

KENNETH

REF: 0121

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. _____

Sum Insured: _____

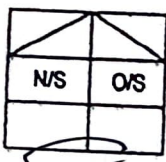
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 06 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SUR 5224BYr Regn: 08, 17Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: HondaCity: Cityc.c. 1497Colour: M. D. Blue

A/C: _____

Insured / Std / NI / NA

Sp. Reading: 63689

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NRHGM 6605T 000084Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orMod: NII / S/Rlm / STD / A/Rlm or

Tyre Size: _____

F: 195/55R16

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 10/3/22D.O.I. 14/3/2022

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?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S - RS - SI

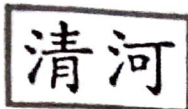
: Extras

: 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 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(GBF1470P)
Policy No:		Date of Loss:	10/03/2022
Vehicle Reg. No.:	SLR5224B	Driveable?	
Party At Fault:	UNKNOWN		
Driver (TP):	ONG YU TING	Driver (Insured):	ISLAM NAZRUL
Make/Model:	HONDA CITY, 1.5 SV CVT (A)	Vehicle Reg. Date:	17/08/2017
Vehicle Colour:	BLUE		
Engine No:	L15Z15202103	Chassis No:	MRHGM6660JT000084
Odometer:	0 KM		
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair (day)	0		
Description of Accident/Loss	REFER TO GIA REPORT ATTACHED.		
Remarks:	VEHICLE CURRENTLY LYING AT YISHUN WORKSHOP.		
Present Location:	CHENG HOE MOTOR PTE LTD (YISHUN)		

*NOT APPROVE
L1 Pay &
Running After Repair
6 days*

COST OF CLAIMS

	Amount
Parts	2,102.00
Miscellaneous Items	680.00
Labour	2,110.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	4,892.00
+ GST 7.00% (S\$)	342.44
Nett Amount (S\$)	5,234.44

This claim is handled by: SHARON CHIONG BENG CHOON

Generated using Merimen e-Claims Internet Estimation & Adjusting System

Reference

Part Source: MRM-SG

Parts: 143

Labour: Repairer's

Print Code: (Unsubmitted, no print-code for SLR5224B)

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Version: 1.0 (Last Synchronised: 12 Mar 2022)

HONDA CITY 1.5 SV CVT (A) (Catalogue:Merimen Singapore 1.0)

(Price-denominated Standard List)

SLR5224B

TP/china

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*1 PC REAR BUMPER	0.00	0.00	*220.00 F
2	1		*6 PCS REAR BUMPER CLIPS @2/PC	0.00	0.00	*12.00 F
3	1		*2 PCS REAR BUMPER SIDE RETAINERS @10/PC	0.00	0.00	*20.00 F
4	1		*1 PC REAR BOOT	0.00	0.00	*380.00 F
5	1		*1 PC REAR BOOT LOGO	0.00	0.00	*18.00 F
6	1		*1 PC REAR BOOT EMBLEM (CITY)	0.00	0.00	*15.00 F
7	1		*1 PC REAR BOOT EMBLEM (I-VTEC)	0.00	0.00	*16.00 F
8	1		*1 PC REAR BOOT CENTRE MOULDING	0.00	0.00	*75.00 F
9	1		*1 PC REAR BOOT INNER LOCK	0.00	0.00	*70.00 F
10	1		*1 PC REAR BOOT INNER RUBBER	0.00	0.00	*60.00 F
11	1		*2 PCS REAR BOOT REFLECTORS @75/PC	0.00	0.00	*150.00 F
12	1		*2 PCS REAR BOOT HINGES @55/PC	0.00	0.00	*110.00 F
13	1		*2 PCS HEADLAMPS @148/PC	0.00	0.00	*296.00 F
14	1		*1 PC REAR CENTRE PANEL	0.00	0.00	*240.00 F
15	1		*1 PC REAR CENTRE PANEL INNER TOP GARNISH	0.00	0.00	*420.00 F

F=Franchise part.

Total Parts (\$\$)

2,102.00

Report was unsubmitted during this print-out.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
1	1	1 PC REAR BUMPER LOWER SKIRT ASSY	480.00
2	1	1 SET REVERSE SENSORS	200.00
Sub Total (\$\$)			680.00

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:

Lab.Type

Amount

Estimates on Labour

No	Particulars	Lab.Type	Amount
1	REMOVE & REFIX REAR BUMPER ASSY, LOWER SKIRT, TAILLAMPS, REAR BOOT, SPOILER, LOCK ASSY, TO CUT, WELD & RENEW REAR END PANEL, TO STRAIGHTEN, KNOCK & REPAIR REAR COMPARTMENT, REAR BOTH FENDERS AND REALIGN THE SAME	New	900.00
2	PUTTY & RESPRAY ON REAR COMPARTMENT, REAR BOTH FENDERS, REAR BUMPER, REAR PANEL, REAR BOOT	New	1,100.00
3	TO KNOCK & REPAIR REAR BUZZER SENSORS, SMART KEY SENSOR AND RESET SYSTEM	New	50.00
4	RUSTPROOFING	New	60.00
Gross Labour Cost (\$\$)			2,110.00

Report was unsubmitted during this print-out.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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 11/03/2022 17:39 (SGT)
Date of Accident 10/03/2022 18:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information YISHUN AVE 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR5224B
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner ONG YU TING
NRIC No SXXXX643B
Email Address kaeley.ong@gmail.com
Mobile Phone No (Phone) +65-97496261
Alternative Phone No +65-97496261

VEHICLE PARTICULARS

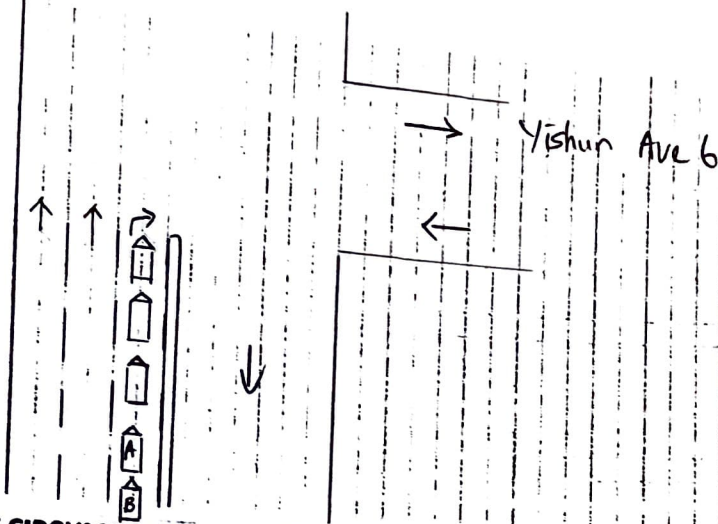
Manufacturer Honda
Model CITY 1.5 SV CVT
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1497

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5120382626-01
Cover Note Number 28/12/21 - 27/12/22

DRIVER

Name of Driver ONG YU TING
NRIC No SXXXX643B



A= SLR 5224B
 B= GBF1470P (Alone)
 Islam Nazrul
 G7931467L
 Boss - Mr. An
 HP- 96263569

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Yishun Ave 1

I followed front vehicles came to a stop due to red traffic ahead. Suddenly I felt an impact from behind and realized vehicle B had collided onto the rear of my car. No one was injured.

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: 11/03/22

3:35pm

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

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

Reporting Centre Personnel's Signature
 Name: (45)
 NRIC/FIN No.: 11/3/22