ASS. REC. BY: Kenneth | REF: PCL

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Chery 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: $ 92k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: I.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SMS 5337S Yr Regn: 02 2.0

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

Make: Seat Leon c.c 999

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

Sp.Reading 47255 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VSSZZZ5FZ·JR148542

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 205/55R16

R: _____

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.	11/1/23	D.O.I.	8/2/2023

Survey held at _____

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

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

Date / Time	Action / Instruction
1	
2	
3	
4	
5	
6	

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: ___S - 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

SMS5337S
TP/FC

M/S : MS FIRST CAPITAL INSURANCE LTD
36 ROBINSON ROAD
#16-01 CITY HOUSE
SINGAPORE 068877
TEL: 65073848 FAX: 65073849
ATTN: Motor Claim Department \ THE MOTOR

Not Authorised
Resurvey B4 paint
2 days

WS Ref:	TP FC
Claim Type:	Third Party
Accident Date:	11/01/2023
TP Veh Reg No:	SMB1430X

Estimate No:	**ES2300118**
Date:	07 Feb 2023
Policy No:	
Veh Reg No:	**SMS5337S**
Make/Model:	SEAT SEAT LEON ST 1.0 TSI 116 STYLE 7AT
Chassis No:	VSSZZZ5FZJR148542
Engine No:	CHZ469608
Reg. Date:	28/02/2020

Estimate Repair Cost to Vehicle No :SMS5337S

	Description	U/Price	Quantity	List Price S$	Amount S$
	List Price				
1	REAR BUMPER	2,100.00	1 PC	CM 2,100.00	
2	REAR BUMPER REINFORCEMENT	1,040.00	1 PC	1,040.00	
3	REAR BUMPER LOWER SKIRTING	538.00	1 PCS	538.00	
4	REAR BUMPER PDC SENSOR RH	298.00	1 PC	298.00	
5	REAR BUMPER PDC SENSOR HOLDER	20.00	1 PC	20.00	
6	REAR BUMPER PDC SENSOR WIRE HARNESS	398.00	1 PC	398.00	
7	REAR BUMPER REFLECTOR RH	72.00	1 PC	CM 72.00	
8	TAILLAMP RH	520.00	1 PC	520.00	
				4,986.00	
			Less 10%	498.60	4,487.40
	Labour				
9	TO REMOVE AND REFIX REVERSE SENSOR AND RESET SYSTEM	50.00	1 LA	50.00	
				50.00	
			Less 10%	5.00	45.00
10	TO REMOVE AND REFIX REARE END DAMAGED BUMPER, WIRE HARNESS AND ATTACHMENT, PANEL BEAT AND REPAIR RR ENDPANEL, RH TAILLAMP PANEL, ALIGN AND REPLACE END DAMAGED BODY PARTS	400.00	1 LA	400.00	2 cal
11	TO SPRAY PAINTING ON REAR BUMPER, REAR END PANEL AND REAR REINFORCEMENT	400.00	1 LA	400.00	2 cal
				800.00	800.00
				Total	S$ 5,332.40
				Add GST @ 8%	426.59
				Total Amount Payable	S$ 5,758.99

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	12/01/2023 09:59 (SGT)
Reported by	Both
Date of Accident	11/01/2023 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SEMBAWANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS5337S

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN KOK HAN
NRIC No	S7716897D
Email Address	TANKEE14C@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-91721373
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Seat
Model	LEON 1.0
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	1000

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5116333062-02

DRIVER

Name of Driver	TAN KOK HAN
NRIC No	S7716897D
Date Of Birth	21/06/1977
Occupation	Indoor

SKETCH PLAN

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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "**Purposes**")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

13/1/23 0940

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)

Sketch Plan