

ASS. REC. BY:

REF:

C72/ 220044721Kv

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No:

at Workshop m/s

of

Insured: PC 4563K

Policy No. DMB1SNW00002192200

Claims No. SNM22D203212/C02/TANKL

Sum Insured:

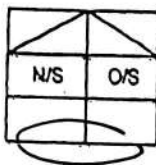
Excess:

(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:

12

days

Res.:

Yes or No

Lum Sum:

1.8.1

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKX 7680J

Yr Regn:

07, 18

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

Truck / Trailer or

Make:

Mit

Attagage

c.c

1193

Colour:

M. Blue

A/C:

Insured / Std / NI / NA

Sp. Reading:

47018

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MMBS7A13AJH001698

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

185/55R15

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.

10/5/22

D.O.I.

12/5/2022

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
20/12/22	Kenneth informed final fig \$7546 (Red 1085, 13%)
23/12/22	Kenneth re-confirmed final fig \$7066 (1565, 18%)

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair: 12

1)

☐

: Final Report

Resurvey No. of Trip: 2

Date/Time, File Return to?

Survey Fee:

2) 20/12/22-typist

Add Fee:

☐

: Site Insp (\$

Transportation:

☐

: Interview (\$

: Fines

☐

Tech Invs (\$

: Others

☐

Weekend (\$

TOTAL

Report Format: Merimen

Lump Sum / I.B.I: (\$ 7546

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

SKX7680J
TP/CHINA

M/S : CHINA TAIPING INSURANCE (S) PTE LTD
3 ANSON ROAD
16-00 SPRINGLEAF TOWER
SINGAPORE 079909

TEL: 63896111

FAX: 62221033

ATTN: Motor Claim Department

WS Ref: TP CHINA

Claim Type: Third Party

Accident Date: 10/05/2022

TP Veh Reg No: PC4563K

Claim No: ES2290475

Estimate No: ES2290475/YISHUN

Date: 12 May 2022

Policy No:

Veh Reg No: SKX7680J

Make/Model: MITSUBISHI LANCER
1.5 MIVEC GLS 4A/T

Chassis No: JMYSRCY2A8U007002

Engine No: 4A910082765

Reg. Date: 28/08/2008

Estimate Repair Cost to Vehicle No : SKX7680J

Description	U/Price	Quantity	Cost	Amount
			S\$	S\$
Cost Plus				
1 REAR BUMPER	250.00	1 PC	250.00	✓
2 REAR BUMPER LOWER PROTECTOR	450.00	1 PC	450.00	✓
3 REAR BUMPER SIDE RETAINER RH	15.00	1 PC	15.00	✓
4 REAR BUMPER INNER GARNISH RH	12.00	1 PC	12.00	✓
5 REAR BUMPER CLIP	2.00	6 PCS	12.00	✓
6 REAR BUMPER CENTRE INNER GARNISH	45.00	1 PC	45.00	✓
7 REAR WINDSCREEN GLASS MOULDING	480.00	1 PC	480.00	✓
8 REAR BOOT	380.00	1 PC	380.00	✓
9 REAR BOOT LOGO	28.00	1 PC	28.00	✓
10 REAR BOOT EMBLEM - ATTRAGE	18.00	1 PC	18.00	✓
11 REAR BOOT EMBLEM - MIVEC	42.00	1 PC	42.00	✓
12 REAR BOOT INNER LOCK	100.00	1 PC	100.00	✓
13 REAR BOOT INNER RUBBER	68.00	1 PC	68.00	✓
14 REAR BOOT OUTER MOULDING	175.00	1 PC	175.00	✓
15 REAR BOOT HINGE LH	90.00	1 PC	90.00	✓
16 TAILLAMP	128.00	2 PCS	256.00	✓
17 TAILLAMP PANEL LH	55.00	1 PC	55.00	✓
18 REAR CENTRE PANEL	220.00	1 PC	220.00	✓
19 REAR CENTRE PANEL INNER TOP GARNISH	45.00	1 PC	45.00	✓
20 REAR SPARE TYRE TOP BOARD	105.00	1 PC	105.00	✓
21 REAR SMART KEY SENSOR	65.00	1 PC	65.00	✓
22 REAR LH FENDER	460.00	1 PC	460.00	✓
23 REAR LH FENDER INNER SHIELD	24.00	1 PC	24.00	✓
24 REAR LH FENDER INNER GARNISH	118.00	1 PC	118.00	✓
25 REAR SPARE TYRE COMPARTMENT	500.00	1 PC	500.00	✓
				4,013.00

Special Net

26 REAR BOOT TOP GARNISH SPOILER	280.00	1 PC	280.00	✓
27 REVERSE SENSOR	200.00	1 SET	200.00	✓
28 REVERSE CAMERA	350.00	1 SET	350.00	✓
29 REAR WINDSCREEN GLASS GUM	40.00	1 PC	40.00	✓

870.00

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ATTN: Motor Claim Department

WS Ref: TP CHINA
Claim Type: Third Party
Accident Date: 10/05/2022
TP Veh Reg No: PC4563K

Claim No: ES2290475
Estimate No: ES2290475/YISHUN
Date: 12 May 2022
Policy No:
Veh Reg No: SKX7680J
Make/Model: MITSUBISHI LANCER
1.5 MIVEC GLS 4A/T
Chassis No: JMYSRCY2A8U007002
Engine No: 4A910082765
Reg. Date: 28/08/2008

Estimate Repair Cost to Vehicle No : SKX7680J

Description	U/Price	Quantity	Cost	Amount
			<u>S\$</u>	<u>S\$</u>
Labour				
30 TOWING BY OWNER	0.00	1 LA	0.00	
31 REMOVE AND REFIX REAR WINDSCREEN GLASS	100.00	1 LA	100.00	✓
32 REMOVE & REFIX REAR BUMPER ASSY, TAILLAMPS, REAR BOOT & ATTACHMENT, TO CUT, WELD & RENEW REAR LH FENDER, REAR PANEL, REAR COMPARTMENT, LH TAILLAMP PANEL, TO STRAIGHTEN, KNOCK & REPAIR REAR LH CHASSIS, REAR FENDER INNER PANEL & REALIGN THE SAME	1,800.00	1 LA	1,800.00	1500 ✓
33 REMOVE & REFIX SEAT, CARPET, GARNISH, TOP ROOF LINING, ETC	100.00	1 LA	100.00	✓
34 PUTTY & RESPRAY ON REAR COMAPRTMENT, REAR BOTH FENDERS, REAR PANEL, TAILLAMP PANEL, BOOT, HINGES, REAR BUMPER, SPOILER AND LOWER SKIRT	1,500.00	1 LA	1,500.00	1400 ✓
35 RUSTPROOFING	100.00	1 LA	100.00	✓
				3,600.00

Total S\$ 8,483.00

Add GST @ 7% 593.81

Total Amount payable S\$ 9,076.81

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

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 10/05/2022 12:30 (SGT)
Date of Accident 10/05/2022 06:37 (SGT)
Exact Location of Accident Singapore
Additional Location Information SLIP RD FROM CANBERRA ST TOWARDS CANBERRA WAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKX7680J
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner ZHANG XINGANG
NRIC No SXXXX805J
Email Address zhang_xingang@moe.edu.sg
Mobile Phone No (Phone) +65-92210536
Alternative Phone No +65-92210536

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model ATTRAGE 1.2 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 1193

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5118045734-01
Cover Note Number 24/07/2021- 23/07/2022

DRIVER

Name of Driver ZHANG XINGANG
NRIC No SXXXX805J

Sketch Plan

Canberra Way



Canberra St

A: SKX 7680J

B: PC 4563K

Mardhiyany Puteri, Juna

S 9643 924E

HP: 9423 3793

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DoA: 10/5/22 6:37am

My vehicle was stationary giving way to traffic on the main road. PC 4563K collided into my rear portion. Nobody 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:

(YS) 10/5/22
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

() Claim Own Policy (✓) Claim Third Party () Reporting Only