

ASS. REC. BY:

REF:

C72/ 22008618/Kw

C

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. _____

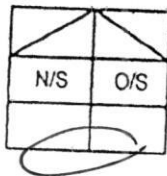
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(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: 5 days Res.: Yes or NoLum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBH 9483K Yr Regn: 10, 18

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

Truck / Traller or _____

Make: Toy Hiace c.c. 2982Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 87127 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFH1T02P90-0246007Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195R15X8

R: _____

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 3 mmL/Bal. 7 mm L/Bal. 3 mmD.O.A. 8/7/22 D.O.I. 27/10/2022

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

1 / No 2nd parts available at the moment.28/12 3091.00 Cash @ 5 days (Red \$760.00 / 20%)

Date/Time, File Pass to?

☐ : Prel. Report☒ : Final Report1) typist
Date/Time, File Return to?Days Of Repair: 05

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

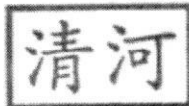
Fees

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$ P/P \$3,091.00)



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)

JAMALUDIN BIN ALIPIN

Singapore

Claimant Insurer: Income Insurance Limited

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	TP/CHINA (SJH4750G)
Policy No:	DMPCSNW00154402101	Date of Loss:	08/07/2022
Vehicle Reg. No.:	GBH9493K	Driveable?	
Party At Fault:	UNKNOWN		
Driver (TP):	SOO JIP HWEE @ SOH JIP HWEE		

Make/Model:	TOYOTA HIACE, 2.0 (M)	Vehicle Reg. Date:	31/10/2018
Vehicle Colour:	SILVER		
Engine No:	1KD2830103	Chassis No:	JTFHT02P900246007
Odometer:	0 KM		

Paint Type:	
Total Loss?	NO
Est. Duration of Repair (day)	0

*Not with paint
Runny B & paint
5 days*

Description of Accident/Loss	REFER TO STATEMENT
Present Location:	CHENG HOE MOTOR PTE LTD (AMK)

COST OF CLAIMS

	Amount
Parts	1,771.00
Miscellaneous Items	260.00
Labour	1,820.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	3,851.00
+ GST 7.00% (\$\$)	269.57
Nett Amount (\$\$)	4,120.57

This claim is handled by: DORLYN LI YAZHU

Generated using Merlimen e-Claims Internet Estimation & Adjusting System

LKK Auto Consultant's notice to 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: _____

LKK Auto Consultant's notice to the Repairer of the following:

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Acknowledged by Repairer

Signature: _____

Date: _____

REPAIR DETAILS

Reference

Part Source:	(Last Synchronised: 27 Oct 2022)	
Parts:	N/A	TOYOTA HIACE 2.0 (M) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	Cheng Hoe Motor Pte Ltd/GBH9493K/27/10/2022 11:35	
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	By 0.00	0.00	✓ *160.00 F
2	1		*6 pcs rear bumper clips @ \$1.50/pc	Mc 0.00	0.00	✓ *9.00 F
3	1		*1 pc tailgate	By 0.00	0.00	✓ *680.00 F
4	1		*1 pc tailgate inner lock	Mc 0.00	0.00	✓ *100.00 F
5	1		*1 pc tailgate inner rubber	Mc 0.00	0.00	✓ *130.00 F
6	1		*1 pc tailgate logo	Mc 0.00	0.00	✓ *32.00 F
7	1		*1 pc tailgate emblem	Mc 0.00	0.00	✓ *30.00 F
8	1		*1 pc rear end panel (inner)	0.00	0.00	✓ *430.00 F X
9	1		*1 pc rear end panel (outer)	0.00	0.00	BVC ✓ *140.00 F
10	1		*1 pc rear end panel scuff plate	Mc 0.00	0.00	✓ *60.00 F

F=Franchise part.

Total Parts (\$\$) 1,771.00

Cheng Hoe Motor Pte Ltd/GBH9493K/27/10/2022 11:35. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	1 pc tailgate sticker 70km	Mc ✓ 10.00
2	1	1 pc tailgate sticker 8 pax	Mc ✓ 10.00
3	1	1 set reverse sensor	short Mc ✓ 200.00
4	1	1 unit rear tailgate windscreen glass sealant	Mc ✓ 40.00
Sub Total (\$\$)			260.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	Remove & refix rear windscreen glass	New	✓ 120.00
2	Remove & refix rear bumper & attachments,taillamps,tailgate & attachments;to cut,weld & renew rear end panel (inner & outer);knocking & repair rear floorboard & realign the same	New	600 ✓ 800.00
3	Putty & respray rear bumper & attachments,parking sensors,tailgate,rear end panel (inner & outer),rear floorboard & all affected areas	New	700 ✓ 800.00
4	Remove & refix reverse camera, reset & realign the same	New	✓ 40.00
5	Rustproofing	New	30 ✓ 60.00
Gross Labour Cost (\$\$)			1,820.00

Cheng Hoe Motor Pte Ltd/GBH9493K/27/10/2022 11:35. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	600B
Vehicle Details	
Vehicle No.:	GBH9493K
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Jul 2022
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE VAN TURBO 5DR MT
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	1KD2830103
Chassis No.:	JTFHT02P900246007
Maximum Power Output:	-
Open Market Value:	\$28,136.00
Original Registration Date:	31 Oct 2018
First Registration Date:	31 Oct 2018
Transfer Count:	0
Actual ARF Paid:	\$1,407.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	30 Oct 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$26,658.00
COE Rebate Amount:	\$16,818.00
Total Rebate Amount:	\$16,818.00

The information contained herein is correct as at 08 Jul 2022

OK

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	08/07/2022 18:53 (SGT)
Reported by	Both
Date of Accident	08/07/2022 08:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 609A BEDOK RESERVOIR RD OSCP EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9493K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JIN HUI ELECTRICAL CONTRACTOR
Company Reg No	4XXXX600B
Email Address	jasonsoojiphwee@gmail.com
Mobile Phone No	(Phone) +65-96719628
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
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	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5104964959-03

DRIVER

Name of Driver	SOO JIP HWEE @ SOH JIP HWEE
NRIC No	SXXXX682E
Date Of Birth	17/08/1961
Occupation	Outdoor

Date Of Driving Pass	01/09/2003
Driving experience	18 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96719628
Alt. Phone Number	-
Email Address	jasonsoojiphwee@gmail.com
Address	BLK 605 BEDOK RESERVOIR RD #07-560
Address complement	-
Postcode	470605
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJH4750G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JAMAL
Contact Number	(Phone) +65-97225532

MT/1179499-001

VEH NO: GBH 9493K
 INSURER: NTUC
 DATE OF ACC: 08/07/22 @ 08/10

SKETCH PLAN

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

8. 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' lawyers/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' lawyers/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 lawyers/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 (Name as in NRIC/ID card)

Samy (AMK) 08/07/22

Sketch Plan

PLEASE
TURN
OVER