

ASS. REC. BY: Adrian King

REF: CS/TP18007183/Atbnz

**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

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ 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**

Vehicle: **IN / OUT**

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

Veh No: SLR2230C Yr Regn: 2017 August

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

Truck / Trailer or

Make: Mercedes Benz C180 c.c. 1595

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

Sp. Reading: 9040 T/Radio: Insured / Std / NI / NA

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

C/No: WDD2050402R285020

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: 225/50 R17

R: 225/50 R17

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

TOYO / YOKO or Continental

Front 06 mm Rear 06 mm

R/Bal. 06 mm L/Bal. 06 mm

D.O.A. \_\_\_\_\_ D.O.I. 17/04/18

Survey held at MG Solution

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

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

Date / Time	Action / Instruction
	<u>TP AXA Independent</u>
	<u>SLR 2230C - NA/ALH/1807015/13</u> <u>DA: 180418</u>
	<u>lump sum \$3000/- (Red. 55b.25; 64%)</u>
	<b>RECEIVED 01 AUG 2017</b>

Date/Time, File Pass to?

☐ : **Preli. Report**

Days Of Repair: 3

11/10 Typist

☐ : **Final Report**

Resurvey No. of Trip: -

Date/Time, File Return to?

Add Fee: ☐ : Site Insp (\$ )

☐ : Interview (\$ )

☐ : Tech. Invs (\$ )

☐ : Weekend (\$ )

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

160
50
50
28
80
368

Report Format: TP

Lump Sum (I.B.I.): \$3000/-

## 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 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 ability.
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 Report	16/04/2018 17:57
Date Of Accident	14/04/2018 21:50
Exact Location Of Accident	SLIP RD FROM TPE(PIE)TWDS PASIR RIS DR 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR2230C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HU JIAQI
Passport No/FIN	G1389521Q
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82373299
Alternative Phone No	OTHERS-82373299

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	BENZ C180
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700032602
Cover Note Number	

### Driver

Name of Driver	HU JIAQI
Passport No/FIN	G1389521Q
Date Of Birth	18/11/1976
Occupation	INDOOR
Date Of Driving Pass	20/10/2014
Driving Experience	3 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82373299
Fax Number	
Contact Number	OTHERS-82373299
Email Address	NOEMAIL

Address	11 PASIR RIS LINK #09-25 SEA STRAND
Postcode	518180
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT8298H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please read carefully the conditions set forth to open up the claim process.
2. The Form must be completed by the Policyholder and/or the Surrogate Driver.
3. Information provided must be as truthful and accurate as possible. Any false misrepresentation or withholding of material facts may allow the insurer to repudiate policy liability.
4. The issue and any signing of this Form by the insured constitutes an admission of policy liability on the part of the insured/s representative.
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 storing and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodging of this report to the insurers, you hereby consent to the archiving of this report at the centre and to make it available being made available if needed.
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 Insurers 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/are be disclosed by any of the Insurers and/or GIA to third third party service providers or agents, including their lawyers/law firms, which may be used outside of Singapore, for one or more of the above Purposes.
- (d) My Personal Information will also be collected and used to compile a claim history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) The information collected under this clause may be shared/ disclosed:
- (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.

Hu Jiaqi  
Policyholder's Signature  
Date & Time:

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

16/04/18  
Reporting Centre Person's Signature  
Name:  
NRIC/IN No.:

# Individual Statement



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/04/2018 at about 2150 hrs at Slip Road from TPE (PSE) towards Pasir Ris Drive 8. I was travelling on the above mentioned slip road and came to a stop while giving way to the main traffic along Pasir Ris Drive 8. Suddenly I heard a loud bang from behind and when I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my Vehicle (A) causing damages to my Vehicle.

(A) STR 2230 C

(B) SLT 8298 H

## DECLARATION

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

Hu Jia Bi

Policyholder's Signature  
Date & Time:

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

16/04/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/Pass No:

# MG SOLUTION PTE LTD

23 Kaki Bukit Avenue 4 (South Wing) #02-03 Singapore 415933

Tel: (+65) 6243 1373 | Fax: (+65) 6243 1376

Reg. No: 201427944N

Email: mg3solution@gmail.com

TO	: AXA INSURANCE	DATE	: 17/04/2018
ATTENTION	: MOTOR CLAIMS DEPT	JOB TYPE	: T/P CLAIM
ESTIMATE REPORT :			
<u>VEHICLE DETAILS</u>			
VEHICLE NO	: SLR2230C	WDD2050402R285020	
MODEL	: MERCEDES BENZ C180	Denise	
CHASSIS NO			
<u>ACCIDENT DETAILS</u>		DATE	: 14-Apr-18
		TIME	: 21:50HRS
THIRD PARTY REQUESTOR / CONTACT : JACK LI			

## CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	REAR BUMPER <i>Reband.</i>	1	\$ 1,920.00	\$ <del>1,920.00</del> 1535
2	REAR BUMPER SIDE RETAINER <i>NA</i>	1	\$ 94.50	\$ 94.50
3	REAR BUMPER TOW HOOK COVER <i>Reband</i>	1	\$ 60.00	\$ 60.00
4	REAR BUMPER LOWER LID <i>cut</i>	1	\$ 830.00	\$ <del>830.00</del> 463
5	REAR BUMPER LOWER LID CHROME <i>cut</i>	1	\$ 580.00	\$ <del>580.00</del> 258.
6	REAR BUMPER LOWER BRACKET <i>NA</i>	2	\$ 70.00	\$ 140.00
7	REAR BUMPER CENTRE BEAM <i>NA</i>	1	\$ 180.00	\$ 180.00
8	REAR BUMPER SIDE BEAM <i>NA</i>	2	\$ 120.00	\$ 240.00
9	REAR BUMPER REINFORCEMENT <i>Not on</i>	1	\$ 878.00	\$ 878.00
10	REVERSE SENSOR <i>2 pieces damaged</i>	4	\$ 320.00	\$ 1,280.00 550.
11	REVERSE SENSOR WIRE HARNESS <i>NA</i>	1	\$ 310.00	\$ 310.00

*Rear Bumper Side Cover RH 195*  
*torn* 3155.50  
2839.55

TOTAL PRICE	\$ 6,512.50
LESS 10%	\$ 651.25
SUB TOTAL PRICE	\$ 5,861.25

## SPECIAL NETT ITEMS

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
1	REAR BUMPER CLIP(SET) <i>NA</i>	1	\$ 20.00	\$ 20.00

2	REAR BUMPER LOWER LID CLIP(SET)	AK	1	\$ 20.00	\$ 20.00
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40

TOTAL \$ 40.00

## CLAIM DETAILS: LABOUR AND SPRAY PAINTING (REAR)

1	TO PANEL BEAT, WELD, CUT, KNOCK STRAIGHTEN, ADJUST GRAZE, JOIN	\$ 800.00	400	
2	TO PUTTY, SPRAY PAINT, POLISH, WAX AFFECTED PARTS AND PANELS	\$ 600.00	400	
3	TUFF COAT	\$ 250.00	X	
4	WIRING CHECK	\$ 120.00	30	
5	REMOVE AND REFIX CUSHION SEAT/ UPHOLSTRY AND ROOF LINNING TO FACILITATE REPAIR	\$ 250.00	X	
6	CONDUCT WATER LEAKAGE TEST	\$ 80.00	X	
7	REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING	\$ 100.00	50	
8	RESET REVERSE SENSOR WIRE HARNESS	\$ 280.00	X	
9	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT/CONTROL UNITS, RESET MEMORIES TO	\$ 180.00	X	

880

TOTAL <sup>specification Etc</sup> \$2,660.00

## ESTIMATE REPORT

TOTAL PARTS COST : \$ 5,901.25  
TOTAL LABOUR COS : \$ 2,660.00  
TOTAL REPAIR COS : \$ 8,561.25

## APPROVED DETAILS

SURVEYOR :

8736.75

CONTACT NO :

FAX :

PART BY PART / LUMP SUM :

NO OF DAYS

Adrian Cj  
L/S 17/04/18

030mp

Tel: 375495

L/S: 3K

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:






# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
MG SOLUTION PTE LTD		Ref : CS/TP18007183/Atbn2		
23 KAKI BUKIT AVE 4 (SOUTH WING) #02-03B VICOM INSPECTION CENTRESINGAPORE 415933		Date : 03-08-2018		
ON BEHALF OF HU JIAQI		Code : TP441		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	Veh. Inspected		SLR 2230C	
Policy No.	Coverage (\$)		0.00	
Claim No.	Excess (\$)		0.00	
Assign From	Assign Date		17/04/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	MERCEDES BENZ C180	c.c	1595	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	WDD2050402R285020	Colour	BLUE	
Odometer	9040	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	225/50 R17	CONTINENTAL	6 mm	
L/H Front Tyre	225/50 R17	CONTINENTAL	6 mm	
R/H Rear Tyre	225/50 R17	CONTINENTAL	6 mm	
L/H Rear Tyre	225/50 R17	CONTINENTAL	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	14/04/2018	Inspection Date	17/04/2018	
Survey held at	MG SOLUTION PTE LTD 23 KAKI BUKIT AVE 4 (SOUTH WING) #02-03B VICOM INSPECTION CENTRE, SINGAPORE 415933			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days		





# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLR 2230C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	DEFORMED	1,920.00	1,535.00
1	REAR BUMPER SIDE RETAINER	NECESSARY	94.50	94.50
1	REAR BUMPER TOW HOOK COVER	DEFORMED	60.00	60.00
1	REAR BUMPER LOWER LID	CUT	830.00	463.00
1	REAR BUMPER LOWER LID CHROME	CUT	580.00	258.00
2	REAR BUMPER LOWER BRACKET @\$70.00	NOT NECESSARY	140.00	-
1	REAR BUMPER CENTRE BEAM	NOT NECESSARY	180.00	-
2	REAR BUMPER SIDE BEAM @\$120.00	NOT NECESSARY	240.00	-
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	878.00	-
4	REVERSE SENSOR @\$320.00	DAMAGED (2 PCS ONLY)	1,280.00	550.00
1	REVERSE SENSOR WIRE HARNESS	NOT NECESSARY	310.00	-
1	REAR BUMPER SIDE COVER RH	TORN	195.00	195.00
	LESS 10% DISCOUNT		-670.75	-315.55
			6,036.75	2,839.95
<b><u>SPECIAL NETT ITEMS</u></b>				
1	SET REAR BUMPER CLIP (SN)	NECESSARY	20.00	20.00
1	SET REAR BUMPER LOWER LID CLIP (SN)	NECESSARY	20.00	20.00
			40.00	40.00
<b><u>LABOUR</u></b>				
	TO PANEL BEAT, WELD, CUT, KNOCK STRAIGHTEN, ADJUST GRAZDE, JOIN.		800.00	400.00
	TO PUTTY, SPRAY PAINT, POLISH, WAX AFFECTED PARTS AND PANELS.		600.00	400.00
	TUFF COAT.	NOT NECESSARY	250.00	-
	WIRING CHECK.		120.00	30.00
	REMOVE AND REFIX CUSHION SEAT/UPHOLSTRY AND ROOF LINNING TO FACILITATE REPAIR.	NOT NECESSARY	250.00	-
	CONDUCT WATER LEAKAGE TEST.	NOT NECESSARY	80.00	-
	REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING.		100.00	50.00
	RESET REVERSE SENSOR WIRE HARNESS.	NOT NECESSARY	280.00	-

Report Ref No. CS/TP18007183/Atbn2



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TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT/CONTROL UNITS,RESET MEMORIES TO SPECIFICATION ETC.	NOT NECESSARY	180.00	-
			2,660.00	880.00
	GRAND TOTAL		8,736.75	3,759.95
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				3,000.00

Report Ref No. CS/TP18007183/Atbn2

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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