

ASS. REC. BY: Taught

REF: CS/CT/24 060260/Tv h3

ASSIGNMENT

2032/07

2012/10

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.

N/S	O/S

Bal. or Market Value: \$80k

IDAC Accident Report _____ Consistent?: Yes or No

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

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

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

CA / REV / REP. / 24 HRS

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

Veh No: SBP 288D Yr Regn: 2012/10

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

Truck / Trailer or

Make: Mercedes Benz C180 C.O. 1595

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

Sp. Reading: 108921 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 204 3312 F 961877

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / SRM / STD A/Rim or

Tyre Size: F: 225/45R17

R: ^ ^

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

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 6/12/24

Survey held at 88 Pandan Loop

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

The U/C / 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) _____

Rep. Format: _____

Lump Sum / L.B.I. / ? _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS \$ _____

Photos

Others

TOTAL



Mercedes-Benz

Cycle & Carriage
Industries Pte Limited
Authorised Dealer
Company No. 196400367W
GST Reg No. MR-8500111-X

ESTIMATE FOR SBP288D

CHINA TAIPING INSURANCE (S) PTE
LTD
ATTN: MOTOR CLAIM DEPARTMENT
3 ANSON ROAD #16-00
SPRINGLEAF TOWER
SINGAPORE 079909
62222366

WIP No
Reg No/Reg Date
Date In/Mileage
Chassis No
Engine No
Make/Model
Colour/Trim

Vehicle & Document Information

18941
SBP288D / 29/10/2012
WDD2043312F961877
27491030003339
MB/C 180 CGI (B/E) COUPE C20
027 775 Iridium sil/ 042 237 Leather Fla

Account No	Terms	Date/Time Printed	CSE	Operator	Qty	Unit Price	Disc%	Amount
WC000668	Credit	24/06/2024/ 12:05	K0	301 / Kerlyn Ong				
Description of Goods / Services					Qty	Unit Price	Disc%	Amount

Z REQUEST

Customer Request
M-BPNSUN

POLICY NO/ACC DATE : A300668707QMY // 09/05/2024
DRIVE IN/TP VEHICLE NO. : 24/06/2024 // SLX3193M - CHINA
DATE IN/DATE SURVEY:
BY/AUTHORIZED ON :

- A BPILAB
DISASSEMBLE AND REPLACE ATTACHED DAMAGED PARTS & REFINISH.
- A BPIRES
RESpray BONNET & FRONT BUMPER
- A BPILAB
USING XENTRY DIAGNOSTIC TO CHECK ON CONTROL UNIT RESET MEMORY TO
IDENTIFICATION STANDARD. NETT
- A BPILAB
TO REMOVE, REPLACE HEADLAMP WITH FOCUS. NETT
- M BPNSUN
SUNDRY
- M FRONT BUMPER
- M LH/ FRONT BUMPER CHROME MOULDING
- M RH/ FRONT BUMPER CHROME MOULDING
- M RH/ FRONT BUMPER MOUNTING RAIL
- M RH/ FRONT BUMPER BRACKET
- M CTR/ BASIC MOUNTING FOR BUMPER
- M FRONT IMPACT ABSORBER
- M RADIATOR GRILLE
- M MERCEDES STAR
- M MERCEDES STAR CARRIER
- M RADIATOR GRILLE SUPPORT
- M FRONT CROSS MEMBER
- M RH/ HEADLAMP FRAME
- M RH/ HEADLAMP UNIT

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:

1440 1920.00
✓ 1800.00
0.10 ✓ 380.00
? 120.00
✓ 15.00
R 1488.87
? 107.53
? 107.53
? 24.66
? 24.66
? 121.35
? 148.49
1001.82
172.46
100.05
42.88
413.44
? 622.00
? 1059.96

Taufik 97495749 WP 6/12/24 24pm

Kerlyn Ong Kai Li

Confirmed & accepted by

Taufik e lkhamp.com
Resurvey before paint

DID: 6771 4420 HP: 9186 5113
Email: kerlyn.ong@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop

Nett 9,670.70
9% GST on 9670.70 870.36
Total Payable 10,541.06

Authorized signatory and company stamp

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required.
Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.



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	10/05/2024 09:52 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	09/05/2024 06:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SPRINGWOOD HEIGHT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBP288D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	THIA WEE KENG KEVIN
NRIC No	SXXXX555G
Email Address	k_twk@yahoo.com
Mobile Phone No	(Phone) +65-93885193
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1595

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A300668707QMY

DRIVER

Name of Driver	THIA WEE KENG KEVIN
NRIC No	SXXXX555G
Date Of Birth	24/12/1981
Occupation	Indoor



Driving Pass Date	26/03/2002
Driving experience	22 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93885193
Alt. Phone Number	-
Email Address	k_twk@yahoo.com
Address	BLK 114 DEPOT ROAD #17-1031
Address complement	-
Postcode	100114
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	REFER TO KERLYN ONG

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SLX3193M
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including 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 willful 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
10/05/2024 0836
Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date & Time
Witnessed by Reporting Centre Personnel
KERLYN


Kerlyn Ong Kai Li
DID: 6771 4420 HP: 9186 5113
Email: kerlyn.ong@cyclecarnage.com.sg
Cycle & Carnage Industries Pte Ltd

Describe Circumstances of the Accident

REFER TO POLICE REPORT NO.T/20240509/7092

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time 10/05/2024 0836

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

Kerlyn Ong Kai Li
DID: 6771 4420 HP: 9186 5113
Email: kerlyn.ong@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Other: Reporting Centre - Pandan Lest
Witnessed by Reporting Centre
Personnel KERLYN



**SINGAPORE
POLICE FORCE**



T/20240509/7092

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20240509/7092

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/05/2024 19:49	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: THIA WEE KENG, KEVIN			Address: 22 SPRINGWOOD HEIGHT SINGAPORE 118010		
ID Type / ID No.: NRIC NO / S8140555G			Contact No.: Home/Office: Mobile: 93885193		
Nationality: SINGAPORE CITIZEN			Email: K_TW@YAHOO.COM		
Sex: Male	Age: 42	Date of Birth: 24/12/1981	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		
Occupation: General practitioner/physician			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/05/2024 06:40	Type of Location: Straight Road
Location: SPRINGWOOD HEIGHT			
Weather: Clear		Road Surface: Dry	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of
SBP288D	Motor car	MERCEDES BENZ	C180	Silver	Slightly Damaged	0
SLX3193M	Motor car	TOYOTA	PRIUS HYBRID	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20240509/7092

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20240509/7092

CONTINUATION OF REPORT

I checked my house CCTV and shows a white car hitting my car with impact (see video).

My neighbor from 17 Springwood Height has also CCTV footage of the incident.

My front bumper is crooked and damaged. (Attached images.)