

REF:

CS/TP19001073/Dsd3n2

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: \_\_\_\_\_

at Workshop no/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: \_\_\_\_\_

79 days

Res.: Yes or No

Lump Sum: \_\_\_\_\_

7/P %

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_

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

Vehicle: IN / OUT

Veh No: SKU 3113YVt Regn: Dec 2013Type: M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz A45 AMG 1991Colour: Grey

A/C Insured / Std / NI / NA

Sp. Reading: 59948

T/Radio: Insured / Std / NI / NA

Eng/No: 13398080002136C/No: WDD1760522J162565Gen. Cond: Good / Fair / Poor / BurntSteering: Insured / Jammed / Leaked / Burnt orBrake: Insured / Jammed / Leaked / Burnt orModi: Nil / 6/Rim / STD A/Rim orTyre Size: F: 235/35 R19R: — " —

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

TOYO / YOKO or

Michelin

Front

Rear

R/Bal: S mmR/Bal: S mmL/Bal: S mmL/Bal: S mmD.O.A. 25/07/2017D.O.I. 31/07/2017

Survey held at

Teamwork Page 42

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

0/8 Front

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

Date / Time Action / Instruction

Independent Teamwork.  
SKU 3113Y - NA / LIP 18020547 / 2L

Date: 12-11-2018

To submit PIP 11349.36 with 9 days 7 r

(\$ 0/- Red - \$ 0/-)

RECEIVED 21 JAN 2019

18/1/19

Date/Time, File Pass to?

21/01/19

1)

TYA 21

Date/Time, File Return to?

2)

☐ : Preli. Report☒ : Final ReportDays Of Repair: 9Resurvey No. of Trip: 2

Survey Fee:

Transportation

S + RS: 31

Photos

Others

TOTAL

Report Format: 0AR

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

11,349.36 r/p

Add Fee:

☐ Site Insp (\$☐ Interview (\$☐ Tech. Invs (\$☐ Weekend (\$

170+15
50
50+50
72
80
487

### 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 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	27/07/2017 10:39
Date Of Accident	25/07/2017 23:45
Exact Location Of Accident	BETWEEN STADIUM DR & STADIUM BLVD ROUNDABOUT
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU3113Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THANG CHE SOONG
NRIC No	S2013528Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98509787
Alternative Phone No	OTHERS-98509787

#### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A45

Exact Purpose for which vehicle was being used at time of accident

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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1925394
Cover Note Number	

#### Driver

Name of Driver	THANG MING LUEN FABIAN
NRIC No	S8431934A
Date Of Birth	19/10/1984
Occupation	INDOOR
Date Of Driving Pass	18/05/2010
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97231521
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own Vehicle

-

-

-

Insurance Company of Driver's Own Vehicle

-

-

-

### General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

### Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? YES

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

REFER TO ATTACHMENT.

### 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

SKL7777C

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### Details of Witness

Name

Phone Number

Email Address

### DETAILS OF INJURED PERSON 1

Name

THANG MING LUEN FABIAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

## Sketch Plan Pg. 1

### SKETCH PLAN

#### IMPORTANT NOTICE

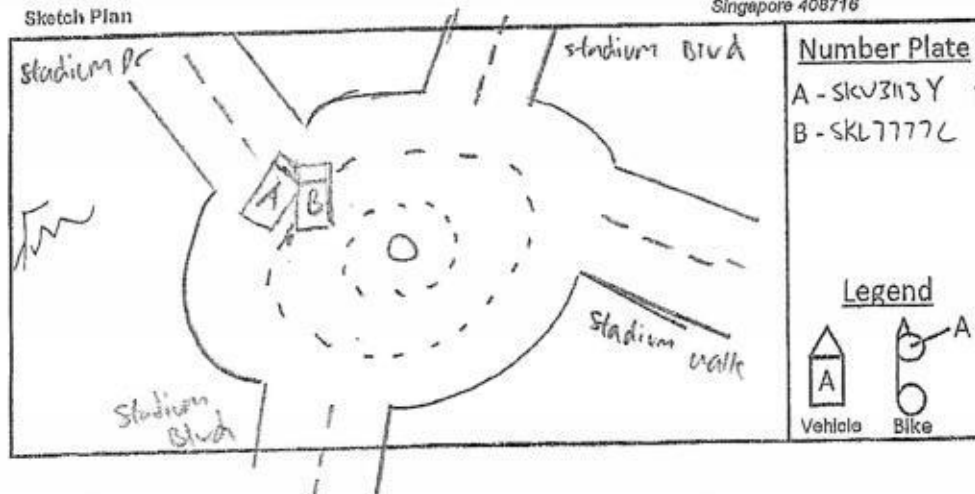
1. Please report correctly the details of the accident to speed up the claims process.
  2. This Form must be completed by the Policyholder and/or the Authorised Driver.
  3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts 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 in 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) 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
 Progressive Automotive Pte Ltd  
 Blk 3022A Ubi Road 1 #01-45/46  
 Singapore 408716

#### Sketch Plan



Sketch Plan #2 Pg. 1

Describe Circumstances of the Accident

Describe circumstances of the incident:

My car was travelling along the roundabout towards Stadium Blvd at the left most lanes. While my car was at the junction of Stadium Dr, vehicle B which was travelling on the middle lane, which is on my right, recklessly make a left turn as it wanted to exit out of Stadium Dr resulted vehicle B hit onto the right side portion of my car. I wish to state that my car front right rim was also damage due to the cause of the accident.


For

### Declaration

We declare the foregoing particulars are true in every respect.

Fr

Policyholder's Signature / Date &  
Time



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

Witnessed by Reporting Centre  
Personnel

**SKU 3113Y****Front Right Portion****List**

1. Front Bumper x 1	1980.76	mounting crack
2. Front RH Headlamp x 1	2750.15	Mounting crack
3. Front RH Fender x 1	715.10	Dented
4. Front RH Fender Inner Shield x 1	275.50	Deformed
5. Front RH Fender AMG Emblem x 1	231.35	Necessary
6. Front RH Lower Arm x 1	715.88	Distorted
7. Front RH Knuckle Arm x 1	990.96	Distorted
8. Front RH Knuckle Bearing x 1	250.15	Damage
9. Front RH Shock Absorber x 1	902.60	Distorted
10. Front Bumper PDC Sensor x 1	220.18	Damage

Total 9032.63

Less 10% **8129.36**

**Special Nett**

11. Front RH Wheel Rim x 1 (After Market 19inch)	1000.00	Cut
12. Front Bumper Clip x 1 set	30.00	Necessary

Total **1030.00**

**Labour**

13. Check Front lighting	30.00
14. Remove and Refit Front PDC Sensor	40.00
15. Remove and Refit Front Right Undercarriage	200.00
16. Wheel Alignment	60.00
17. Wheel Balancing	20.00
18. Panel Beating, Remove and Re-fit Body Panel to facilitate repair	500.00
19. Spray Painting	500.00
20. Body Wrap (2 Panels)	800.00
21. Apply Anti Rust	40.00

Total **2190.00**

**Cost of Repair 11,349.36 (Part by Part)**  
**9 days of Repair**



# 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

TEAMWORK GARAGE PTE LTD

Ref : CS/TP19001073/Dsd3n2

53 UBI AVENUE 1 #01-24 SINGAPORE 408934

Date : 21-01-2019



ON BEHALF OF THANG CHE SOONG

Code : TP376

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	Veh. Inspected	SKU 3113Y
Policy No.	Coverage (\$)	0.00
Claim No.	Excess (\$)	0.00
Assign From	Assign Date	31/07/2017

## 2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ A45 AMG	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	WDD1760522J162565	Colour	GREY
Odometer	59948	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	235/35 R19	MICHELIN	5 mm
L/H Front Tyre	235/35 R19	MICHELIN	5 mm
R/H Rear Tyre	235/35 R19	MICHELIN	5 mm
L/H Rear Tyre	235/35 R19	MICHELIN	5 mm

## 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.
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## 5. General Information

Accident Date	25/07/2017	Inspection Date	31/07/2017
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934.		

## 5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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## 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	9 Working Days
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## OPINION ON REPAIR COST FOR VEHICLE NO. SKU 3113Y

Qty	Description of Parts	Condition	Recommended (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>		
1	FRONT BUMPER	MOUNTING CRACKED	1,980.76
1	FRONT RH HEADLAMP	MOUNTING CRACKED	2,750.15
1	FRONT RH FENDER	DENTED	715.10
1	FRONT RH FENDER INNER SHIELD	DEFORMED	275.50
1	FRONT RH FENDER AMG EMBLEM	NECESSARY	231.35
1	FRONT RH LOWER ARM	DISTORTED	715.88
1	FRONT RH KNUCKLE ARM	DISTORTED	990.96
1	FRONT RH KNUCKLE BEARING	DAMAGED	250.15
1	FRONT RH SHOCK ABSORBER	DISTORTED	902.60
1	FRONT BUMPER PDC SENSOR	DAMAGED	220.18
	LESS 10% DISCOUNT		-903.27
			8,129.36
	<b><u>SPECIAL NETT ITEMS</u></b>		
1	FRONT RH WHEEL RIM (AFTER MARKET 19INCH)(SN)	CUT	1,000.00
1	SET FRONT BUMPER CLIP (SN)	NECESSARY	30.00
			1,030.00
	<b><u>LABOUR</u></b>		
	CHECK FRONT LIGHTING.		30.00
	REMOVE AND REFIT FRONT PDC SENSOR.		40.00
	REMOVE AND REFIT FRONT RIGHT UNDERCARRIAGE.		200.00
	WHEEL ALIGNMENT.		60.00
	WHEEL BALANCING.		20.00
	PANEL BEATING,REMOVE AND RE-FIT BODY PANEL TO FACILITATE REPAIR.		500.00
	SPRAY PAINTING.		500.00
	BODY WRAP (2 PANELS).		800.00
	APPLY ANTI RUST.		40.00
			2,190.00
	<b>GRAND TOTAL</b>		<b>11,349.36</b>
<b>RECOMMENDED COST OF REPAIRS</b>			<b>11,349.36</b>

Report Ref No. CS/TP19001073/Dsd3n2

ANG BRYAN TANI

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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