 Feb 2022
Policy No:	DMPCSNW00121192100
Veh Reg No:	SMU2043Z
Make/Model:	BMW 218I
Chassis No:	WBA2M120X07D62831
Engine No:	31715627B38B15A
Reg. Date:	29/11/2019

Estimate Repair Cost to Vehicle No :SMU2043Z

	Description	U/Price	Quantity	List Price S$	Amount S$
	List Price				
1	FRONT BUMPER	906.00	1 PC	906.00	
2	FRONT BUMPER CENTRE LOWER GRILLE	126.00	1 PC	126.00	
3	FRONT BUMPER RH FOG LAMP	461.00	1 PC	461.00	
4	FRONT BUMPER RH FOG LAMP COVER	107.00	1 PC	107.00	
5	FRONT BUMPER RH FOG LAMP COVER TRIM	76.00	1 PC	76.00	
6	FRT BUMPER LOGO	96.00	1 PC	96.00	
7	FRONT BUMPER RH AIR DUCT	55.00	1 PC	55.00	
8	HEADLAMP RH	2,596.00	1 PC	2,596.00	
				4,423.00	
			Less 10%	442.30	3,980.70
	Special Net				
9	BODY WRAPPING STICKER (Bill)	600.00	1 PC	600.00	
				600.00	600.00
	Labour				
10	REMOVE & REFIX FRT BUMPER,GRILLE, & ATTACHMENTS,RH HEADLAMP;KNOCKING & REPAIR FRT RH FENDER & REALIGN THE SAME	450.00	1 LA	450.00	300L
11	PUTTY & RESPRAY FRT BUMPER & ALL AFFECTED AREAS	300.00	1 LA	300.00	250L
				750.00	750.00
				Total	S$ 5,330.70
				Add GST @ 7%	373.15
				Total Amount Payable	S$ 5,703.85

* SURVEY VEHICLE AT ANG MO KIO WORKSHOP

For Cheng Hoe Motor Pte Ltd

Dorlyn

AUTHORISED SIGNATURE

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:

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 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	17/02/2022 17:08 (SGT)
Date of Accident	17/02/2022 07:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 108 JALAN RAJAH OSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU2043Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIAN SOOK LAI
NRIC No	SXXXX370E
Email Address	chianjoanne@yahoo.com.sg
Mobile Phone No	(Phone) +65-96786566
Alternative Phone No	+65-96786566

VEHICLE PARTICULARS

Manufacturer	BMW
Model	218i
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	1499

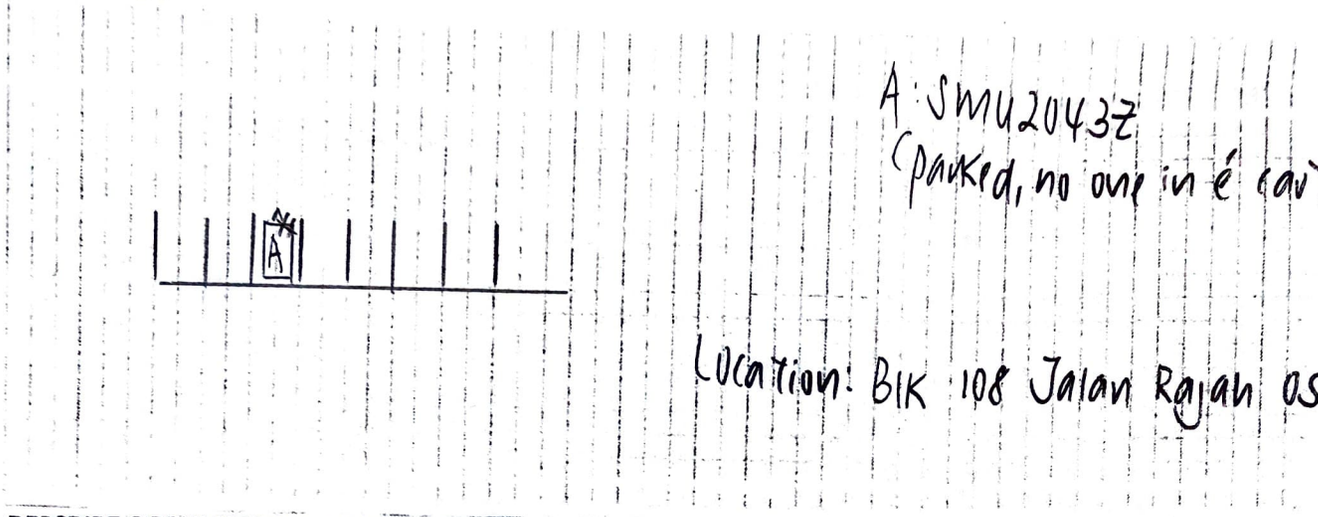
INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00121192100
Cover Note Number	14/06/2021 - 13/06/2022

DRIVER

Name of Driver	CHIAN SOOK LAI
NRIC No	SXXXX370E

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SMU2043Z (China)
Date & Time: 17/02/22 @ 0745 (clear day)

refer to police report no: T/20220217/7007.

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: 17/2/2022

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

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

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