

ASS. REC. BY:

REF: F021Kenneth

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

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

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: 8122/c

IDAC Accident Rpt: _____

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

Date / Time

Action / Instruction

28/6 21:20 8895d Car

Date/Time, File Pass to?

☐

Prel. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Report Format :

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

Site Insp (\$ _____)

☐

Interview (\$ _____)

☐

Tech Invs (\$ _____)

☐

Weekend (\$ _____)

Survey Fee:

Transportation

S - RS. SI

Fees

Others

TOTAL

Veh No: SNT9802AYr Regn: 07, 16Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: M. S400C.C. 2996Colour: M-Black

A/C: Insured / Std / NI / NA

Sp. Reading: 116490

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2221652A 273218Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rlm / STD ATRlm orTyre Size: F: GY 245/40R20R: Mic 275/35R20

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 5 mmR/Bal. 6 mmL/Bal. 5 mmL/Bal. 6 mmD.O.A. 13/6/24D.O.A. 19/6/2024

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop orO/S Rear & UIC
The UIC / Chassis frame / Body Structure affected due to collision.

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

*Not Withheld
C1 Rm @ 8950/-*

Running After Pains

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

4 days

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR BUMPER	1	<i>Bu</i>	\$2,495.00
2	REAR BUMPER SIDE RETAINER RH	1	<i>CM</i>	\$81.00
3	REAR BUMPER PARKING SENSOR	1	<i>in</i>	\$243.00
4	REAR BUMPER CHROME MOULDING RH	1	<i>me</i>	\$162.00
5	REAR TAIL LAMP RH	1	<i>in</i>	\$1,215.00
6	REAR ABSORBER RH <i>4520</i>	1	<i>BT</i>	\$5,243.00
7	REAR LOWER ARM RH <i>326</i>	1	<i>By</i>	\$667.00
8	REAR KNUCKLE ARM RH <i>1938</i>	1	<i>By</i>	\$2,599.00
9	REAR WHEEL BEARING RH	1	<i>me</i>	\$353.00
10	REAR STABILISER LINKAGE RH	1	<i>in</i>	\$181.00
11	REAR FENDER RH	1		REPAIR
SUB TOTAL				\$13,239.00
LESS 10%				-\$1,323.90
PARTS TOTAL				\$11,915.10

✓
✓
✓
✓
X
✓
✓
✓
✓
X

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR BUMPER CLIPS	1		<i>me</i> \$50.00
2	REAR RIM RH <i>117 950</i>	1		<i>me</i> \$1,000.00
S/N TOTAL				\$1,050.00

✓
✓

LABOUR CHARGES:

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

400d
\$700.00

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

440d
\$600.00

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

\$120.00 *60d*

TO DIAGNOSIS FAULT CODE & RESET MEMORY.

me \$150.00 *X*

Head office

6 Kung Chong Road Singapore 169143
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	200/
TO WHEEL ALIGNMENT & BALANCING.	\$100.00	20/
TO TUFF KOTE & UNDERSEAL MATERIALS.	NA \$120.00	X
TO CHECK WIRING & ELECTRICAL SYSTEM.	\$120.00	20/

LABOUR TOTAL	\$2,310.00
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TING AN	TOTAL	\$15,275.10
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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

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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
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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	S400l
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

Driving Pass Date	07/07/2009
Driving experience	14 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98309288
Alt. Phone Number	-
Email Address	CHUAALVIN21@GMAIL.COM
Address	BLK 116A PLANTATION CRESCENT #06-511
Address complement	-
Postcode	691116
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1992U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	KELVIN CHIA WEN JIE (XIE WENJIE)
NRIC No	S8328689Z

SKETCH PLAN

IMPORTANT NOTICE

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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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

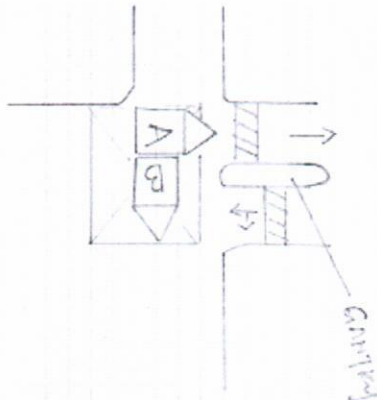


Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



Contact Number	(Phone) +65-87420483
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	BENJAMIN NEO YONG FENG
Phone	(Phone) +65-94309352
Email	-


Describe Circumstances of the Accident

Accident occurred at 7.00pm to 7.15pm when I was exiting from my office 33 ubi vertex Ave 3. The comfort delgro taxi reversed and hit my right hand side passenger's seat and rims which caused a dent and some malfunction of my car. I have a witness and a video proof.


Comfort Delgro
Driver's Details
SHC 1992 U

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	033D
Vehicle Details	
Vehicle No.:	SNJ9802A
Vehicle to be Exported:	Yes
Intended Deregistration Date:	18 Jun 2024
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	S400L (R19 LED)
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	27682430381695
Chassis No.:	WDD2221652A275218
Maximum Power Output:	245.0 kW (328 bhp)
Open Market Value:	\$97,334.00
Original Registration Date:	20 Jul 2016
First Registration Date:	20 Jul 2016
Transfer Count:	2
Actual ARF Paid:	\$147,202.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Jul 2026
PARF Rebate Amount:	\$88,321.00
Intended COE Rebate Details	
COE Expiry Date:	19 Jul 2026
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$57,390.00
COE Rebate Amount:	\$11,892.00
Total Rebate Amount:	\$100,213.00
Message	
You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.	

The information contained herein is correct as at 18 Jun 2024

OK