

ASS. REC. BY:

REF: AGL

## 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: 890k

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 1-2 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

Gen. Cohd: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: NII / S/Rlm / STD A/Rlm or

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.I.

Survey held at

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

F. P. M. S.

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

TOTAL

Report Format :

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

# DING AUTO PTE LTD

Blk 176 #04-06  
Sin Ming Drive (Sin Ming Autocare)  
Singapore 575721  
Tel: 92313123  
Fax: 6452 0614

Vehicle:	SJD3833D
Model:	MERCEDES BENZ E200
Chassis:	WDD2130422A091430

NO	DESCRIPTION	QTY	LIST	DISC	PRICE	SURVEYORS MARKING
1	REAR BUMPER	1	\$ 1,772.00	5%	\$ 1,417.60	7
2	REAR BUMPER RETAINER RHS	1	\$ 133.14	5% <i>1/2</i>	\$ 106.51	X
3		1		5%	\$ -	
4		1		5%	\$ -	
5		1		5%	\$ -	
6		1		5%	\$ -	
7		1		5%	\$ -	
8		1		5%	\$ -	
9		1		5%	\$ -	
10		1		5%	\$ -	
11		1		5%	\$ -	
12		1		5%	\$ -	
TOTAL:					\$ 1,524.11	

	SPECIAL NETT	QTY	PRICE	SURVEYOR MARKING
1	BUMPER CLIPS	1 <i>m</i>	\$ 50.00	7 (Bill)
2	REAR BUMPER STICKER WRAP	1 <i>m</i>	\$ 800.00	
3				
3				
SPECIAL NETT			\$ 850.00	

	LABOUR	PRICE	SURVEYOR MARKING
1	PANEL BEAT- ACCIDENT AREA, REMOVE AND REFIT REAR BUMPER	\$ 600.00	1200
2	SPRAY PAINT- REAR BUMPER, REAR FENDER	\$ 600.00	7
3	CHECK WIRING AND CHECK ALIGNMENT	\$ 80.00	X
4			
5			
6			
7			
TOTAL:		\$ 1,280.00	

PARTS	\$ 1,524.11
LABOUR	\$ 1,280.00
SPECIAL NETT	\$ 850.00
TOTAL	\$ 3,654.11
GST 9%	\$ 328.87
FINAL TOTAL	\$ 3,982.98

*Not withered  
1-2 days*

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:



## 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	16/04/2024 10:16 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/04/2024 12:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SENG POH ROAD TOWARD TIONG BAHRU HAWKER CENTRE ENTRANCE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD3833D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WONG CHIN LEONG
NRIC No	SXXXX546G
Email Address	Jimmywongc12@yahoo.com
Mobile Phone No	(Phone) +65-97623833
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	1991

### INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2003441053-01

### DRIVER

Name of Driver	WONG CHIN LEONG
NRIC No	SXXXX546G
Date Of Birth	02/11/1963



Indoor  
14/08/1982  
41 YEARS AND 8 MONTHS  
Male  
(Phone) +65-97623833  
-  
Jimmywongc12@yahoo.com  
1 KIM SENG WALK #08-07  
-

239403  
Yes  
-  
No  
-  
-

Is the driver the policyholder?  
Relationship of the Driver with the Insured  
Does Driver Own Other Vehicles?  
Does Driver Own Other Vehicles?  
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  
Weather Conditions  
Road Surface  
Collision - Major/Minor Rd  
Clear  
Dry

#### OTHER INFORMATION

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

#### DETAILS OF POLICE ACTION

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

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number  
Vehicle Manufacturer  
Vehicle Model  
Vehicle Variant  
Vehicle Colour  
Vehicle Category  
Name of Driver  
SNC5581A  
Ford  
Focus  
-  
-  
Private car  
WONG