

ASS. REC. BY:

REF:

SCD / 22003588 / kg

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.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

100m

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

PA 368m

Yr Regn:

10.14

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Mit Ross

c.c

2998

Colour

White

A/C:

Insured / Std / NI / NA

Sp. Reading

280276

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

BE641JJ 10130

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

205/85R16

R:

(0)

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

Front

Rear

R/Bal.

9

mm

R/Bal.

5 5

mm

L/Bal.

9

mm

L/Bal.

5 3

mm

D.O.A.

11/4/22

D.O.I.

20/4/2022

Survey held at

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

O/S RA

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:

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$

CHEONG CHEONG MOTOR SERVICE PTE LTD

BLK 5032 ANG MO KIO IND. PARK 2 #01-293 SINGAPORE 569535

TEL : 6481 4152 FAX : 6481 4157

e-mail : c2msvc@singnet.com.sg

Our Ref : 0574/04/2022

Page : 1

Date :

M/S

ACCIDENT REPAIR ON : PA 5688 M - MITSUBSHI ROSA
CHASSIS NO :
DATE OF ACCIDENT : 11/04/2022

APPENDED BELOW ARE THE ESTIMATED COST OF REPAIR & PARTS TO BE REPLACED :-

REPLACEMENT OF PARTS

- 1 FRONT RIGHT SIDE MIRROR
- 2 FRONT RIGHT SIDE MIRROR BRACKET
- 3 FRONT RIGHT SIDE SIGNAL LIGHT
- 4 FRONT RIGHT SIDE LAMP
- 5 FRONT WINDSCREEN RUBBER
- 6 FRONT RIGHT DOOR GARNISH

Rn	124.50	✓
my Rn	388.30	✓
Bn	98.70	✓
Rn	138.50	✓
W	228.40	50%
Pln	187.50	✓
	<u>1,165.90</u>	
	116,59	

LESS : 10%

1,049.31

LABOUR CHARGES :

- 7 STRIP / REFIT FRONT WINDSCREEN
- 8 KNOCKING PUSH OUT RIGHT SIDE ACCIDENT PARTS
STRIP / REFIT ABOVE ACCESSORIES
- 9 SPRAY PAINT & SPRAY ANTI-TUFF-KOTE ON RIGHT SIDE
ACCIDENT AFFECTED AREAS

1201
180.00

680.00 50%

700.00 60%

2,609.31



Not Authorized
11 Rm &
Penny After Paint
4 days

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: Page 1

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 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	12/04/2022 11:05 (SGT)
Date of Accident	11/04/2022 14:40 (SGT)
Exact Location of Accident	Tampines Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA5688M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ZHENG XING YUN SERVICE
Company Reg No	52917205D
Email Address	louistan@zhengxingyun.net
Mobile Phone No	(Phone) +65-91188261
Alternative Phone No	(Office) +65-91188261

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Rosa
Variant	BUS BE641JRMDEB
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	Commercial vehicle
Transmission	Auto
CC	2998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMB1SNA00011102102
Cover Note Number	-

DRIVER

Name of Driver	ONG WEI ZHENG
NRIC No	S9445666E

SKETCH PLAN

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5. 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' law yers/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;

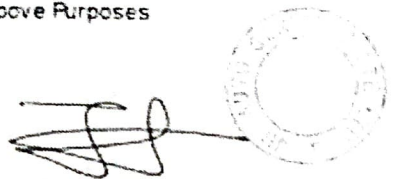
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(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' law yers/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 law yers/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

12/04/22 954Am

Sketch Plan

DOM: 11/04/2022
14:40PM

A: PA 5688M

B: XE 677L

