ASS. REC. BY: Kenneth | REF: SNR1

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Yee Soon

of 1781H

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: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 113 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKR4145S Yr Regn: 02 15

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Mc C180 (A) c.c 1595

Colour M. Black A/C: Insured / Std / NI / NA

Sp.Reading 151200 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 205 040 2R 007831

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: _____

R: 225/55R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	28/6/24	D.O.I.	8/7/2024

Survey held at _____

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

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ S - RS _____ SI

Parking: _____

Others: _____

TOTAL: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

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

YEE AUTO PTE LTD

160 Sin Ming Drive #02-17/#07-12 Sin Ming AutoCity Singapore 575722
Tel: 6457 5768 Fax: 6252 8459 Mobile: 9687 4031
Email: yeeautopteltd@gmail.com
Registration No.: 201719251W GST No: 201719251W

M/S : First Capital Insurance Ltd
36 Robinson Road
#16-01 City House
Singapore 068877

Not Withstand
Resurvey After Paint
2 days

ATTN: Motor Claim Department \ Motor Claim

Your Ref No: -
Claim Type: Third Party
Accident Date: 28/06/2024
TP Veh Reg No: SHC4950X

Estimate No: ES2400065
Date: 04 Jul 2024
Policy No:
Veh Reg No: SKR4144S
Make/Model: MERCEDES BEN C180 AVANTGARDE (R17 LED)
Chassis No: WDD2050402R007831
Engine No: 27491030211478
Reg. Date: 06/02/2015

Estimate Repair Cost to Vehicle No :SKR4144S

	Description	U/Price	Quantity	List Price S$	Amount S$
	Net Price				
1	FRONT TYRE - RH	400.00	1 PC	Rn 400.00 X	
2	FRONT WHEEL RIM - RH	1,450.20	1 PC	R 1,450.20 X	
				1,850.20	1,850.20
	Spare Parts				
3	FRONT BUMPER	2,145.00	1 PC	R 2,145.00 X	
4	FRONT BUMPER SIDE RETAINER - LH	142.20	1 PC	Rn 142.20 X	
5	FRONT BUMPER SIDE RETAINER - RH	142.20	1 PC	Rn 142.20 X	
6	FRONT BUMPER CLIPS	100.00	1 SET	NA 100.00 X	
7	FOG LAMP GARNISH - RH	398.50	1 PC	R 398.50 X	
8	HEAD LAMP - RH	5,685.70	1 PC	5,685.70 ?	
9	FRONT FENDER - RH	1,182.60	1 PC	R 1,182.60 X	
10	FRONT FENDER INNER SHIELD	265.70	1 PC	Rn 265.70 X	
11	FRONT BUMPER INNER SHIELD CLIP	80.00	1 PC	NA 80.00 X	
		10%		10,141.90	10,141.90
	Labour				
12	TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY.	1,000.00	1 JOB	1,000.00	200%
13	TO PUTTY, APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION.	1,000.00	1 JOB	1,000.00	400%
14	TO APPLY RUST- PROOFING ON REPAIRED, REPLACED PANEL.	220.00	1 JOB	NA 220.00 X	
15	WHEEL ALIGNMENT	260.00	1 T	260.00 X	
16	TO CHECK WIRING FUNCTIONS.	150.00	1 JOB	150.00	15%
				2,630.00	2,630.00

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:

SA1B246S0001 / AH LIM MOTOR COMPANY (BRANCH)
ENTRY DATE & TIME: 28/06/2024 14:37 (SGT)
SUBMITTED BY: GERALD CHEW
VERSION: 1 (28/06/2024 14:37 (SGT))

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 witholding 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	28/06/2024 14:37 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/06/2024 08:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	293 YISHUN STREET 22 OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR4144S

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOU KIM BEE
NRIC No	S8167178H
Email Address	MAE_LOU81@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96157178
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1600

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10500306R03

DRIVER

Name of Driver	LOU KIM BEE
NRIC No	S8167178H
Date Of Birth	21/08/1981
Occupation	Indoor

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 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. 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 claim 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

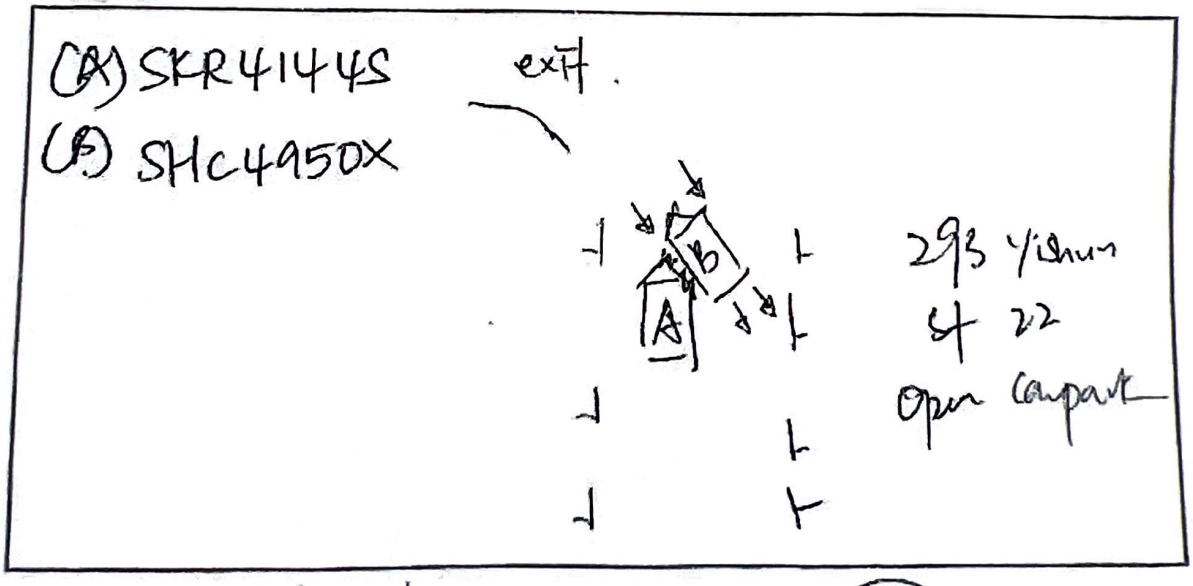
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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.

Sketch Plan



Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
28/6/24 12:05pm	28/6/24 12:05pm	AH LIM MOTOR CO AH LIM BUILDING 28/06/2024

AH LIM MOTOR COMPANY