ASS. REC. BY: Kenneth

REF: CTZ/ 22005058/KV

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: 5-6 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: SJR 8028E Yr Regn: 01, 15

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

Make: Mazda 5 c.c 1998

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

Sp.Reading 70386 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6CW107 1*= 0120967

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: 205/55R16

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.	20/5/22	D.O.I.	30/5/2022

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

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: _____ S + R.S. _____ Sl

Parking _____

Others _____

TOTAL _____

Report Format :

Lump Sum / I.B.I: (S

REPAIR DETAILS

SJR 8028E
TP/CAT 1A

Reference

Part Source:		(Last Synchronised: 30 May 2022)
Parts:	N/A	MAZDA 5 2.0 SP.6EAT SUNROOF (A) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:		(Unsubmitted, no print-code for SJR8028E)
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 *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*1 PC REAR BUMPER	0.00	0.00	*430.00 F
2	1		*1 PC RERA BUMPER REINFORCEMENT	0.00	0.00	*95.00 F
3	1		*6 PCS REAR BUMPER CLIP @2/PCE	0.00	0.00	*12.00 F
4	1		*1 PC TAILGATE	0.00	0.00	*650.00 F
5	1		*1 PC TAILGATE LOGO	0.00	0.00	*35.00 F
6	1		*1 PC TAILGATE EMBLEM - MAZDA 5	0.00	0.00	*30.00 F
7	1		*1 PC TAILGATE EMBLEM - ACTIV	0.00	0.00	*33.00 F
8	1		*1 PC TAILGATE INNER LOCK	0.00	0.00	*140.00 F
9	1		*1 PC TAILGATE INNER RUBBER	0.00	0.00	*85.00 F
10	1		*2 PCS REVERSE SENSOR @85/PCE	0.00	0.00	*170.00 F
11	1		*1 PC REAR END PANEL	0.00	0.00	*230.00 F
12	1		*1 PC REAR END PANEL INNER TOP GARNIHS	0.00	0.00	*48.00 F
13	1		*1 PC REAR WINDSCREEN MOULDING	0.00	0.00	*70.00 F

F=Franchise part.

Total Parts (S$) **2,028.00**

Report was unsubmitted during this print-out.
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Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	1 PC REAR WINDSCREEN GUM	40.00

Sub Total (S$) **40.00**

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:

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	1) TO REMOVE AND REFIX REAR WINDSCREEN GLASS	New	100.00
2	2) TO REMOVE AND REFIX TAILGATE, TOP SPOILER, REAR WIPER ASSY, LOCK ASSY; CTU, WELD AND RENEW RR END PANEL AND RE-ALIGN TO SAME	New	800.00
3	3) TO PUTTY AND RESPRAY ON REAR PANEL, TAILGATE, TAILGATE LOWER GARNISH, REAR BUMPER, REINFORCEMENT	New	750 900.00
4	4) TO REMOVE AND REFIX REVERSE CAMERA, SENSOR, SMART KEY SENSOR AND RESET SYSTEM	New	50.00
5	5) TO RUSTPROOFING	New	60.00

Gross Labour Cost (S$) **1,910.00**

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

< END OF ESTIMATES >

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)
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Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	TP/CHINA(YL8828S)
Policy No:		Date of Loss:	20/05/2022
Vehicle Reg. No.:	**SJR8028E**	Driveable?	
Party At Fault:	UNKNOWN		
Driver (TP):	CHIAN YIN YEE IRENE	Driver (Insured):	LIM CHOON HONG
Make/Model:	MAZDA 5, 2.0 SP.6EAT SUNROOF (A)	Vehicle Reg. Date:	19/01/2015
Vehicle Colour:	GREY		
Engine No:	PE30740710		
Odometer:	0 KM	Chassis No:	JM6CW1071F0120967
Paint Type:			
Total Loss?	**NO**		
Est. Duration of Repair (day)	0		

Not Authorise
Liability
Running After Paint
5-6 days

Present Location: CHENG HOE MOTOR PTE LTD (YISHUN)

COST OF CLAIMS

	Amount
Parts	2,028.00
Miscellaneous Items	40.00
Labour	1,910.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S$)	**3,978.00**
+ GST 7.00% (S$)	278.46
Nett Amount (S$)	**4,256.46**

This claim is handled by: SHARON CHIONG BENG CHOON

Generated using ***Merimen e-Claims Internet Estimation & Adjusting System***

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	21/05/2022 18:18 (SGT)
Date of Accident	20/05/2022 15:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE TOWARDS WOODLANDS (BEFORE EXIT TO WOODLANDS AVE 12)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR8028E

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG PAN YONG
NRIC No	SXXXX521G
Email Address	irenechian@hotmail.com
Mobile Phone No	(Phone) +65-98381148
Alternative Phone No	+65-98381148

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	5
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	2000

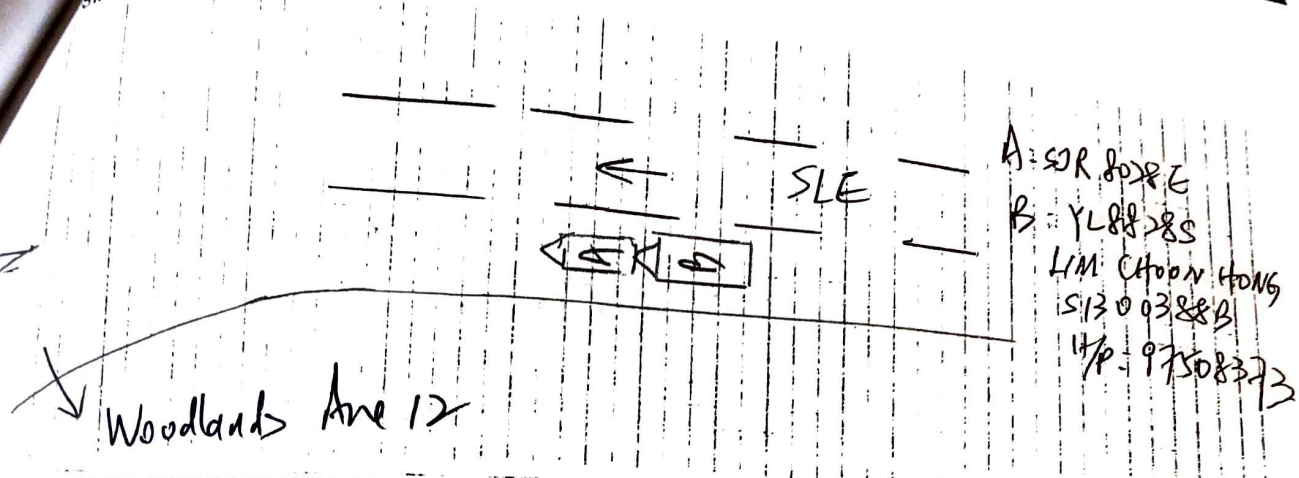
INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MP319627
Cover Note Number	-

DRIVER

Name of Driver	CHIAN YIN YEE IRENE

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident occured on 20/5/22 @ 3.35pm along SLE towards Woodlands. I was driving on the extreme left lane and before exit to Woodlands Ave 12, front cars slow down and came to stop. I follow likewise. My lorry YL8838S hit me from behind.

I was alone. 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	**Driver's Signature**	**Reporting Centre Personnel's Signature**
Date & Time:	**(If driver is not the policyholder)**	**Name:**
	Date & Time:	**NRIC/FIN No.:**

20/5/22

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

( ) Claim OD/TP at other workshop (_____)