

ASS. REC. BY:

REF:

105/230077111Kn

ASSIGNMENT

Kenneth

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

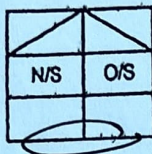
Excess:

(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 Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

07 days

Res.: Yes or No

Lum Sum:

26 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GBG 8025

Yr Regn:

05, 17

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

Truck / Trailer or

Make:

N/S NV350

C.G.

Colour

Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

142731

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: M/T S/Rim / STD A/Rim or

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

28/7/23

Survey held at

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

) \$ + RS. SI

) Fines

) Others

Report Format:

Lump Sum / I.B.I.: (\$

TOTAL

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

GBG 8025
 TP/ECICS

Not Authorised

11 Ruy B

M/S: ECICS LIMITED
 10 EUNOS ROAD 8
 SINGAPORE POST CENTRE, 09-04A
 SINGAPORE 408600

TEL: 63374779 FAX: 63389267
 ATTN: Motor Claim Department \ JING JING
 WS Ref: TP/ECICS
 Claim Type: Third Party
 Accident Date: 28/07/2023

Estimate No: ES2300785
 Date: 31 Jul 2023
 Policy No: M0011047
 Veh Reg No: GBG8025
 Make/Model: NISSAN NV350
 Chassis No: JN1MC2E26Z0008012
 Engine No: YD25416773A
 Reg. Date: 31/05/2017

Estimate Repair Cost to Vehicle No :GBG8025

Description	U/Price	Quantity	List Price S\$	Amount S\$
Net Price	743.00	1 PC	743.00	—
1 REAR BUMPER	191.50	1 PC	191.50	✓
2 REAR BUMPER CENTRE BRACKET	3.85	6 PC	23.10	✓
3 REAR BUMPER CLIP	9.10	2 PC	18.20	✓
4 REAR BUMPER SIDE CLIP	2,021.80	1 PC	2,021.80	✓
5 REAR TAILGATE	72.20	1 PC	72.20	✓
6 TAILGATE LOGO	655.90	1 PC	655.90	✓
7 TAILGATE OUTER MOULDING	122.40	1 PC	122.40	✓
8 TAILGATE EMBLEM 'NV350' & 'URVAN'	319.30	1 PC	319.30	✓
9 TAILGATE INNER LOCK	149.50	1 PC	149.50	✓
10 TAILGATE INNER RUBBER	163.80	1 PC	163.80	✓
11 REAR END PANEL OUTER	513.50	1 PC	513.50	✓
12 REAR END PANEL INNER	76.70	1 PC	76.70	✓
13 REAR END PANEL INNER TOP BEAM			5,070.90	
			507.09	4,563.81
		Less 10%		
Special Net	40.00	1 PC	40.00	✓
14 REAR WINDSCREEN GLASS SEALANT	200.00	1 PC	200.00	✓
15 REVERSE SENSOR			240.00	240.00
Labour	100.00	1 LA	100.00	✓
16 REMOVE AND REFIX REAR WINDSCREEN GLASS	1,000.00	1 LA	1,000.00	✓
17 REMOVE & REFIX REAR BUMPER ASSY, TAILGATE, REAR LOCK, REAR WIPER ASSY; TO CUTTING & RENEW REAR END PANEL; TO KNOCK OUT, REPAIR REAR FLOORBOARD PANEL & REALIGN THE SAME	980.00	1 LA	980.00	✓
18 PUTTY & RESPRAY ON REAR RH SIDE PANEL, RH TAILLAMP PANEL, TAILGATE, REAR END PANEL INNER & OUTER, REAR BUMPER	60.00	1 LA	60.00	✓
19 RUSTPROOFING	300.00	1 LA	300.00	✓
20 TO REWRITE ADVERTISEMENT			2,440.00	2,440.00
			Total	S\$ 7,243.81
			Add GST @ 8%	579.50
			Total Amount Payable	S\$ 7,823.31

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

Daly

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 First Submission	28/07/2023 17:04 (SGT)
Reported by	Actual Driver
Date of Accident	28/07/2023 12:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN AVE 6 TWDS YISHUN AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG802S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	GOOD PRICE CENTRE
Company Reg No	5XXXX334B
Email Address	gpc6868@gmail.com
Mobile Phone No	(Phone) +65-98569286
Alternative Phone No	(Office) +65-62877831

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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	Manual
CC	2488

INSURANCE COMPANY

Name of Insurance Company	Etiga Insurance Pte Ltd
Policy Number / Cover Note Number	M0011047

DRIVER

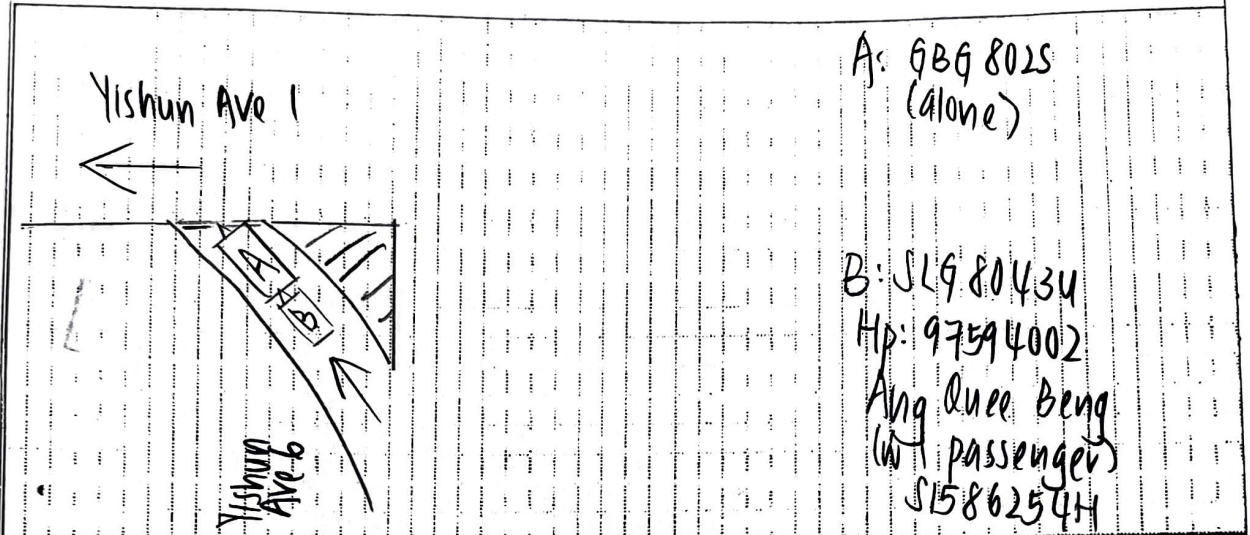
Name of Driver	LIEW SAN SAH
NRIC No	SXXXX139J
Date Of Birth	11/10/1957
Occupation	Outdoor

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



Vehicle No: GBG 002S (Etiga)
Date & Time: 28/07/23 @ 1220 (clear/dry)

I stop before the stop line, looking out for traffic on the right. Motor car SLG 8043U came from behind and hit onto the rear portion of my stationary van. No one was injured.

Declaration

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

GOOD PRICE CENTRE

9 Yishun Industrial Street 1
#07-71 North Spring Bizhub
Singapore 768163

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) (YS)