

ASS. REC. BY:

REF:

MSG/ 22068896/K vy3

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: SCP 6883J

Policy No. 1001379081

Claims No. 284088

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:

02

days

Res.:

Yes or No

Lum Sum:

1481

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

31/3/23 Final fig \$480 (red 270, 36%)

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

Date/Time, File Return to?

31/3/23-typist

Report Format: Merimen

Lump Sum / I.B.I: (\$480)

Days Of Repair: 2

Resurvey No. of Trlp:

Add Fee:

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

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Veh No:

SLT 6850D

Yr Regn:

12, 16

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

Truck / Trailer or

Make:

Mazda 3

C.C.

1496

Colour

M Black

A/C:

Insured / Std / NI / NA

Sp. Reading

136448

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JM8BM42A8G-0346404

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

205/60R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

21/8/22

D.O.I.

14/12/2022

Survey held at

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

C/S FM

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

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: 21/08/2022

TP Veh Reg No: SCP6883J

Estimate No: ES2291300/AMK

Date: 13 Dec 2022

Policy No: DMPG21014495

Veh Reg No: SLJ6850D

Make/Model: MAZDA 3 1.5

Chassis No: JM6BM42A8G0346404

Engine No: P520375242

Reg. Date: 21/12/2016

Estimate Repair Cost to Vehicle No :SLJ6850D

Description	U/Price	Quantity	List Price S\$	Amount S\$
List Price				
1 REMOVE & REFIX FRT BUMPER & ATTACHMENTS, HEADLAMP & REALIGN THE SAME	200.00	1 LA	200.00	<i>200</i>
2 PUTTY & RESPRAY FRT BUMPER & ATTACHMENTS, FRT RH FENDER & ALL AFFECTED AREAS	550.00	1 LA	550.00	<i>400</i>
			750.00	750.00
Total				S\$ 750.00
Add GST @ 7%				52.50
Total Amount Payable				S\$ 802.50

* SURVEY VEHICLE AT ANG MO KIO WORKSHOP

For Cheng Hoe Motor Pte Ltd

Not Authored
Survey After Paint

Dorlyn

AUTHORISED SIGNATURE

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 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	22/08/2022 23:44 (SGT)
Reported by	Driver
Date of Accident	21/08/2022 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	71 JALAN LEKAR OSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ6850D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE KOK KIONG
NRIC No	SXXXX223D
Email Address	noemail@gmail.com
Mobile Phone No	(Phone) +65-93366272
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1496

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG21014495

DRIVER

Name of Driver	LEE DE KAI SEVASTIAN
NRIC No	SXXXX073H
Date Of Birth	22/06/1999
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.

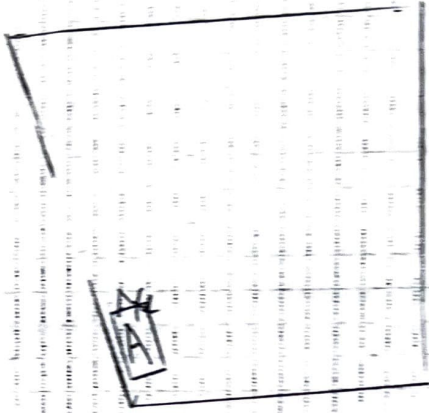
() Claim Own Policy (☒) Claim Third party () Reporting Only

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

Sketch Plan

A: SLJ6850D
(parked, no one in car)

Location: 71 Jalan Lekas OSC



Vehicle No: SLJ6850D (ER60)

Date & Time: 21/08/2022 @ 1600

(clean dry)

Refer to police report.

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

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