

ASS. REC. BY:

REF: CS/CT: 19101512/ A1F3

Special Instruction:

Minim

By: Adnan

**ASSIGNMENT (Office)**

From (Person): On Kah Leung

of CT2

Date/Time: 5/11/19 10:56am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLV 26506

Insured:

GZ 884X

at Workshop m/s

ACE AUTOMOTIVE

Tel:

62441184

at 13 KAL Bukit Road 4 #03-29/32

Policy No:

DMC VSN16332719033

Claim No:

SNM 1910204371102

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

12/10/2019

CA / REV / REP. / REV 24 HRS

Date/Time:

5/11/19

Minim

Person Contacted:

Jenny

H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time	Action/Instruction ( ✓ ) (Signature)
3/15	Pending Adnan finalise

SLY2650C .

2016 Feb

Type of Damage: Collision

Type of Vehicle:

Make:

Mercedes Benz GLA180 1595

Colour:

Black

Chassis No:

62035

Engine:

O No:

WDC1569422J178847

Gen. Cond:

Good / Fair / Poor / Burnt

Steering:

In order / Jammed / Leaked / Burnt or

Brake:

In order / Jammed / Leaked / Burnt or

Modi:

Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 235/50 R18

R: 235/50 R18

ABS / DUN / EXNOVA / GY / FS / LIZA / Mic / OHTSU / PIR / SUMIT

TOYO / YOKO or

Front

Rear

R/Bal:

06

mm

R/Bal:

06

mm

L/Bal:

06

mm

L/Bal:

06

mm

D.O.A.:

D.O.A.:

05/11/19

Survey held at:

Ace Automobiles

Des. of Damages:

Frt / Rear / O/S NIS / U/C / Rooftop or

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

(Policy Condition)

Remarks: The veh had commenced its repair at the time of inspection.

Est. or Mark of Value

IDA / Accident Report:

Consistent? Yes or No

GLE / RP / Seen:

Consistent? Yes or No

Est. Expires:

days

Res:

Yes or No

3 Val:

Yes or No

QA / REV / REP / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Time Action Instruction

TP Ching

MV:

PV:

Nett:



Prel. Report



Final Report

Days Of Repair:

Recovery No. of Trips:

Survey Fee:



Eng. Fee:



Labour Fee:



Material Fee:



Other Fee:

## ...CLAIM SUBFOLDER...(New Assignment)

## CLAIM SUBFOLDER TRACKING

Case: Notified Est Submitted: Ad Assigned Ad Assigned Ad Assigned  
 04 Nov 2019 05 Nov 2019 10:56  
 Main Assign

Main	Reference	Claim Details	Documents						
<b>CLAIM SUBFOLDER DETAILS</b>			[Created by insurer]						
Insured:	<b>AMISARNI BINTE MOHD AMIN,</b>	ID: S7318238G							
Main Claimant:	<b>SLV2650C</b>	Date of Loss:	12/10/2019 14:00 - :59						
Vehicle Reg. No.:	<b>TP / SNM19D204871C02</b>	Policy/Cover Note No.:	DMCVSN16338719033						
Claim Type:	<b>GZ884X</b>	Policy No. (Claimant):	5100254201-01 (PREMIUM)						
Vehicle Reg. No. (Insured):		Excess:	S\$0.00						
Repairer:	<b>Ace Autolution Pte Ltd (KAKI BUKIT)</b> 13 Kaki Bukit Road 4, #03-29/30 Bartley Biz Centre, 417807 Kaki Bukit - Tel: 68441184								
Handling Insurer:	<b>China Taiping Insurance (Singapore) Pte. Ltd. (HQ)</b> - Tel: 6389 6111 ... [Handled by <b>Tan Kah Leong</b> - 63896193]								
Claimant's Insurer:	<b>NTUC Income Insurance Co-operative Ltd (HQ)</b> - Tel:								
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Final Rpt due 14/11/2019]								
<b>ASSOCIATED MAIL RECEIVED</b>			<a href="#">View All</a> <a href="#">Compose Case Mail</a>						
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b>			<a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a>						
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## 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 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 Report 13/10/2019 13:22  
Date Of Accident 12/10/2019 14:00  
Exact Location Of Accident PIE TO PAYA LEBAR  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV2650C  
**Insured/Policyholder**  
Name Of Registered Owner AMISARNI BINTE MOHD AMIN  
NRIC No S7318238G  
Email Address AMISARNI777@GMAIL.COM  
Mobile Phone No (LOCAL) +65-94757051  
Alternative Phone No OFFICE-94757051

### Vehicle Particulars

Manufacturer MERCEDES-BENZ  
Model GLA180-1.6 (A)

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 NTUC INCOME INSURANCE CO-OPERATIVE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number 5100254201-01 (PREMIUM)  
Cover Note Number

### Driver

Name of Driver AMISARNI BINTE MOHD AMIN  
NRIC No S7318238G  
Date Of Birth 22/05/1973  
Occupation INDOOR  
Date Of Driving Pass 18/12/2009  
Driving Experience 9 YEARS AND 9 MONTHS  
Gender FEMALE  
Mobile Number (LOCAL) +65-94757051  
Fax Number  
Contact Number OFFICE-94757051  
Email Address AMISARNI777@GMAIL.COM

Address	7 PASIR RIS LINK #11-19 SEASTRAND
Postcode	S518188
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

PLEASE SEE ATTACHED SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	UNABLE TO UPLOAD
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GZ884X
Vehicle Make/Model/Colour	PICKUP
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SAMUDI SOAUNDARRAJAN
NRIC/Passport Number	036809256
Contact Number	85882020
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**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**.
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**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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above 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.

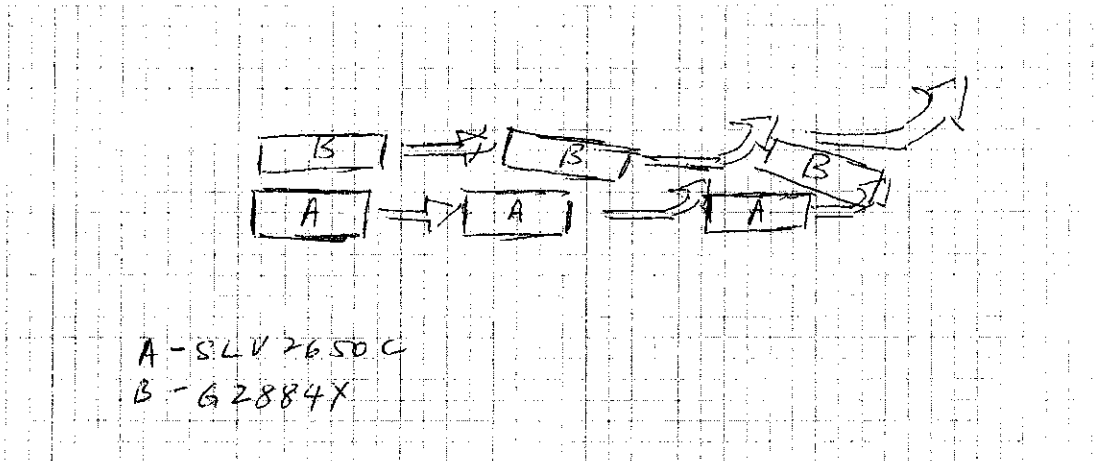


\_\_\_\_\_  
 Policyholder's Signature  
 Date & Time: 15/10/19  
 1.20 p.m.

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

\_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Driving along PIE (from Tross), exiting PIE entering Paya Lebar. Lanes' are arrow show turning into Paya Lebar. The driver (B) cut into my lane (car A) and hit the front passenger side of my car (car A).

DECLARATION

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

  
Policyholder's Signature  
Date & Time: 13/10/19  
1.30 p.m.

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

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# ACE AUTOLUTION PTE LTD

13 Kaki Bukit Road 4 Bartley Biz Centre #03-29  
Singapore 417807  
Tel: 6702 4282 Fax: 6702 4202

TP (hire)  
Devise

Page No. 1

Vehicle No. SLV2650C MERCEDES GLA180

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE (S\$)		SURVEYOR ADJUSTMENT		
PARTS (LIST ITEMS)							
1	FRONT BUMPER			1015.30		✓	
1	FRONT BUMPER FOGLAMP COVER LH			95.00		X	
1	FRONT HEADLAMP LH			2455.00		✓	
1	FRONT FENDER LH			1050.00		✓	
1	FRONT FENDER WHEEL ARCH GARNISH LH			225.00		✓	
1	FRONT FENDER INNER SHIELD LH			235.40		✓	
1	FRONT DOOR LH			1153.50		X	
1	FRONT DOOR HINGE LH			110.00		X	
1	FRONT SIDE MIRROR LH			849.00		✓	
1	FRONT SIDE MIRROR COVER LH			182.00		X	
					7370.20		
			less	10%	737.02	10%	
					6633.18		
SPECIAL ITEMS							
2	PARKING SENSOR @ \$310.00	30		620.00		✓	
1 SET	PARKING SENSOR WIRE HARNESS			175.00		✓	
1 SET	FRONT BUMPER CLIPS			100.00		✓	
1	FRONT FENDER INNER SHIELD CLIPS			100.00		20	
Total Parts				7528.18			





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Singapore 417807

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Page No. 2

Vehicle No. SLV2650C MERCEDES GLA180

S/N	DESCRIPTION	REPAIRER'S ESTIMATE	OUR ASSESSMENT
	<b>LABOUR</b>		
1	To remove the affected parts & fittings to commence repairs and replace damaged parts	1200.00	400
2	To supply paint materials, expandable items & putty, respray paint on parts replaced	1000.00	160
3	To remove and refix wiring at damaged areas	180.00	20
4	To perform anti rust treatment on affected areas	150.00	X
5	To remove and replace rear exhaust silencer assembly, realign and check exhaust system function	120.00	X
6	To remove & replace parking sensor	120.00	50
7	To conduct full computerised wheel alignment	120.00	X
8	To clear fault code with diagnostic computer and reset to Mercedes specification.	250.00	X
	Labour Total :	3140.00	1200
	<b>TOTAL (PARTS &amp; LABOUR):</b>	<b>10668.18</b>	

LKK Auto Consultants hereby notify the Repairer of the following:

- To resurvey before after spray painting
- To display damaged parts during re-survey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification is allowed
- Supplementary items must be surveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

total 10668.18  
10/11/13  
OK