

ASS. REC. BY:

REF: LIP /

ASSIGNMENT

Kenneth

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: \$ 114k

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 04 days

Res.: Yes or No

Lum Sum: 1421 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLG 238CYr Regn: 07, 18Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Mer2200

c.c.

1991Colour: M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 77117

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2130422 A 458755Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rim / STD / A/Rim orTyre Size: F: 245/45R18

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 15/11/24D.O.I. 28/11/2024

Survey held at _____

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

O/S for body

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

Date / Time

Action / Instruction

No 2nd parts & owner inspect new parts

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Transportation

) \$ - RS. \$

) F.P. \$

) Others

Report Format:

mp Sum / I.B.I: (\$

TOTAL

Tropical Tech Automobile Services

BLK 5030 ANG MO KIO AVENUE 3 #01-201 INDUSTRIAL PARK 2 SINGAPORE 569535

TEL : 6481 7773 / 6481 1403 FAX : 6484 4978

E-mail : tsac303@singnet.com.sg

M / s : **Liberty Insurance Pte Ltd**
One Raffles Quay, #25-01, North Tower,
Singapore 048583

Attn : Motor Claims Department
Tel : 62218611
Fax : 62241047

Estimate bill : TT 43 / 24 / TP / WT

Registration No : SLG238C

Make / model : MB E200 (213)

Date : 25 / 11 / 2024

Mileage :
**TRAFFIC ACCIDENT INVOLVING VEHICLE BEARING REGISTRATION NO : SNG3226M AND SLG238C ALONG
BUYONG ROAD ON 15 NOVEMBER 2024 AT ABOUT 0855HRS.**

1pc Front RH fender
1pc Front RH door
1pc Front RH door pillar outer garnish
1pc Front RH door weather strip
1pc RH door side skirt chrome trimming
Sub total :
Less 10% discount :
A total :

\$ 1,552.00
\$ 2,771.00
\$ 194.00 X
\$ 502.00 444.00
\$ 278.00
\$ 5,239.00
\$ 523.90
\$ 4,715.10

Remove & refit front bumper.

Remove and refit front RH fender.

Remove & transfer front RH door necessary attachment spare parts item.

Remove and refit front RH door, front RH door pillar outer garnish, front RH door weather strip, RH door side skirt chrome trimming.

Putty / primer application, spray painting front RH fender, front RH door.

400
\$ 900.00
\$ 440 500.00
\$ 6,115.10

Grand final amount :

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:

Tropical Tech Automobile Services

(Authorised Signature)

William Tan



SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Traffic Police Department for investigation.**
- 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.
- 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 be 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 envelope/postal 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 be 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

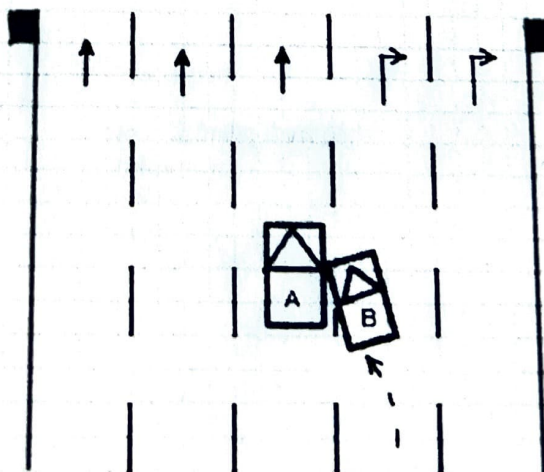
Driver's Signature (if driver is not the policyholder), Date & Time

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

Sketch Plan

Tan Jie Xiong, Shaun
S996707

A - SLG238C
B - SNG226M



BUYONG ROAD

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	16/11/2024 12:53 (SGT)
Reported by	Actual Driver
Date of Accident	15/11/2024 08:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUYONG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG238C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN CHOW CHUEN
NRIC No	S2668714D
Email Address	chanchowsg@gmail.com
Mobile Phone No	(Phone) +65-98293189
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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 Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125428047-02

DRIVER