

ASS. REC. BY:

REF: ASM/

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

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: 889k

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

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

Est. Repairs: 06 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 04/29 Vehicle: IN / OUT

Person Contacted: \_\_\_\_\_

Veh No: Sgt 55582 Yr Regn: 08, 09Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: Toy Camry c.c. 2362Colour: M. Black A/C: Insured / Std / Nil / NASp. Reading: 389251 T/Radio: Insured / Std / Nil / NA

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

C/No: MR053BK4007035217Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/R/m / STD / A/R/m or

Tyre Size: F: 215/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or \_\_\_\_\_

Front Rear

R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.O.A. 27/9/22 D.O.I. 29/9/2022Survey held at 9.15pm

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

o/s Rear

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: \_\_\_\_\_

1)

☐ : Final Report

Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?

Survey Fee: \_\_\_\_\_

2)

Transportation: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ ) \$ - RS. \$☐ : Interview (\$ ) \$☐ : Tech Invs (\$ ) \$☐ : Weekend (\$ ) \$

Report Format :

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

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

SGT5558L

TP/AXA

M/S: AXA INSURANCE (S) PTE LTD  
8 SHENTON WAY  
#27-02 AXA TOWER  
SINGAPORE 068811

TEL: 63387288

FAX: 68804739

ATTN: Motor Claim Department

Estimate No: ES2290995/WL

Date: 29 Sep 2022

Policy No: 5045094849-12

Veh Reg No: SGT5558L

Make/Model: TOYOTA TOYOTA  
CAMRY 2.4 AUTO ABS  
AIRBAG

WS Ref: TP/AXA

Claim Type: Third Party

Accident Date: 27/09/2022

TP Veh Reg No: XE3967E

Chassis No: MR053BK4007035217

Engine No: 2AZE142225

Reg. Date: 19/08/2009

**Estimate Repair Cost to Vehicle No :SGT5558L**

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Description	U/Price	Quantity	List Price S\$	Amount S\$
<b>List Price</b>				
1 REAR BUMPER	799.80	1 PC	799.80	✓
2 REAR BUMPER LH RETAINER - A	79.70	1 PC	79.70	✓
3 REAR BUMPER LH RETAINER - B	68.50	1 PC	68.50	✓
4 REAR BUMPER CLIPS	3.80	6 PCS	22.80	✓
5 RH TAILLAMP	348.20	1 PC	348.20	✓
6 RH TAILLAMP PANEL	228.10	1 PC	228.10	✓
7 REAR RH FENDER	1,358.70	1 PC	1,358.70	✓
8 REAR RH FENDER INNER SHIELD	108.50	1 PC	108.50	X
9 REAR RH FENDER INNER SHIELD CLIPS	3.50	6 PCS	21.00	X
10 REAR RH FENDER AIR POCKET	105.60	1 PC	105.60	?
			3,140.90	
		Less 25%	785.23	2,355.68
<b>Special Net</b>				
11 REAR WINDSCREEN GLASS SEALANT	40.00	1 PC	40.00	✓
12 REVERSE SENSOR	200.00	1 SET	200.00	X
			240.00	240.00
<b>Labour</b>				
13 REMOVE & REFIX REAR BUMPER ASSY, TAILLAMP, KNOCK & REPAIR REAR END PANEL, REAR FENDER INNER PANEL, CUT, WELD & REPLACE DAMAGED PARTS	900.00	1 LA	900.00	800
14 REMOVE AND REFIX REAR WINDSCREEN GLASS	120.00	1 LA	120.00	✓
15 REMOVE & REFIX REAR SEATS, CARPET, TRIMMINGS, ETC	80.00	1 LA	80.00	✓
16 PUTTY & RESPRAY REAR BUMPER, REAR FENDER, REAR PANEL, TAILLAMP PANEL, WHEEL HOUSE	900.00	1 LA	900.00	750
17 RUSTPROOFING	60.00	1 LA	60.00	30
			2,060.00	2,060.00
			<b>Total</b>	<b>S\$ 4,655.68</b>
			<b>Add GST @ 7%</b>	<b>325.90</b>
			<b>Total Amount Payable</b>	<b>S\$ 4,981.58</b>

**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:

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 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 ..... 28/09/2022 18:00 (SGT)  
Reported by ..... Both  
Date of Accident ..... 27/09/2022 18:27 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... WOODLANDS AVE12 TOWARDS WOODLANDS  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGT5558L  
INSURED/POLICYHOLDER .....  
Is company? ..... No  
Name Of Registered Owner ..... CHNG SOON HOON(ZHUANG SHUNYUN)  
NRIC No ..... SXXXX634F  
Email Address ..... fionshchng@gmail.com  
Mobile Phone No ..... (Phone) +65-91886303  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... CAMRY 2.4 AUTO ABS AIRBAG  
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 ..... 2362

### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5045094849-12

### DRIVER

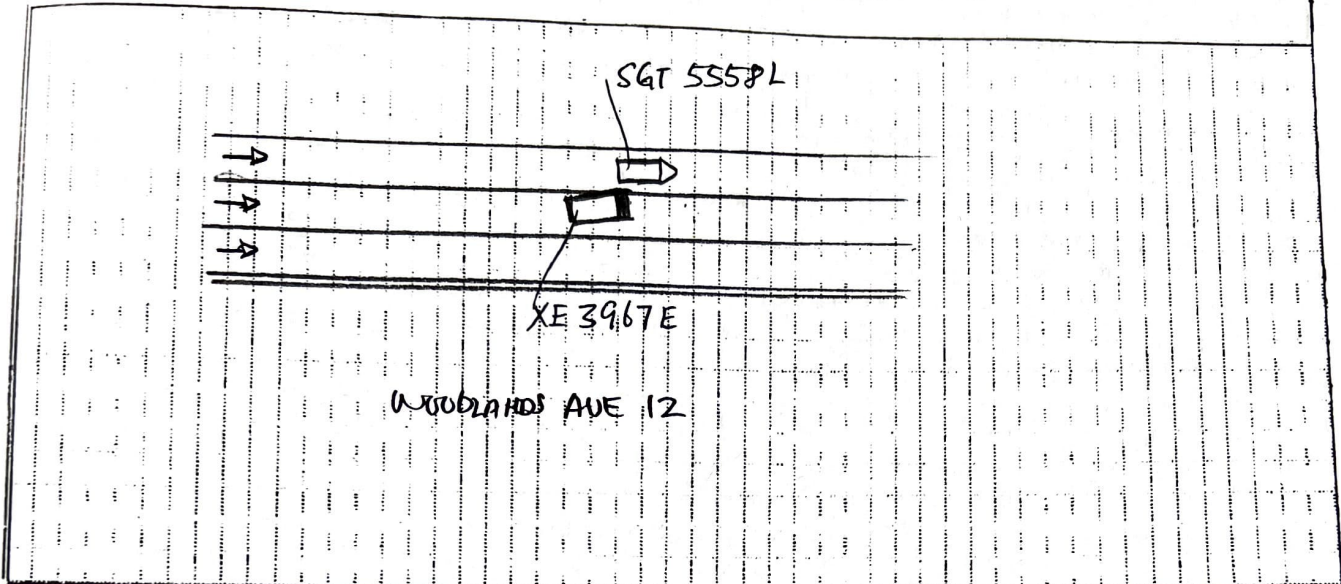
Name of Driver ..... CHNG SOON HOON(ZHUANG SHUNYUN)  
NRIC No ..... SXXXX634F  
Date Of Birth ..... 26/02/1975  
Occupation ..... Indoor

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



I was driving on the inner lane and suddenly there was a lorry which lane change abruptly and hit against my car (he was in the middle lane). There was no traffic light stop in front of me. (see video for detail)

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

28/9/22

Driver's Signature (if driver is not the policyholder) / Date & Time



28/9/22

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

(w L)