

ASS. REQ. BY:

REF: 012/22005314/Kqy3

Kenneth

**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

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. SNM22D203740/C02

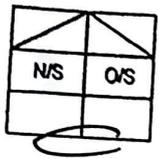
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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 Rport: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 3-4 days Res.: Yes or No

Lum Sum: 1.1B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SMR 44P6C Yr Regn: 01, 20

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

Make: Hyundai Award c.c. 1591

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 88720 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

CNo: KMHD 841 CMLU 012748

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / SRim / STD A/Rim or

Tyre Size: F: \_\_\_\_\_ R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Continental

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 7 mm R/Bal. 6 mm

L/Bal. 7 mm L/Bal. 6 mm

D.O.A. 25/5/22 D.O.I. 6/6/2022

Survey held at \_\_\_\_\_

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
09/06/22 @ 3.28pm	revised to Tan Kah Leong via Merimen.

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 - SI	_____
Fees	_____
Others	_____
TOTAL	_____

Add Fee:  : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Report Format :

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

**REPAIR DETAILS**

SMR 4496C  
TP/CHINA

**Reference**

**Part Source:** MRM-SG      **Version:** 1.0 (Last Synchronised: 06 Jun 2022)  
**Parts:** 143      **HYUNDAI AD AVANTE 1.6 GLS (A) (Catalogue:Merimen Singapore 1.0)**  
**Labour:** Repairer's      (Price-denominated Standard List)

**Print Code:** (Unsubmitted, no print-code for SMR4496C)

**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 <del>FRT</del> <sup>Rear</sup> BUMPER <i>Bottom</i>	0.00	0.00	*320.00 F ✓
2	1		*1 PC <del>FRT</del> BUMPER REINFORCEMENT	0.00	0.00	*165.00 F 7
3	1		*1 PC <del>FRT</del> BUMPER LOWER	0.00	0.00	*175.00 F 7
4	1		*6 PCS <del>FRT</del> BUMPER CLIPS @2/PC	0.00	0.00	*12.00 F ✓
5	1		*1 PC TAILGATE LOGO	0.00	0.00	*22.00 F ✓
6	1		*1 PC TAILGATE EMBLEM (AVANTE)	0.00	0.00	*30.00 F ✓

F=Franchise part.

**Total Parts (S\$) 724.00**

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

**Estimates on Miscellaneous Items**

No	Qty	Particulars	Amount
<b>Miscellaneous Items</b>			
1	1	1 SET REVERSE SENSOR	200.00 7
<b>Sub Total (S\$)</b>			<b>200.00</b>

**Estimates on Labour**

No	Particulars	Lab.Type	Amount
<b>Labour Items</b>			
1	PANEL BEATING	New	480.00 <sup>320.00</sup>
2	PUTTY & RESPRAY ON REAR BOOT,REAR BUMPER,REAR PANEL	New	440.00
3	REMOVE & REFIX REAR SENSOR,REAR CAMERA AND RESET SYSTEM	New	40.00 ✓
<b>Gross Labour Cost (S\$)</b>			<b>1,120.00</b>

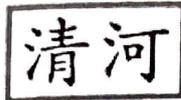
Report was unsubmitted during this print-out.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

**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:



# 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)

--  
Singapore

## PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	TP/CHINA(YP8351D)
Policy No:		Date of Loss:	25/05/2022
Vehicle Reg. No.:	SMR4496C	Driveable?	
Party At Fault:	UNKNOWN	Driver (Insured):	SURINDERJIT SINGH
Driver (TP):	CHAI KOK CHING		
Make/Model:	HYUNDAI AD AVANTE, 1.6 GLS (A)	Vehicle Reg. Date:	07/01/2020
Vehicle Colour:	WHITE	Chassis No:	KMHD841CMLU012748
Engine No:	G4FGKU476523		
Odometer:	0 KM		
Paint Type:			<i>Not with paint</i>
Total Loss?	NO		<i>Mercury Blue paint</i>
Est. Duration of Repair (day)	0		<i>3-4 days</i>
Present Location:	CHENG HOE MOTOR PTE LTD (YISHUN)		

## COST OF CLAIMS

	Amount
Parts	724.00
Miscellaneous Items	200.00
Labour	1,120.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>2,044.00</b>
<b>+ GST 7.00% (S\$)</b>	<b>143.08</b>
<b>Nett Amount (S\$)</b>	<b>2,187.08</b>

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 ..... 26/05/2022 20:13 (SGT)  
Date of Accident ..... 25/05/2022 18:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALEXANDRA ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMR4496C

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHAI KOK CHING  
NRIC No ..... SXXXX194F  
Email Address ..... clarence.chai88@gmail.com  
Mobile Phone No ..... (Phone) +65-90128481  
Alternative Phone No ..... +65-90128481

### VEHICLE PARTICULARS

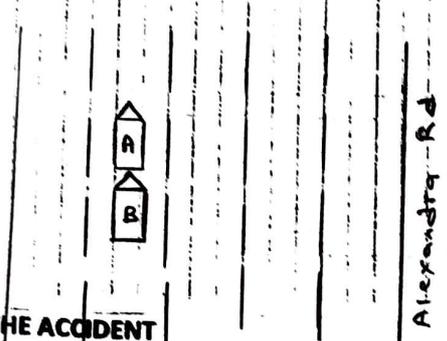
Manufacturer ..... Hyundai  
Model ..... AD AVANTE 1.6 GLS (A)  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1591

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 22-MQ000526-R01  
Cover Note Number ..... 06/02/22 - 05/02/23

### DRIVER

Name of Driver ..... CHAI KOK CHING  
NRIC No ..... SXXXX194F



A: SMR 4196C  
 B: YP8351D  
 TP: 9211 7150  
 Sridhar Singh  
 GTR78082M

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

DOA: 25/5/22 6:20pm

Traffic light was red. My vehicle was stationary. YP8351D collided onto my rear portion.

**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) mg 25/5/22  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

- Claim Own Policy
- Claim Third Party
- Reporting Only
- Claim OD/TP at other workshop ( \_\_\_\_\_ )