ASS. REC. BY: Kenneth | REF: AIS/2200886/KP

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Chey Hoe

of _____

Insured: _____

Policy No. _____

Claims No. _____

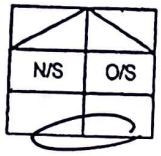
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: 30 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: GBG 5033L Yr Regn: 08/17

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

Make: Toy Hiace c.c 2982

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

Sp.Reading 135892 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFH T02P300221166

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 195 R15 X8

R: _____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	2 mm
L/Bal.	8 mm	L/Bal.	2 mm
D.O.A.	30/9/22	D.O.I.	12/10/2022

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
/	

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 ($ _____)

Survey Fee: _____

Transportation: ___ $ + RS. ___ SI

Parking: _____

Others: _____

TOTAL: _____

Report Format :

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

Cheng Hoe Motor Pte Ltd

GBG5033L
TP/Allianz

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 : ALLIANZ INSURANCE SINGAPORE PTE LTD
79 ROBINSON ROAD #09-01 SINGAPORE 068897

Not authorised
c/Rmp &
Recovery after Paint
6 days

TEL: 67143369
ATTN: Motor Claim Department

Claim No: **ES2291048**
Estimate No: **ES2291048/YISHUN**
Date: 12 Oct 2022
Policy No: MOMVC000009043-01-
Veh Reg No: **GBG5033L**
Make/Model: TOYOTA TOYOTA HIACE VAN TURBO 4DR AT

WS Ref: TP/ALLIANZ
Claim Type: Third Party
Accident Date: 30/09/2022
TP Veh Reg No: SLG1485Z

Chassis No: JTFHT02P300221166
Engine No: 1KD2703915
Reg. Date: 22/08/2017

Estimate Repair Cost to Vehicle No : GBG5033L

	Description	U/Price	Quantity	Cost S$	Amount S$
	Cost Plus				
1	REAR BUMPER	150.00	1 PC	150.00	
2	REAR BUMPER LH RETAINER	18.00	1 PC	18.00	
3	REAR BUMPER CLIPS	2.00	6 PCS	12.00	
4	LH TAILLAMP	105.00	1 PC	105.00	
5	LH TAILLAMP LOWER FILLER PANEL	45.00	1 PC	45.00	
6	REAR TAILGATE	750.00	1 PC	750.00	
7	TAILGATE OUTER GARNISH	65.00	1 PC	65.00	
8	TAILGATE CENTRE LOGO	28.00	1 PC	28.00	
9	TAILGATE STICKER - TOYOTA HIACE	25.00	1 PC	25.00	
10	TAILGATE INNER LOCK	95.00	1 PC	95.00	
11	TAILGATE LOCK STRIKER	38.00	1 PC	38.00	
12	TAILGATE INNER TRIM BOARD CLIPS	2.00	10 PCS	20.00	
13	TAILGATE WEATHER STRIP	135.00	1 PC	135.00	
14	REAR END PANEL OUTER	130.00	1 PC	130.00	
15	REAR END PANEL INNER	380.00	1 PC	380.00	
16	REAR END PANEL TOP GARNISH PLATE	50.00	1 PC	50.00	
17	REAR END PANEL LOWER BRACKETS	15.00	2 ~~4~~ PCS	60.00	
18	SPARE TYRE CARRIER	150.00	1 PC	150.00	
19	SPARE TYRE CARRIER HOOK	20.00	1 PC	20.00	
20	SPARE TYRE CARRIER BOLT	18.00	1 PC	18.00	
				2,294.00	
		Add 10%		229.40	2,523.40
	Special Net				
21	REVERSE SENSOR	200.00	1 SET	200.00	
22	REAR WINDSCREEN GLASS GUM	40.00	1 PC	40.00	
23	STICKER - 70KM/H	10.00	1 PC	10.00	
					250.00

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 : ALLIANZ INSURANCE SINGAPORE PTE LTD
79 ROBINSON ROAD #09-01 SINGAPORE 068897

TEL: 67143369
ATTN: Motor Claim Department

Claim No: **ES2291048**
Estimate No: **ES2291048/YISHUN**
Date: 12 Oct 2022
Policy No: MOMVC000009043-01-
Veh Reg No: **GBG5033L**
Make/Model: TOYOTA TOYOTA HIACE VAN TURBO 4DR AT
Chassis No: JTFHT02P300221166
Engine No: 1KD2703915
Reg. Date: 22/08/2017

WS Ref: TP/ALLIANZ
Claim Type: Third Party
Accident Date: 30/09/2022
TP Veh Reg No: SLG1485Z

Estimate Repair Cost to Vehicle No : GBG5033L

	Description	U/Price	Quantity	Cost S$	Amount S$	
	Labour					
24	REMOVE DAMAGED BUMPER,TAILGATE,REPAIR REAR FLOOR PANEL,LH SIDE BODY PANEL,LH INNER SIDE PANEL,CUT,WELD & REPLACE DAMAGED BODY PARTS	1,300.00	1 LA	1,300.00		1000/
25	REMOVE AND REFIX REAR WINDSCREEN GLASS	100.00	1 LA	100.00		✓
26	REMOVE & REFIX REVERSE CAMERA, REVERSE SENSOR	60.00	1 LA	60.00		✓
27	PUTTY & RESPRAY PAINT ON REAR BUMPER,TAILGATE,LH & RH SIDE PANELS,REAR END PANEL,FLOOR PANEL	1,150.00	1 LA	1,150.00		1000/
28	RUSTPROOFING	80.00	1 LA	80.00		60/
29	TO REWRITE ADVERTISEMENT	260.00	1 LA (Bill)	260.00		?
					2,950.00	

Total	S$ 5,723.40
Add GST @ 7%	400.64
Total Amount payable	S$ 6,124.04

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 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	01/10/2022 14:54 (SGT)
Reported by	Driver
Date of Accident	30/09/2022 15:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF JOO CHIAT RD /DUNMAN RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5033L

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	VEEDA ENGINEERING PTE.LTD.
Company Reg No	2XXXXX271E
Email Address	jackyfeng@veedaeng.com
Mobile Phone No	(Phone) +65-93372162
Alternative Phone No	(Office) +65-62610051

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	HIACE VAN TURBO 4DR AT
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	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Great American Insurance Company
Policy Number / Cover Note Number	MOMVC000009043-01-000

DRIVER

Name of Driver	LI ZHONGYAO
Passport No/FIN	GXXXX880W
Date Of Birth	23/01/1991
Occupation	Outdoor

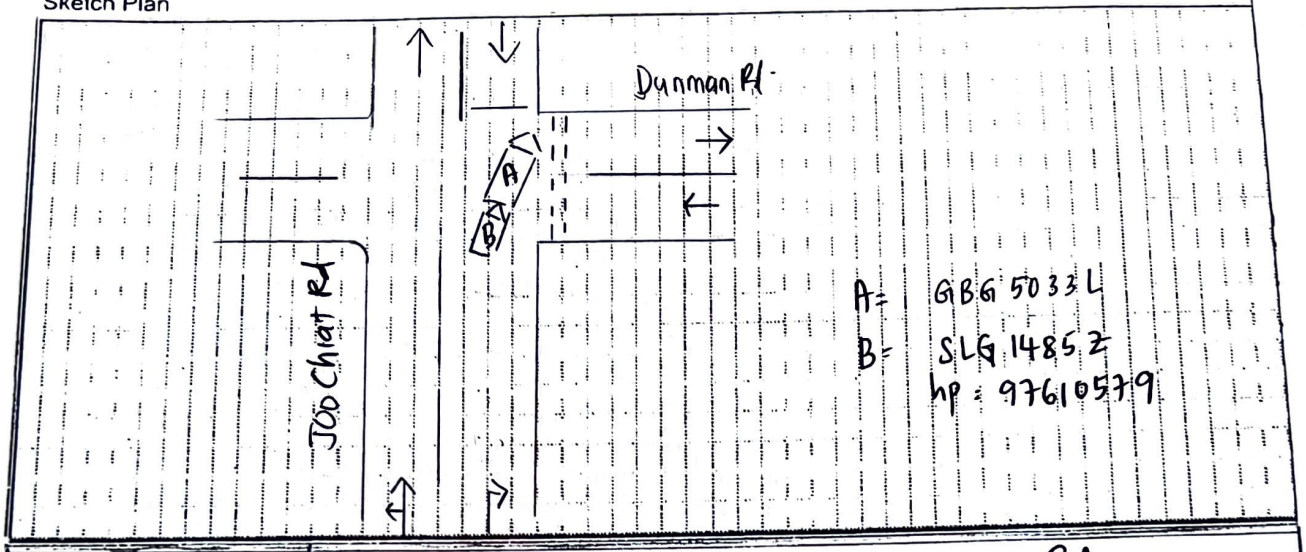
Describe Circumstance of the Accident

** 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



Dog : 30/9/22 Time : 1550hrs Ins : GA

I stop to give way to pedestrian crossing. Subsequently, I felt an impact on the rear and realized m/car (B) had collided onto my vehicle. I got down of my vehicle to check. Driver of m/car (B) apologized and gave me his handphone number. After that, we drive off from the scene in order not to block traffic.

No injuries on anyone. Both vehicles have no passengers. Clear, dry weather condition.

I further discovered that the rack inside my vehicle was also damaged due to the accident impact.

Declaration

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

VEEDA ENGINEERING PTE LTD

Policyholder's Signature / Date & Time

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

1/10/22 (CYS)

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