ASS. REC. BY: Kenneth | REF: AIG/2200187211kg

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: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 1.B.I / % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJQ 7558D Dr Regn: 04.19

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

Make: Toy Vios E c.c 1496

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

Sp.Reading 29722 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR2B23F3701174916

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : NIl / Sirim / STD A/Rim or _____

Tyre Size: F: 185/60R15

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.	30/1/22	D.O.I.	8/3/2022

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 ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS ____ SI

Parking _____

Others _____

TOTAL _____

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

SJQ 7558 D
TP/AIG

M/S : AIG ASIA PACIFIC INSURANCE PTE LTD
78 SHENTON WAY
#07-16 AIG BUILDING
SINGAPORE 079120
TEL: 64193000 FAX: 64153727
ATTN: Motor Claim Department

Not Authorised
Resurvey B4 paint
3 days

WS Ref: TP/AIG
Claim Type: Third Party
Accident Date: 30/01/2022
TP Veh Reg No: SGG3934R

Estimate No: **ES2290214/YISHUN**
Date: 08 Mar 2022
Policy No: 5109088605-02
Veh Reg No: **SJQ7558D.1**
Make/Model: TOYOTA TOYOTA VIOS 1.5 E (AUTO)
Chassis No: MR2B23F3701174916
Engine No: 2NRX437841
Reg. Date: 30/04/2019

Estimate Repair Cost to Vehicle No :SJQ7558D.1

	Description	U/Price	Quantity	List Price S$	Amount S$
	List Price				
1	REAR BUMPER	497.10	1 PC	Buffed 497.10	
2	REAR BUMPER CLIPS	3.50	6 PCS	M 21.00	
				518.10	
			Less 25%	129.53	388.58
	Net Price				
3	REVERSE SENSORS	193.00	2 PCS	386.00	?
				386.00	
			Less 10%	38.60	347.40
	Labour				
4	REMOVE & REFIX REAR BUMPER ASSY,REVERSE SENSORS,TO KNOCK & REPAIR REAR BUMPER REINFORCEMENT AND REALIGN THE SAME	300.00	1 LA	300.00	2 5 d
5	PUTTY & RESPRAY BOOT,REAR BUMPER,REAR PANEL,REINFORCEMENT	500.00	1 LA	500.00	4 0 d
				800.00	800.00

Total	S$ 1,535.98
Add GST @ 7%	107.52
Total Amount Payable	S$ 1,643.50

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

Your NCD will be affected due to late reporting

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	07/02/2022 15:02 (SGT)
Date of Accident	30/01/2022 16:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF JURONG WEST ST 52 /JURONG WEST ST 51
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ7558D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOH GUAN HONG
NRIC No	SXXXX657Z
Email Address	sohtingting@gmail.com
Mobile Phone No	(Phone) +65-97382550
Alternative Phone No	+65-97382550

VEHICLE PARTICULARS

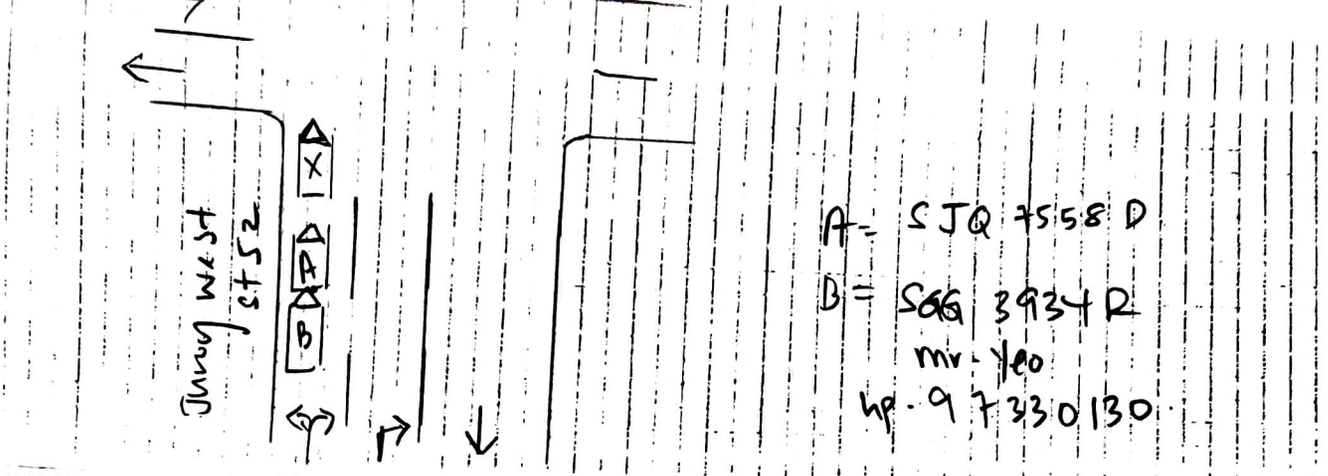
Manufacturer	Toyota
Model	VIOS 1.5 E (AUTO)
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5109088605-02
Cover Note Number	30/04/2021-29/04/2022

DRIVER

Name of Driver	SOH TING TING(SU TINGTING)
NRIC No	SXXXX174B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Doa · 30/1/22 Time · 450pm ins : NTUC

my vehicle was stationary at the junction waiting for traffic light to turn green. out of sudden, I felt an impact and realized m/car (B) have collided onto my vehicle.

Driver of m/car (B) apologized and proposed to settle my repairs privately.

NO injuries on anyone - It was after rain at that time and road was wet.

Late Reporting Due to CNY workshop close

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.

5/2/22

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 (_____)

(1/5)
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