

MAETH

From:
Estima

REF: 1621

ASS. REC. BY:

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Optima

of _____

Insured: _____

Policy No. _____

Claims No. _____

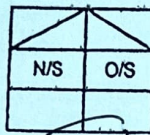
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value: \$36k

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

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

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP / 24 HRS

Date: 08/16 Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMP 2207U Yr Regn: 111 11

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

Truck / Trailer or

Make: M S300L 2887

Colour: M-Black AC: Insured / Std / NI / NA

Sp. Reading: 247092 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2211542A 434904

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 A/B or

Tyre Size: F: _____

R: 255/40R19

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

TOYO / YOKO or

Front

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 14/8/24

Rear

R/Bal. 8 mm

L/Bal. 8 mm

D.O.I. 26/8/2024

Survey held at _____

Des. of Damages: Frt / Rear / OIS / NIS / UIC / Rooftop or

The UIC / 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. \$ _____

), Fuel \$ _____

), Others \$ _____

TOTAL

Report Format :

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

Date: 19-8-2024
Vehicle No: SMP2207U
Model: MERCEDES BENZ S300L
Chassis: WDD2211542A434904
Reg.Year: 24.11.2011

Third Party Insurer: FCIL
Third Party Veh No: SHB5813H
Date of Accident: 14/08/2024
Estimator: Loong
Surveyor:

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR BUMPER	1		\$2,100.00
2	REAR REVERSE SENSOR	2	\$300.00	\$600.00
3	REAR LH BUMPER RETAINER	1		\$110.00
4	REAR BUMPER REINFORCEMENT	1		\$850.00
5	REAR END PANEL	1		REPAIR
6	REAR BOOT	1		REPAIR
SUB TOTAL				\$3,660.00
LESS 10%				-\$366.00
PARTS TOTAL				\$3,294.00

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR BUMPER CLIPS	1		\$50.00
2	REAR REVERSE SENSOR MOUNTING BRACKET	1		\$350.00
S/N TOTAL				\$400.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST REAR ACCIDENT AREAS & ETC.

229
\$600.00

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR BOOT, REAR BUMPER, REAR END PANEL & ETC.

259
\$800.00

LABOUR CHARGES TO REMOVE & REPLACE REAR BUMPER REVERSE SENSOR & ETC.

\$100.00

TO DIAGNOSTIC AND RESET RADAR SENSOR FAULT CODE

229
\$250.00

TO CHECK WIRING & ELECTRICAL SYSTEM.

\$100.00

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

LABOUR TOTAL \$1,850.00

TOTAL \$5,544.00

Head office

6 Kung Chong Road Singapore 159143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Drive Singapore 554500
Tel: (+65) 6484 9918 | Fax: (+65) 6481 1993

Signature:

Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011



SO03248F0002 / OPTIMA WERKZ PTE LTD
ENTRY DATE & TIME: 15/08/2024 15:06 (SGT)
SUBMITTED BY: EE YING YI
VERSION: 1 (15/08/2024 15:06 (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 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	15/08/2024 15:06 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/08/2024 18:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE (AYE) 7.5KM LAMPOST 413F
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP2207U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KANAN S/O PACKRISAMY
NRIC No	SXXXX105E
Email Address	TRUEBLUECONSULT@GMAIL.COM
Mobile Phone No	(Phone) +65-90217012
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	MERCEDES BENZ
Model	S300L
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2997
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI23V14853/VPE/R02

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 Authorised 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. The 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.

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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



on cte (AYE)
7.5km Lamp. 7 413F

(A) SMP22074

(B) SHB5813H

(C) SLL6952H

