ASS. REC. BY: Kenneth

REF: C121

ASSIGNMENT

From: ______ Date: ______

Estimated Cost: ______

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

To Inspect Vehicle No: ______

at Workshop m/s Ready Auto

of 0223

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: $80k

IDAC Accident Rport: ______ Consistent? : Yes or No

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

Est. Repairs: 05 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: SJR1922U Yr Regn: 09, 17

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

Make: Mc C180 c.c 1595

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

Sp.Reading 78596 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: WDD2050402R 309420

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: 225/50R17

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. 10/8/24 D.O.I. 14/8/2024

Survey held at ______

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

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

Date / Time	Action / Instruction
/	W/Shop said part by part

Date/Time, File Pass to? ______

☐ : Prell. Report

☐ : Final Report

Date/Time, File Return to? ______

Days Of Repair: ______

Resurvey No. of Trip: ______

Add Fee: ☐ : Site Insp ($ ______)

☐ : Interview ($ ______)

☐ : Tech Invs ($ ______)

☐ : Weekend ($ ______)

Survey Fee:

Transportation:

___S + RS.___SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: ($ ______)

Ready Auto Care Pte Ltd - We Care For All Your Car Needs

Blk 10 # 03-06 AMK Auto Point, Ang Mo Kio Ind Park 2A, Ang Mo Kio Ave 5. Singapore 568047
Tel : 64810304 Fax : 64815587 Reg No : 200600989K GST No : 200600989k

China Taiping Insurance (Singapore) Pte Ltd Not Without Battery B&P pain **Repair Estimate**
Motorcar Claim Department
Attn Officer In Charge Date : 13/8/2024

Accident Involving SJR1922U & YQ2287R On 10/08/2024 At AMK Ave 4 Carpark

Car No : SJR1922U Mercedes C180

Item	Descriptions	Amount	
1	Front Right Fender	$ 728.00	
2	RH Headlamp	$ 2,295.80	
3	RH Headlamp Lower Bracket	$ 226.00	
4	Front Right Fender Inne Shield	$ 94.50	
5	Front Bumper	$ 1,250.00	
6	Front Bumper Inner Center Bracket	$ 223.00	
7	Mercedes Logo	$ 75.00	
8	Front Bumper Center Bracket Aluminium	$ 656.30	
9	Front Right Bumper Retainer	$ 32.00	
10	Radar Sensor	$ 1,120.00	?
11	Bonner Active RH & LH @$232 X 2	$ 464.00	?
12	Front Right Upper Arm	$ 695.00	?
13	Front Right Knuckle Arm	$ 843.20	?
14	Front Right Shock Absorber	$ 598.00	?
15	Front Right Wheel Bearing	$ 455.00	?
16	Front Right Wheel Cap	$ 48.00	X
17	Front Right Pressure Sensor	$ 265.50	?
	Total For Parts (Nett)	**$ 10,069.30**	

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:

S/N	Item (s)		
1	Front Bumper Clips - 1 Set	$	55.00
2	Front Right Sport Rim	$	850.00
3	King Trollery Towing Service	$(Bill)	100.00
	Total For S/N	**$**	**950.00**

	Labour & Misc		
1	To Remove All Damaged Parts, Knock Out Dents, Jack Out Damaged Panel Adjust, Replace, Reshape, Cut, Weld, Refix & Realign Body Structure	$	1,500.00
2	Spray Painting For New And Repair Parts Including Supply Of Paints Materials	$	800.00
3	Remove & Replace Undecariage Damaged Parts & Tyre Pressure Sensor	$	450.00
4	Computerise 4 Wheels Alignment & Balancing	$	100.00
5	Computerise Reprogramming Randa Sensor & All False Memory	$	350.00
6	Cavity Preservation On All Affected Areas	$	100.00
		$	**3,300.00**

Ready Auto Care Pte Ltd
Sulynn - 96606551

Total For Parts & Labour **$ 14,319.30**

No Of Days For Repair ~~6~~ 5 Days

SC1R248C0001-01 / ComfortDelGro Engineering Pte Ltd [579701]
ENTRY DATE & TIME: 12/08/2024 12:09 (SGT)
SUBMITTED BY: Johari Husin
VERSION: 2 (12/08/2024 15:14 (SGT))

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 First Submission	12/08/2024 12:09 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/08/2024 14:46 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 629, ANG MO KIO AVE4 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR1922U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEAH KIM TEE
NRIC No	SXXXX022B
Email Address	seahkimtee@hotmail.com
Mobile Phone No	(Phone) +65-82006898
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	2000
Vehicle Fuel	-
First Regisration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1700049497-06

DRIVER

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) [illegible]

(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.

Policyholder's Signature / Date & Time

12/8/24

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan