ASS. REC. BY: Kenneth

REF: INSG/ 2200828 8/K

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

of Auto

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: 05 days Res.: Yes or No

Lum Sum: 1-B1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SNY 81E Yr Regn: 06 21

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

Make: NIS Note c.c 1198

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

Sp.Reading 42350 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN1FAAE13Z0900285

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: 185/60R16

R: _____

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	23/8/22	D.O.I.	12/9/2022

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 ($ _____)

Report Format :

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

Survey Fee: _____

Transportation: _____ $ + RS. _____ St

Parking: _____

Others: _____

TOTAL: _____

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/AMK
Claim Type: Third Party
Accident Date: 25/08/2022
TP Veh Reg No: SLK2240K

Not authorised
Resurvey B4 spray
5 days

Estimate No: **ES2290917/AMK**
Date: 08 Sep 2022
Policy No: 5122703972-01 DC
Veh Reg No: **SMY81E**
Make/Model: NISSAN NOTE 1.2
Chassis No: JN1FAAE13Z0900295
Engine No: HR12288853K
Reg. Date: 30/06/2021

Estimate Repair Cost to Vehicle No :SMY81E

	Description	U/Price	Quantity	List Price S$	Amount S$
	Net Price				
1	REAR BUMPER	562.50	1 PC	Del/Gut 562.50	
2	REAR BUMPER SPONGE	138.00	1 PC	138.00	
3	REAR BUMPER TOW HOOK COVER	29.00	1 PC	Sm 29.00	
4	REAR BUMPER CLIP	5.00	6 PC	Re 30.00	
5	REAR TAILGATE	1,312.20	1 PC	Rp 1,312.20	
6	TAILGATE INNER RUBBER	110.30	1 PC	Sm 110.30	
7	TAILGATE INNER LOCK	138.70	1 PC	138.70	
8	TAILGATE EMBLEM 'NOTE'	151.60	1 PC	Re 151.60	
9	TAILGATE EMBLEM 'E POWER'	101.60	1 PC	Re 101.60	
10	REAR END PANEL	660.00	1 PC	Rp 660.00	
11	REAR END PANEL INNER TOP GARNISH	82.00	1 PC	Sm 82.00	
12	REAR END PANEL ANTENNA	75.00	1 PC	75.00	
				3,390.90	
			Less 10%	339.09	3,051.81
	Special Net				
13	REAR WINDSCREEN GLASS SEALANT	40.00	1 PC	Re 40.00	
14	REAR END PANEL SEALANT	40.00	1 PC	Re 40.00	30Sm
				80.00	80.00
	Labour				
15	REMOVE AND REFIX REAR WINDSCREEN GLASS	120.00	1 LA	120.00	
16	REMOVE & REFIX REAR BUMPER & ATTACHMENTS,TAILGATE & ATTACHMENTS,TAILLAMPS;TO CUT,WELD & RENEW REAR END PANEL;KNOCKING & REPAIR REAR SPARE TYRE PANEL & REALIGN THE SAME	850.00	1 LA	850.00	Fod
17	PUTTY & RESPRAY REAR BUMPER & ATTACHMENTS,TAILGATE,REAR END PANEL,REAR SPARE TYRE PANEL & ALL AFFECTED AREAS	800.00	1 LA	800.00	Bod
18	REMOVE & REFIX REVERSE CAMERA,RESET & REPOSITION	50.00	1 PC	50.00	
19	RUSTPROOFING	60.00	1 LA	60.00	
				1,880.00	1,880.00

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:

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	25/08/2022 16:36 (SGT)
Reported by	Both
Date of Accident	25/08/2022 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	T/JUNCTION OF AIRPORT RD & UBI RD 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY81E

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YAP SIOK CHOK
NRIC No	SXXXX022A
Email Address	lyndiechua@mac.com
Mobile Phone No	(Phone) +65-97488805
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Note
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	1200

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5122703972-01 DC

DRIVER

Name of Driver	LOW WEI TING
NRIC No	TXXXX652I
Date Of Birth	09/08/2003
Occupation	Indoor

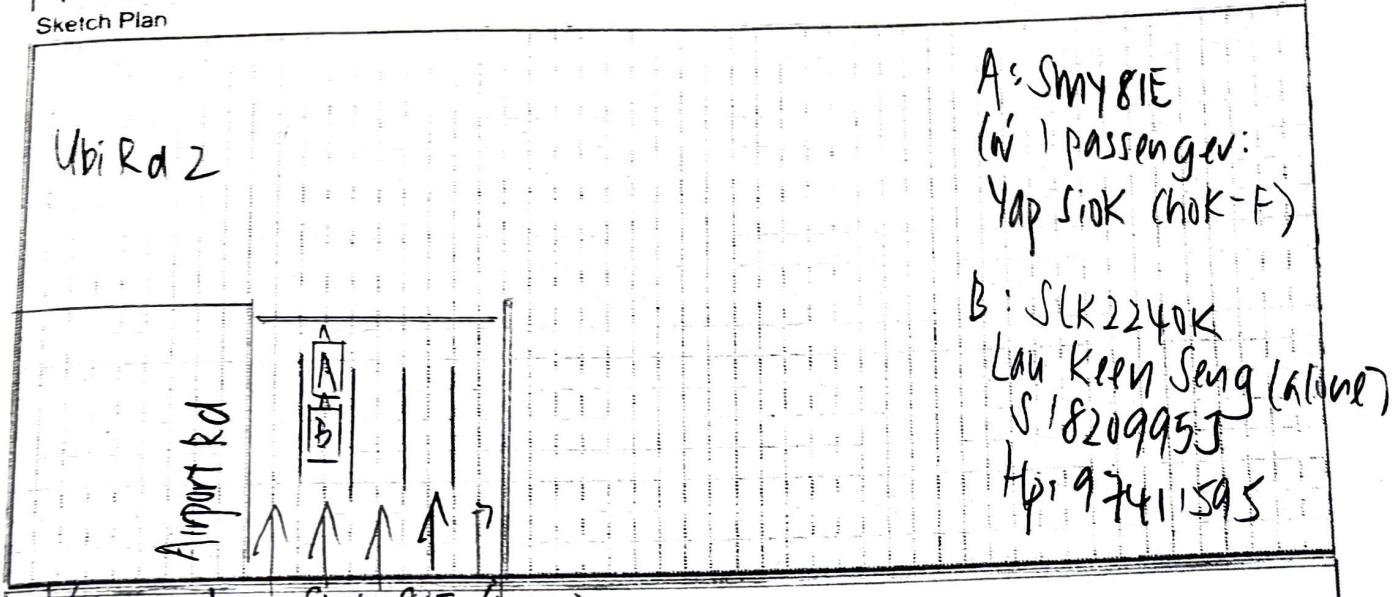
Describe Circumstance of the Accident

** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy (√) Claim Third party ( ) Reporting Onlly

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

Sketch Plan



Vehicle No: SMY 81E (NTUC)
Date & Time: 25/08/22 @ 1030 (clear/dry)

Traffic light turn amber, i slow down to stop. Next moment, felt an impact and realised m/car SLK2240K had hit onto e back of my stationary vehicle. No one was injured.

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 25/8/22

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) (AMK)