ASS. REC. BY: Kenneth

REF: GAZI 22003210lk

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: 2-3 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: SKR 6933T Yr Regn: 02, 15

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

Make: Subaru Forester c.c 1995

Colour Mn Grey A/C: Insured / Std / NI / NA

Sp.Reading 132098 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JF1SJSKE5EG041078

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 225/60R17

R: _____

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	20/5/22	D.O.I.	23/8/2022

Survey held at _____

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

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	

/Time, File Pass to? _____

/Time, File Return to? _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ - RS _____ SI

Parking _____

Others _____

TOTAL _____

ort Format : _____

Sum / I.B.I: ($ _____)

SKR 6933T
TP/GA

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

M/S : GREAT AMERICAN INSURANCE COMPANY
3 TEMASEK AVE,
16-01 CENTENNIAL TOWER
SINGAPORE 039190
TEL: 68046037 FAX: 62353354
ATTN: Motor Claim Department

WS Ref: TP GA
Claim Type: Third Party
Accident Date: 20/05/2022

Not Authorised
1/Lamp &
Bumper After Paint
2-3 days

Claim No: ES2290857
Estimate No: ES2290857/YISHUN
Date: 23 Aug 2022
Policy No:
Veh Reg No: SKR6933T
Make/Model: SUBARU SUBARU FORESTER 2.Oi
Chassis No: JF1SJ5KC5EG041078
Engine No:
Reg. Date: 28/02/2015

Estimate Repair Cost to Vehicle No : SKR6933T

	Description	U/Price	Quantity	Cost S$		Amount S$
	Cost Plus					
1	FRONT BUMPER	320.00	1 PC	320.00	✓	
2	FRONT BUMPER REINFORCEMENT	205.00	1 PC	205.00	?	
3	FRONT BUMPER REINFORCEMENT OUTER PANEL	98.00	1 PC	98.00	?	
4	HEADLAMP RH	1,200.00	1 PC	1,200.00	?	
				1,823.00		
		Add 15%		273.45		2,096.45
	Special Net					
5	FRONT NUMBER PLATE	35.00	1 PC	35.00	✓	
						35.00
	Labour					
6	REMOVE & REFIX FRT BUMPER ASSY,HEADLAMP,GRILLE,TO KNOCK & REPAIR FRT SUPPORT PANEL AND REALIGN THE SAME	480.00	1 LA	480.00	250	
7	PUTTY & RESPRAY ON FRT BUMPER,GRILLE,REINFORCEMENT	550.00	1 LA	550.00	350	
						1,030.00

Total	S$ 3,161.45
Add GST @ 7%	221.30
Total Amount payable	S$ 3,382.75

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	20/05/2022 20:33 (SGT)
Date of Accident	20/05/2022 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OPEN CARPARK @WHAMPOA FOOD CTR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR6933T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	QUEK KAI LOO
NRIC No	SXXXX254G
Email Address	kailooq@gmail.com
Mobile Phone No	(Phone) +65-96779776
Alternative Phone No	+65-96779776

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	FORESTER 2.0I-L CVT ABS D/AIRBAG AWD S/R
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	1995

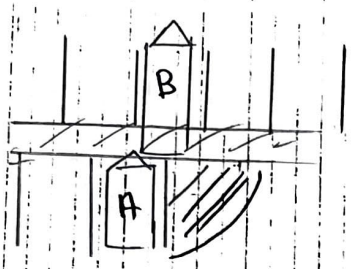
INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120969301-01
Cover Note Number	28/02/2022 -27/02/2023

DRIVER

ame of Driver	QUEK KAI LOO
RIC No	SXXXX254G

Sketch Plan



open c/park
@ Whampoa food ctr

A : SKR6933T
B : YP3754H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DOA : 20/5/22 Time : 1230hrs Ins : NTHC

After lunch, I came back to my vehicle - I then realized that m/lorry (B) was touching onto my parked vehicle. I waited for the driver to come back about 10mins later to show him that his lorry had collided onto my vehicle frontal.

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:

20/5/22.

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

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