

id / NI / NA

509

40

MTSU

R/Bal

L/Bal

D.O.

ASS. REC. BY:

REF: FOL/

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. _____

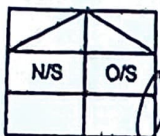
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: \$122k

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

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

Veh No: SNJ9802A Yr Regn: 07, 16

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

Truck / Trailer or A

Make: Mer S400 C.C. 2998

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

Sp. Reading: 116490 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2221652A 275218

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD / RIM or

Tyre Size: F: G4 245/40R20

R: mic 275/35R20

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

TOYO / YOKO or

Front

Rear

R/Bal. 5 mm

R/Bal. 6 mm

L/Bal. 5 mm

L/Bal. 6 mm

D.O.A. 13/6/24

D.O.I. 19/6/2024

Survey held at

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

O/S Rear & UIC

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation

S - RS \$

Fix

Others

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech Invs (\$

☐ : Weekend (\$

Report Format :

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

TOTAL

Date: 18/06/2024

Vehicle No: SNJ9802A

Model: MERCEDES BENZ S400L

Chassis: WDD2221652A275218-2016

Reg.Year: 2016

Third Party Insurer: MS FIRST CAP

Third Party Veh No: SHC1992U

Date of Accident: 13/06/2024

Estimator: TING AN

Surveyor:

Not Authorised
61 Rg &
Running After Paint

ESTIMATE

| NO. | DESCRIPTION | QTY | UNIT S\$ | AMOUNT S\$ |
|-------------|--------------------------------|-----|----------|------------------|
| 1 | REAR BUMPER | 1 | Bu | \$2,495.00 ✓ |
| 2 | REAR BUMPER SIDE RETAINER RH | 1 | | \$81.00 ✓ |
| 3 | REAR BUMPER PARKING SENSOR | 1 | | 1/2 \$243.00 ✓ |
| 4 | REAR BUMPER CHROME MOULDING RH | 1 | | 1/2 \$162.00 ✓ |
| 5 | REAR TAIL LAMP RH | 1 | | 1/2 \$1,215.00 X |
| 6 | REAR ABSORBER RH | 1 | | \$5,243.00 ✓ |
| 7 | REAR LOWER ARM RH | 1 | | \$667.00 ✓ |
| 8 | REAR KNUCKLE ARM RH | 1 | | \$2,599.00 ✓ |
| 9 | REAR WHEEL BEARING RH | 1 | | \$353.00 ✓ |
| 10 | REAR STABILISER LINKAGE RH | 1 | | \$181.00 ✓ |
| 11 | REAR FENDER RH | 1 | | REPAIR |
| SUB TOTAL | | | | \$13,239.00 |
| LESS 10% | | | | -\$1,323.90 |
| PARTS TOTAL | | | | \$11,915.10 |

| NO. | SPECIAL NETT | QTY | UNIT S\$ | AMOUNT S\$ |
|-----------|-------------------|-----|----------|------------------|
| 1 | REAR BUMPER CLIPS | 1 | | 1/2 \$50.00 ✓ |
| 2 | REAR RIM RH 1/7 | 1 | | 1/2 \$1,000.00 ✓ |
| S/N TOTAL | | | | \$1,050.00 |

LABOUR CHARGES:

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

400
\$700.00

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR BUMPER, REAR FENDER RH & ETC.

440
\$600.00

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

\$120.00 60

TO DIAGNOSIS FAULT CODE & RESET MEMORY.

\$150.00 7

Head office

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

Branch

9A Serangoon North Ave 5 Singapore 554500
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1993

Branch (Motor Insurance Claims)

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



Date: 18/06/2024
Vehicle No: SNJ9802A
Model: MERCEDES BENZ S400L
Chassis: WDD2221652A275218-2016
Reg.Year: 2016

Third Party Insurer: MS FIRST CAP
Third Party Veh No: SHC1992U
Date of Accident: 13/06/2024
Estimator: TING AN
Surveyor:

LABOUR CHARGES TO REMOVE & REPLACE REAR ABSORBER RH, REAR LOWER ARM RH,
REAR KNUCKLE ARM RH, REAR WHEEL BEARING RH & ETC.

\$400.00 7

TO WHEEL ALIGNMENT & BALANCING.

\$100.00 201

TO TUFF KOTE & UNDERSEAL MATERIALS.

na \$120.00 X

TO CHECK WIRING & ELECTRICAL SYSTEM.

\$120.00 201

LABOUR TOTAL \$2,310.00

TING AN

TOTAL

\$15,275.10

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:

Head office

6 Kung Chong Road Singapore 150143

Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave B Singapore 554500

Tel: (+65) 6484 9919 | Fax: (+65) 6481 1093

Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047

Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011



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 | 14/06/2024 14:17 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 13/06/2024 19:15 (SGT) |
| Exact Location of Accident | 33 Ubi Ave 3, Vertex, Singapore 408868 |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SNJ9802A |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-----------------------|
| Is company? | No |
| Name Of Registered Owner | ALVIN CHUA ZHIRONG |
| NRIC No | S9019033D |
| Email Address | CHUAALVIN21@GMAIL.COM |
| Mobile Phone No | (Phone) +65-98309288 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mercedes |
| Model | S400I |
| 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 | 2996 |

INSURANCE COMPANY

| | |
|-----------------------------------|---------------------------------------|
| Name of Insurance Company | Allianz Insurance Singapore Pte. Ltd. |
| Policy Number / Cover Note Number | SP2005882610-01 |

DRIVER

| | |
|----------------|--------------------|
| Name of Driver | ALVIN CHUA ZHIRONG |
| NRIC No | S9019033D |
| Date Of Birth | 20/05/1990 |
| Occupation | Indoor |

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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' law yers/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' law yers/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 law yers/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

