

ASS. REC. BY:

REF:

11P/23000190K

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:

days

Res.: Yes or No

Lum Sum:

1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

GBK 1875D

Yr Regn:

021 20

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

Truck / Trailer or

Make:

NIS

NV200

c.c

1597

Colour

Black

A/C: Insured / Std / NI / NA

Sp. Reading

76261

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VM 20 140462

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

175/70R14

R:

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

TOYO / YOKO or

Front

R/Bal.

9

mm

Rear

R/Bal.

7

mm

L/Bal.

9

mm

L/Bal.

7

mm

D.O.A.

19/12/22

D.O.I.

10/1/2023

Survey held at

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

6/14

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

S - RS. SI

Fees

Others

TOTAL

Report Format:

ump 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

GBK1875D
 TP/Liberty

M/S: LIBERTY INSURANCE PTE LTD

51 CLUB STREET
 #03-00 LIBERTY HOUSE
 SINGAPORE 069428

TEL: 62218611

FAX: 62241047

ATTN: Motor Claim Department

WS Ref: TP/LIBERTY

Claim Type: Third Party

Accident Date: 19/12/2022

TP Veh Reg No: SLT869M

Estimate No: ES2300027/WS

Date: 10 Jan 2023

Policy No: 5124148684

Veh Reg No: GBK1875D

Make/Model: NISSAN NISSAN NV200
 DX-2 1.6 AUTO

Chassis No: VM20140462

Engine No: HR16157825D

Reg. Date: 04/02/2020

Estimate Repair Cost to Vehicle No :GBK1875D

Description	U/Price	Quantity	List Price	Amount
			S\$	S\$
Net Price				
1 FRONT BUMPER	584.50	1 PC	584.50	✓
2 FRONT BUMPER LH RETAINER	28.00	1 PC	28.00	X
3 FRONT BUMPER CLIPS	5.00	6 PCS	30.00	✓
4 FRONT BUMPER UPPER SIDE PADS	398.20	2 PCS	796.40	?
5 FRONT BUMPER SPONGE	388.80	1 PC	388.80	?
6 FRONT BUMPER REINFORCEMENT	818.20	1 PC	818.20	?
7 REAR BUMPER	528.40	1 PC	528.40	✓
8 REAR BUMPER LH RETAINER	45.40	1 PC	45.40	✓
9 REAR BUMPER CLIPS	5.00	6 PCS	30.00	✓
10 LH TAILLAMP	272.20	1 PC	272.20	✓
11 REAR TAILGATE	2,231.70	1 PC	2,231.70	✓
12 TAILGATE LOGO	70.00	1 PC	70.00	✓
13 TAILGATE EMBLEM (NV200)	101.90	1 PC	101.90	✓
14 TAILGATE EMBLEM (VANETTE)	70.00	1 PC	70.00	✓
15 TAILGATE OUTER GARNISH	380.00	1 PC	380.00	✓
16 TAILGATE WEATHER STRIP	105.00	1 PC	105.00	✓
17 TAILGATE UPPER INNER LOCK	129.50	1 PC	129.50	✓
18 TAILGATE LOCK STRIKER	35.00	1 PC	35.00	?
19 TAILGATE INNER TRIM BOARD	213.80	1 PC	213.80	✓
20 REAR WINDSCREEN GLASS	1,424.00	1 PC	1,424.00	X
21 REAR WIPER ARM CAP	12.00	1 PC	12.00	✓
22 LH SLIDING DOOR INNER PULL HANDLE	80.50	1 PC	80.50	?
			8,375.30	
Less 10%			837.53	7,537.77
Special Net				
23 REAR WIPER ARM	45.90	1 PC	45.90	X
24 REAR WIPER MOTOR	258.50	1 PC	258.50	?
25 REAR END PANEL OUTER	124.50	1 PC	124.50	?
26 FRONT NUMBER PLATE	35.00	1 PC	35.00	✓
27 REAR NUMBER PLATE	35.00	1 PC	35.00	✓
28 REAR WINDSCREEN GLASS GUM	40.00	1 PC	40.00	✓
29 REVERSE SENSOR	200.00	1 SET	200.00	✓
30 STICKER - 70KM/H	10.00	1 PC	10.00	✓
31 STICKER - 5 PAX	10.00	1 PC	10.00	✓
			758.90	758.90

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			S\$	S\$
Labour				
32 REMOVE FRT END DAMAGED BUMPER,HEADLAMPS,WIRE HARNESS,PARTS & ATTACHMENTS,PANEL BEAT & REPAIR FRT SUPPORT PANEL,INNER PANELS,REALIGN & REPLACE FRT END DAMAGED BODY PARTS	400.00	1 LA	400.00	2501
33 SPRAY PAINTING-FRT BUMPER PADS,FRT INNER PANEL	450.00	1 LA	450.00	2401
34 REMOVE AND REFIX REAR WINDSCREEN GLASS	120.00	1 LA	120.00	✓
35 REMOVE & INSTALL REAR INTERIOR TRIMS / GARNISHES,ETC. REPLACE REAR FLOOR WOODEN BOARD	120.00	1 LA	120.00	601
36 REMOVE REAR END DAMAGED BUMPER,TAILGATE & ATTACHMENTS,PANEL BEAT & REPAIR REAR FLOOR PANEL,REAR END INNER PANEL,LH REAR SIDE BODY PANEL,LH LAMP PILLAR,CUT,WELD & REPLACE FRT REAR DAMAGED BODY PARTS	1,100.00	1 LA	1,100.00	8001
37 SPRAY PAINT-TAILGATE,REAR END PANEL,REAR FLOOR PANEL,LH REAR SIDE PANEL,LH LAMP PANEL & REAR INNER PANELS	950.00	1 LA	950.00	8001
38 RUSTPROOFING	70.00	1 LA	70.00	601
39 RE-DO ARTWORK AND APPLY BODY ADVERTISING STICKERS	380.00	1 LA (Bill)	380.00	7
			3,590.00	3,590.00

Total S\$ 11,886.67

Add GST @ 8% 950.93

Total Amount Payable S\$ 12,837.60

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	22/12/2022 18:31 (SGT)
Reported by	Driver
Date of Accident	19/12/2022 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WEST COAST RD INFRONT BOON LEAT TERRACE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK1875D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SATYARAM PTE LTD
Company Reg No	2XXXXX216C
Email Address	sales@satyarampl.com
Mobile Phone No	(Phone) +65-67605425
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	NV200 DX-2 1.6
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	1597

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5124148684

DRIVER

Name of Driver	GAYEATHRI D/O K RAMASHAMY MRS MUHAMAD RAZEM
NRIC No	SXXXX423G
Date Of Birth	05/03/1990
Occupation	Outdoor

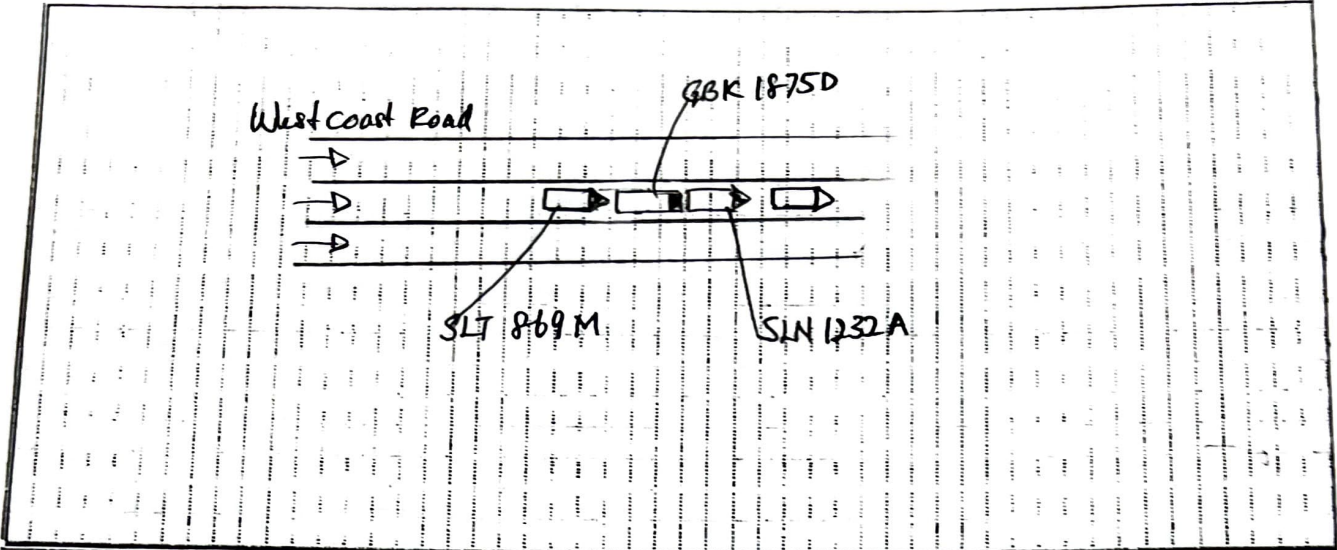
Describe Circumstance of the Accident

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

Sketch Plan



POLICE REPORT

REFER

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)