ASS. REC. BY: Kenneth

REF: MSIG / 220076301K & vy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Chuan Hoe

of _____

Insured: GBK 8269H

Policy No. 30001972238

Claims No. 281591

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: 816k

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 06 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: GBC 6470X Yr Regn: 06, 13

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

Make: Toy Hiace (m) c.c 2982

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

Sp.Reading 352585 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFHT02P100117209

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: 195/R15 8PR

R: _____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	6 mm
L/Bal.	8 mm	L/Bal.	6 mm
D.O.A.	10/8/22	D.O.I.	11/8/2022

Survey held at ✓ 3:10pm

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

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

Date / Time	Action / Instruction
16/12/22	Lump Sum $4700 confirmed by email (Red 2262.04, 32%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 16/12/22-typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 6

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee:

Transportation: $ - RS. ___ SI

Parking

Others

TOTAL

Report Format : Merimen

Lump Sum / I.B.I: ($ 4700)

GBC 6470Y
TP/MSIG

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 : MSIG INSURANCE (S) PTE LTD (SGX)
16 RAFFLES QUAY
#24-01 HONG LEONG BUILDING
SINGAPORE 048581
TEL: 68277660 FAX: 62257402
ATTN: Motor Claim Department

Not Authorised
C/Rep &
Resurvey After Paint
6 days

WS Ref: TP/MSIG
Claim Type: Third Party
Accident Date: 10/08/2022
TP Veh Reg No: GBK8269H

Estimate No: ES2290801/YISHUN
Date: 11 Aug 2022
Policy No: DMCG22007562
Veh Reg No: **GBC6470Y**
Make/Model: TOYOTA HIACE MANUAL
Chassis No: JTFHT02P100117209
Engine No: 1KD2299810
Reg. Date: 20/06/2013

Estimate Repair Cost to Vehicle No :GBC6470Y

	Description	U/Price	Quantity	List Price S$	Amount S$
	List Price				
1	REAR BUMPER	397.20	1 PC	Rp 397.20	
2	REAR BUMPER SIDE RETAINERS	22.80	2 PCS	N/S/D/I 45.60	
3	REAR BUMPER CLIPS	3.80	6 PCS	Na 22.80	
4	REAR TAILGATE	2,154.20	1 PC	Rp 2,154.20	
5	TAILGATE LOGO	66.70	1 PC	Na 66.70	
6	TAILGATE STICKER (TOYOTA HIACE)	52.60	1 PC	Na 52.60	
7	TAILGATE OUTER HANDLE	143.10	1 PC	Rpl Ln 143.10	
8	TAILGATE INNER LOCK	323.60	1 PC	Rpl 323.60	
9	TAILGATE INNER RUBBER	476.05	1 PC	476.05	?
10	REAR WINDSCREEN GLASS Shattered	1,297.10	1 PC	1,297.10	
11	REAR END PANEL OUTER	309.80	1 PC	Rn 309.80	
12	REAR END PANEL TOP BEAM	114.30	1 PC	Wash 114.30	
13	RH TAILLAMP	324.70	1 PC	Clr 324.70	
14	REAR NUMBER PLATE LAMP	79.50	1 PC	Rn 79.50	X
15	REAR ROOM MIRROR	524.10	1 PC	Rn 524.10	X
	LH tail lamp Qty 324.70			6,331.35	
			Less 25%	1,582.84	4,748.51
	Special Net				
16	REAR NUMBER PLATE	20.00	1 PC	Rpl 20.00	
17	STICKER - 70KM/H	10.00	1 PC	Na 10.00	
18	REAR WINDSCREEN GLASS GUM	40.00	1 PC	Na 40.00	
19	REVERSE SENSOR	200.00	1 SET	Rpl 200.00	
				270.00	270.00

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:

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 : MSIG INSURANCE (S) PTE LTD (SGX)
16 RAFFLES QUAY
#24-01 HONG LEONG BUILDING
SINGAPORE 048581
TEL: 68277660 FAX: 62257402
ATTN: Motor Claim Department

WS Ref: TP/MSIG
Claim Type: Third Party
Accident Date: 10/08/2022
TP Veh Reg No: GBK8269H

Estimate No: **ES2290801/YISHUN**
Date: 11 Aug 2022
Policy No: DMCG22007562
Veh Reg No: **GBC6470Y**
Make/Model: TOYOTA HIACE MANUAL
Chassis No: JTFHT02P100117209
Engine No: 1KD2299810
Reg. Date: 20/06/2013

Estimate Repair Cost to Vehicle No :GBC6470Y

	Description	U/Price	Quantity	List Price S$	Amount S$
	Labour				
20	REMOVE AND REFIX REAR WINDSCREEN GLASS	100.00	1 LA	100.00	✓
21	REMOVE & REFIX REAR BUMPER ASSY,TAILGATE,LOCK ASSY,TAILLAMP,TO CUT,WELD & RENEW REAR END PANEL OUTER,KNOCK & REPAIR REAR FLOOR BOARD PANEL AND REALIGN THE SAME	700.00	1 LA	700.00	600
22	PUTTY & RESPRAY ON REAR END PANEL,REAR FLOOR BOARD PANEL,TAILGATE,LOWER GARNISH	600.00	1 LA	600.00	500
23	TO REWRITE ADVERTISEMENT	300.00	1 LA	300.00	200
				1,700.00	1,700.00

Total	S$ 6,718.51
Add GST @ 7%	470.30
Total Amount Payable	S$ 7,188.81

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 Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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	10/08/2022 11:50 (SGT)
Reported by	Driver
Date of Accident	10/08/2022 09:00 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	TOWARDS PIE TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC6470Y

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YI KWANG MATERIAL SUPPLIES PTE LTD
Company Reg No	1XXXXX892H
Email Address	YIKWANG@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-98666676
Alternative Phone No	(Office) +65-63236166

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	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG22007562

DRIVER

Name of Driver	YEN CHEN
NRIC No	SXXXX002E
Date Of Birth	22/02/1963
Occupation	Outdoor

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 Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any w illful misrepresentation or w ithholding 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. The report w ill be forw arded 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 w ill 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, acknow ledge, agree and consent that :

(a) My insurer , my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' law yers/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 w ith 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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

(collectively the "**Purposes**")

(b) all insurer(s) w ho have insured vehicle(s) involved in this accident and the insurers' law yers/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 law yers/law firms), w hich 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 10/08/22 1050	Witnessed by Reporting Centre Personnel

Sketch Plan