ASS. REC. BY: Kenneth | REF: CTZ/ 2200319/KV

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Cheng Hoe

of AMK

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: 04 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: SMH 6787Z Yr Regn: 11/16

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

Make: Mc E200 c.c 1991

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

Sp.Reading 64851 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2130422A 078932

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: 245/45R18

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	4/4/22	D.O.I.	21/4/2022

Survey held at _____

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

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) _____

☐ : Preli. 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: ___ S + RS. ___ SI

Parking

Others

TOTAL

Date:

Not included
Resurvey B4 spray

M.Benz
E200
2016

SMH6782 WDD2130422A078932

PARTS		COST	LIST
1PC FRT BUMPER	M/CM	760	—
1PC — LH SIDE GARNISH		55	✓
2PCS — LH outer parking sensors	Pcs	110X2	✗
1PC — LH SIDE Retainer.		18	✓
1PC — LH inner frame.		50	?
12PCS — rivets.		5X12	✓
1PC FRT LH fender		590	?
1PC LH Headlamp.		1800	✓
~~1PC FRT LH rim 18"~~		~~570~~	

SMH6782

LABOURS	COST
R & R frt bumper & attachments, grille, headlamp, frt LH fender & realign the same.	500 40%
Putty & respray frt bumper & parking sensors, frt LH fender & all affected areas.	500 44%
R & R frt LH rim, respray & realign the same	100 60%
~~R & R frt LH rim, tyre, balance & realign the same.~~	~~50~~
To conduct comp wheel alignment	60 ✓
Rustproofing	30 ?

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	05/04/2022 17:03 (SGT)
Date of Accident	04/04/2022 10:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO IND PARK 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH678Z

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RISHENG CONSTRUCTION & TRADE PTE LTD
Company Reg No	2XXXXX129W
Email Address	rishengconst@gmail.com
Mobile Phone No	(Phone) +65-91915980
Alternative Phone No	(Office) +65-68037987

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1991

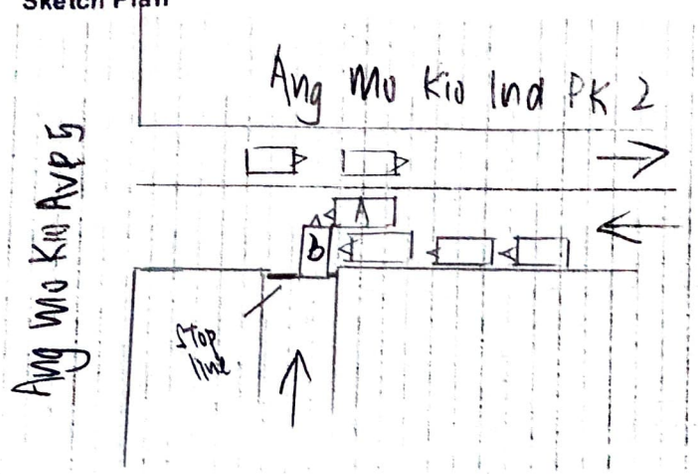
INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00059852100
Cover Note Number	21/05/2021 - 20/05/2022

DRIVER

Name of Driver	XU CHUANBO
NRIC No	SXXXX142Z

Sketch Plan



A: SMH 6787 (alone)

B: GBL 2317L
Yeo Wen Jie Alex (alone)
S9230505H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SMH 6787 (China)
Date & Time: 04/04/2022 @ 1035 (clear/dry)

I was driving slowly towards the traffic light junction. As i saw m/van GBL 2317L pertrude out, i stop to give way. However, next thing i knew was Van GBL 2317L had drove out and collided onto my stopped vehicle front LH portion. 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:

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

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

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