ASS. REC. BY: Kenneth | REF: MSG/22010923/ky

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.

N/S	O/S

Bal. or Market Value: $118k

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: SMH6787 Yr Regn: 11/16

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

Make: Mc E200 c.c 1991

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

Sp.Reading 78097 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2130422A 078932

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: 245/45R18

R: _____

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	6 mm
L/Bal.	5 mm	L/Bal.	6 mm
D.O.A.	28/10/22	D.O.I.	21/12/2022

Survey held at ✓

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

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

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: 28/10/2022
TP Veh Reg No: SLV3948M

Not Authorised
L/Lamp &
Recovery After Paying
4 days

Estimate No: ES2291330/AMK
Date: 20 Dec 2022
Policy No: DMPCSNA00119032201
Veh Reg No: SMH678Z
Make/Model: MERCEDES BENZ E200
Chassis No: WDD2130422A078932
Engine No: 27492030779870
Reg. Date: 21/11/2016

Estimate Repair Cost to Vehicle No :SMH678Z

	Description	U/Price	Quantity	List Price S$	Amount S$
	List Price				
1	FRONT BUMPER	1,975.00	1 PC	1,975.00	
2	FRONT BUMPER RH SIDE RETAINER	24.00	1 PC	24.00	
3	HEADLAMP RH	3,870.00	1 PC	3,870.00	
4	FRONT RH FENDER	1,180.00	1 PC	1,180.00	
5	FRONT RH FENDER INNER SHIELD CLIP	10.00	6 PC	60.00	
6	FRONT RH RIM 18"	740.00	1 PC	740.00	18 alum
				7,849.00	
			Less 10%	784.90	7,064.10
	Labour				
7	REMOVE & REFIX FRT BUMPER & ATTACHMENTS,GRILLE,HEADLAMP,FRT RH FENDER;KNOCKING & REPAIR FRT RH FENDER INNER PANEL & REALIGN THE SAME	700.00	1 LA	700.00	45 01
8	PUTTY & RESPRAY FRT BUMPER & PARKING SENSORS,FRT RH FENDER & INNER PANEL & ALL AFFECTED AREAS	700.00	1 LA	700.00	45 01
9	REMOVE & REFIX FRT RH RIM,TYRE,BALANCE & REALIGN THE SAME	50.00	1 LA	50.00	20 01
10	TO CONDUCT COMPUTERIZED WHEEL ALIGNMENT	80.00	1 PC	80.00	60 01
11	RUSTPROOFING	30.00	1 LA	30.00	
				1,560.00	1,560.00

Total	S$ 8,624.10
Add GST @ 7%	603.69
Total Amount Payable	S$ 9,227.79

* SURVEY VEHICLE AT ANG MO KIO WORKSHOP

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 re-surveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:

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	31/10/2022 22:20 (SGT)
Reported by	Driver
Date of Accident	28/10/2022 19:38 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN AVE 9
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH678Z

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RISHENG CONSTRUCTION & TRADE PTE LTD
Company Reg No	2XXXXX129W
Email Address	rishengconstn@gmail.com
Mobile Phone No	(Phone) +65-91915980
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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	1991

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00119032201

DRIVER

Name of Driver	XU CHUANBO
NRIC No	SXXXX142Z
Date Of Birth	16/12/1977
Occupation	Indoor

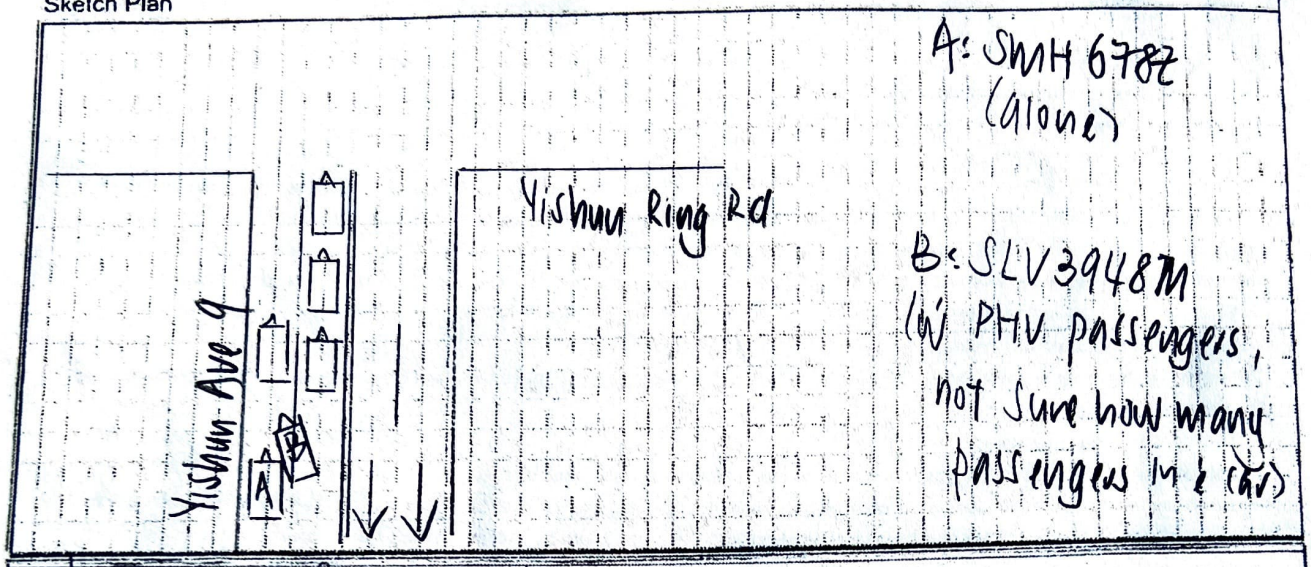
Describe Circumstance of the Accident

** 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: SMH 6787 (China)
Date & Time: 28/10/22 @ 1938 (Weekday)

I follow front vehicles to move forward, m/car SLV3948M steered into my lane without checking and collided onto my vehicle front RH portion. 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

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