

ASS. REC. BY: Tauhin

REF: CD/LPC2470119/Tua3

### 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.

N/S	O/S
X	

Bal. or Market Value: \$148K

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. / 24HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SCP6308E

Yr Regn: 299, 05

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

Truck / Tractor or

Make: Mercedes Benz

E200 c.c. 1991

Colour: Black

A/C: Insured / Std / NI / NA

Sp. Reading: 128745

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WDD2130802A620168

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: ☒ NII / S/Rlm / STD A/Rlm or

Tyre Size: F: 245/45R18

R: ~

BS / DUN / EXNOVA / GY / 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. 9/7/24

Survey held at Tropical Tech

Des. of Damages: Frt / ☒ Rear / O/S / N/S / U/G / 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)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation:

\$ + RS. \$1

Police

Others

TOTAL

Add Fee:

☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Report Format: \_\_\_\_\_

Lump Sum / I.B.I. / ?

# 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 : **Lonpac Insurance Bhd**  
300, Beach Road, #17-04 / 06,  
The Concourse,  
Singapore 199555

Attn : Motor Claims Department  
Tel : 6250 7388  
Fax : 6296 3767

Estimate bill : TT 24 / 24 / TP / WT

Registration No : SCK6308E

Make / model : MB E200 (213)

Mileage :

Date : 08 / 07 / 2024

TRAFFIC ACCIDENT INVOLVING VEHICLE BEARING REGISTRATION NO : YP8371X AND SCK6308E  
ALONG JUNCTION OF UPPER PAYA LEBAR ROAD AND AIRPORT ROAD ON 02 JULY 2024 AT ABOUT  
1900HRS.

1pc	Rear bumper		\$	2,937.00	de ✓
3pcs	Rear bumper parking sensor (LH)	(Each \$365.00)	\$	1,095.00	X
6pcs	Rear bumper parking sensor seal ring	(Each \$21.00)	\$	126.00	new ✓
1pc	Rear bumper lip		\$	549.00	de ✓
1pc	Rear bumper lip chrome trimming		\$	541.00	eng ✓
1pc	Rear tail pipe chrome trimming (LH)		\$	487.00	X
	Sub A total :		\$	5,735.00	
	Less 10% discount :		\$	573.50	
	A total :		\$	5,161.50	

Remove and transfer rear bumper necessary attachment spart part items.

Remove and refit rear bumper, rear bumper parking sensors (LH), rear bumper parking sensor seal rings, rear bumper lip, rear bumper lip chrome trimming, rear tail pipe chrome trimming (LH).

Heat / weld / panel beating rear end panel, heat / weld / beating / pull / straighten / align rear chassis frame by Chassis Alignment jack.

\$ 900.00 250

To check and refit rear tail lamp wiring harness. , reverse sensor

\$ 80.00 40

Under coating on rear damaged portion.

\$ 200.00 X

Putty / primer application, spray painting rear end panel, rear bumper, rear bumper parking sensors (LH).

\$ 1,000.00 250

**Grand final amount :**

**\$ 7,341.50**

Tropical Tech Automobile Services

(Authorised Signature)  
William Tan



Taufik 97495749 / 62563561

9/7/24 2345

L/S Resurvey after repair  
taufik@khauto.com

2193

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

Page

Acknowledged by Repairer

Signature:

Date:



## 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	03/07/2024 15:44 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/07/2024 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF UPPER PAYA LEBAR ROAD X AIRPORT ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCK6308E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOO CHIN NONG
NRIC No	S1307142Z
Email Address	ACTUSLOOCN@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96745349
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	1800

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1900083972-05

### DRIVER

Name of Driver	LOO CHIN NONG
NRIC No	S1307142Z
Date Of Birth	06/06/1958
Occupation	Indoor



Pass Date	17/09/1975
experience	48 YEARS AND 10 MONTHS
er	Male
ile Number	(Phone) +65-96745349
Phone Number	-
mail Address	ACTUSLOOCN@YAHOO.COM.SG
Address	137 BEDOK NORTH AVE 3 #10-174
Address complement	-
Postcode	460137
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 - Head to Rear
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 ATTACHMENT

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	YP8371X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

Is complement  
ode  
ance Company Name  
ure Of Damage  
etails of property damaged in accident  
No. Of Passenger (Including Driver)

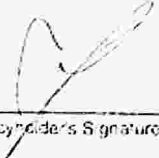
-  
-  
-  
-  
-  
-

## Describe Circumstance of the Accident

My car was stationary on the slip road before turning into Airport Rd when suddenly a Mitsubishi Lorry hit onto my car's rear bumper from behind.

## Declaration

I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

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

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

# 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 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 reputate 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 Traffic Police Department for investigation.**
6. 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.
7. By the judgement 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) a 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

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

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

## Sketch Plan

