

ASS. REC. BY:

REF:

A6/ 22011258/Kp

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:

Policy No.

Claims No.

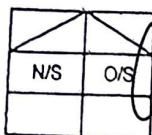
Sum Insured:

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 Report:

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:

PKU 40796

Yr Regn: 07.15

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

Truck / Trailer or

Make:

Mini

One

c.c

1198

Colour

n. Red

A/C: Insured / Std / NI / NA

Sp. Reading

6756P

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WMWXS120702C 73453

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD / Rlm or

Tyre Size:

F:

R:

195/55R16

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.

6/11/22

D.O.I.

17/11/2022

Survey held at

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

O/S body

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair:

1)

☐

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

) S + RS. \$

) Extras

) 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

SKU 4079G
TP/AIG

M/S: AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY
#07-16 AIG BUILDING
SINGAPORE 079120

TEL: 64193000

ATTN: Motor Claim Department

WS Ref: TP/AIG
Claim Type: Third Party
Accident Date: 06/11/2022
TP Veh Reg No: SLZ1282S

Not Authorize
11 Reg B
FAX: 64193727

Resurvey After Paint

Estimate No:

Date:

Policy No:

Veh Reg No:

Make/Model:

Chassis No:

Engine No:

Reg. Date:

ES2291183/WS

17 Nov 2022

SP2001124319-01

SKU4079G

MINI MINI ONE SDR HB

1.2 A/T D/AB ABS DSC

WMWXS120702C73453

F9491164B38A12A

24/07/2015

Estimate Repair Cost to Vehicle No :SKU4079G

Description	U/Price	Quantity	List Price S\$	Amount S\$
List Price				
1 FRONT RH FENDER		1 PC		
2 FRONT RH FENDER WHEEL ARC TRIM		1 PC		
3 FRONT RH DOOR		1 PC		
4 FRONT RH DOOR MIRROR HOUSING		1 PC		
5 FRONT RH DOOR MIRROR COVER		1 PC		
6 FRONT RH DOOR MIRROR GLASS		1 PC		
7 FRONT RH DOOR LOWER RUBBER SEAL		1 PC		
8 REAR RH DOOR		1 PC		
9 REAR RH DOOR FORWARD RUBBER SEAL		1 PC		
10 REAR RH DOOR LOWER RUBBER SEAL		1 PC		
11 REAR RH FENDER WHEEL ARCH TRIM		1 PC		
12 RH ROCKER PANEL GARNISH		1 PC		
13 RH ROCKER PANEL GARNISH CLIPS		1 PC		
14 RH ALLOY WHEEL RIM		2 PC		
			0.00	0.00
Labour				
15 REMOVE DAMAGES PARTS AND ATTACHEMENTS. PANEL BEAT AND REPAIR RH CENTRE PILLAR, TRANSFER DOOR ATTACHMENTS, RENEW DAMAGED RH SIDE BODY PARTS AND SIDE MIRROR	800	1 LA	800.00	650
16 RESET ECU	200	1 LA	200.00	?
17 RESET WHEEL ALIGNMENT	60	1 LA	60.00	✓
18 SPRAY PAINTING ON FRT RH FENDER, RH DOORS AND CENTRE PILLAR.	100	1 LA	100.00	1000
19 REMOVE AND REFIT FRT AND REAR RH DOOR GLASS	120	1 LA	120.00	✓
20 REMOVE AND REFIT FRT AND REAR SPORTS RIM. PUTTY AND RESPRAY.	360	1 LA	360.00	7
			1,640.00	1,640.00

Total

S\$ 1,640.00

Add GST @ 7%

114.80

Total Amount Payable

S\$ 1,754.80

For Cheng Hoe Motor Pte Ltd

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 07/11/2022 18:28 (SGT)
 Reported by Both
 Date of Accident 06/11/2022 00:07 (SGT)
 Exact Location of Accident Singapore
 Additional Location Information SEMBAWANG ROAD
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKU4079G

INSURED/POLICYHOLDER

Is company? No
 Name Of Registered Owner YAP FONG CHERN
 NRIC No SXXXX488D
 Email Address serene-yap@hotmail.com
 Mobile Phone No (Phone) +65-94561873
 Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mini
 Model ONE 5DR HB 1.2 A/T D/AB ABS DSC
 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 1198

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
 Policy Number / Cover Note Number -

DRIVER

Name of Driver YAP FONG CHERN
 NRIC No SXXXX488D
 Date Of Birth 14/04/1981
 Occupation Indoor

Circumstance of the Accident

NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS 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. SKU 4079G
B. SLZ 1282S
HP. 96444952
(Johnathan)

Sembawang Rd

A B

DoA: 5/11/22 11:30 pm

Traffic light turn green I proceed to go straight. SLZ 1282S
cut into my lane & hit onto my vehicle right portion.

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

(YS) ong 7/11/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)