

Surveyor

REF: CSI/SPF 19017357/ T19d3st

Special Instruction:

From (Person): Hafizul Farhan of SPF Date/Time: 2/10/2019

\$ 9612.60

ASSIGNMENT (Office)

Third Parties:

Claimant:

Surveyor:

Workshop: Cycle Carriage Industries

OD/TP Re-inspection Evaluation

To Inspect Vehicle No: SLA 5152P
at Workshop m/s: Cycle & Carriage Ind.
of: 188 Punden Road

Insured: QX 790A
Tel: 91217717

Policy No:

Claim No: AEMD/105/009/2019/080

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A: 01/07/2019

H.O.D. Endorsement/Date:

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time: Confirmed with Final Fig, days (Red \$ / %; Original, days)
Date/Time: 09/10/19 Submit Final Fig 9612.60, 5 days (Red \$ 0/10 %; Original, days)

Date/Time	Action/Instruction
	SLA 5152P-X
	QX 790A - CS1/SPF 17007927/Sph 3/2 DOA: 13/1/2017
2/10/19	Requested for survey report and both parties GJA Report. But SPF said they only have TP GJA.
	Repair cost fair and reasonable.. \$8812.60, 5 days
	* type report first as need awaiting Mr Lau to counter sign on fair & reasonable.

[Signature]
7/10/2019

Do Not Finalise

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

RECEIVED 08 OCT 2019

Para(3) : Nett Value

Market Value : _____
Salvage Value : _____
Nett Value : _____

Inspected/
Evaluated by:

Fee Charged:
Basic & Add
Transport
Photos
Others
Total

Date:

- 1) Date/Time _____ File Pass to _____
- 2) Date/Time _____ File Return to _____
- 3) Date/Time _____ File Pass to _____
- 4) Date/Time _____ File Return to _____
- 5) Date/Time _____ File Pass to _____
- 6) Date/Time _____ File Return to _____

Nivitha (LKK Auto)

From: Hafizul Farhan RAHMAT (SPF) <Hafizul_Farhan_RAHMAT@spf.gov.sg>
Sent: Wednesday, 2 October 2019 11:46 AM
To: Admin-D (LKKAuto); assignments
Cc: Frankie THAY (SPF)
Subject: ACCIDENT INVOLVING SLA5152P & QX790A ON 01/07/2019 AT ALONG PIE TWDS TUAS.
Attachments: Pre-repair photos_SLA5152P.pdf; Pre-repair photos_SLA5152P_2.pdf; WORKSHOP INVOICE 2019-080.pdf

Message Classification: Unclassified

Our ref: AEMD/105/009/2019/080

Hi,

Kindly conduct a paper survey of **SLA5152P**.

Photos attached.

Thank you.

Best Regards,

Hafizul Farhan Bin Rahmat

AEMD / PLD

Singapore Police Force

DID: (65) 6478 4840 | FAX: (65) 6478 4848



HOME TEAM
TRANSFORMATION 2025
One Home, One Team
Building Our Future Together

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ceive this in error "

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 willful 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	01/07/2019 16:32
Date Of Accident	01/07/2019 07:30
Exact Location Of Accident	ALONG PIE TWDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA5152P
Insured/Policyholder	
Name Of Registered Owner	ONG FOONG MING LINDA
NRIC No	S1688043D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97999255
Alternative Phone No	OFFICE-97999255

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A180
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?	YES
If No, Please state action to be taken	
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	1800024409-01
Cover Note Number	

Driver

Name of Driver	ONG FOONG MING LINDA
NRIC No	S1688043D
Date Of Birth	25/10/1965
Occupation	INDOOR
Date Of Driving Pass	19/10/1990
Driving Experience	28 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97999255
Fax Number	
Contact Number	OFFICE-97999255
E-Mail Address	NOEMAIL

Address	71A KOON SENG RD
Postcode	427007
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 (including own vehicle) involved in the accident	2
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?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20190701/2112. CLEMENTI NPC.

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	QX790A
Vehicle Make/Model/Colour	HYUNDAI WHITE
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	POLICE SGT FAIZ SUFYAN
NRIC/Passport Number	T180244
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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 lodgment 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 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.



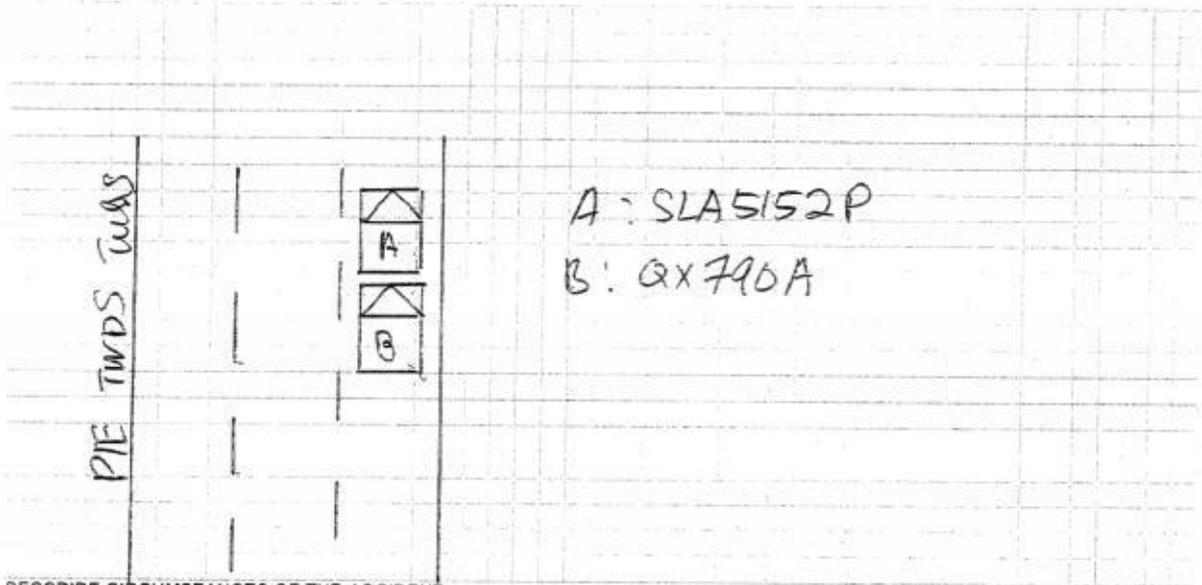
Policyholder's Signature
Date & Time

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

Go Chee Han
DID : 6771 4336 HP : 9181 7717
Email : cheehan.go@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop

Reporting Centre Personnel's
Name:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

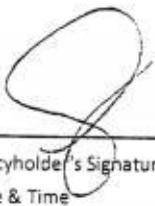
Refer to police report: T/2019701/2112

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)



Policyholder's Signature
Date & Time

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

Go Chee Han
DID : 6771 4336 HP : 9181 7717
Email : cheehan.go@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop

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



Mercedes-Benz

Cycle & Carriage
Industries Pte Limited
Authorised Dealer
Company No. 196400367W
GST Reg No. MR-8500111-X

TAX INVOICE

Invoice Name & Address	Owner Name & Vehicle Info
AIG Asia Pacific Insurance Pte. Ltd. MOTOR CLAIM DEPARTMENT 78 SHENTON WAY #08-16 AIG BUILDING SINGAPORE 079120 Contact No 64191000	Cust No/Name / Ong Foong Ming Linda Reg No/Reg Date SLA5152P / 03/03/2016 Date In/Mileage 02/07/2019/ 69136 Chassis No WDD1760422J417365 Engine No 27091030823076 Make/Model MB/MB A 180 (W176) "STYLE" Colour/Trim 025 589 Jupiter Re/ 044 461 ARTICO/Fabr

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No	Invoice/Credit Note No
WA000007	Credit	16/09/2019/ 18:36	CH	371 / Go Chee Han	34710	28158017

Description of Goods / Services	Qty	Unit Price S\$	Amount S\$
Z REQUEST			
Customer Request			
M BPNSUN			F.O.C.
POLICY NO/ACC DATE : 1800024409-01 // 1-7-2019			
DRIVE IN/EXCESS : 1-7-2019 // \$800			
DATE IN/DATE SURVEY: 2-7-2019 1215 // LOIS - AIG			
BY/AUTHORIZED ON : 2-7-2019 1215 // LOIS - AIG			
A BPILAB		30.00	2016.00
STRAIGHTEN, REMOVE SUPPORT ASSY FROM FRAME IMPACT DISASSEMBLE AND REPLACE ATTACHED DAMAGED PARTS & REFINISH.			
A BPIRES			1800.00
RESPRAY REAR BUMPER & TAILGATE & END PANEL			
A BPILAB		0.10	380.00
USING XENTRY DIAGNOSTIC TO CHECK ON CONTROL UNIT RESET MEMORY TO IDENTIFICATION STANDARD. NETT			
A BPILAB			96.00
CHECK REAR LIGHTING SYSTEM AND WATER TEST FOR ANY LEAKAGE. NETT			
A BPILAB			504.00
REMOVE & REPLACE REAR WINDSCREEN WITH INSTALL . NETT			
S BPNSUB			300.00
SUPPLY AND INSTALL 1 PC HUPER OPTIK WINDOW FILM ON: REAR WINDSCREEN			
X BPNEXC			-800.00
INSURANCE EXCESS			
X REAR BUMPER	1.00	1337.36 10.00	de ✓ 1203.62
X REAR BUMPER LOWER TRIM	1.00	230.80 10.00	de ✓ 207.72
X LOWER COVER BUMPER AREA	1.00	133.29 10.00	de ✓ 119.96
X CTR BASIC MOUNTING FOR BUMPER	1.00	108.94 10.00	dis ✓ 98.05
X REAR CROSS MEMBER	1.00	473.66 10.00	st ✓ 426.29
X TAILGATE	1.00	1833.57 10.00	bt ✓ 1650.21
X INTERMEDIATE LAYER	2.00	4.74 10.00	net ✓ 8.53
X A180 MODEL PLATE	1.00	81.74 10.00	net ✓ 73.57
X REAR WINDOW	1.00	563.44 10.00	net ✓ 507.10

Payment should be made strictly by cash, NETS or credit cards. Thank you.

Any dispute to the Invoice must be made within 3 days. This is a computer generated document, no signature is required.

Pandan Loop Service Center
188 Pandan Loop
Singapore 128378
Tel: 6777 8388
Fax: 6779 5363
www.mercedes-benz.com.sg



Mercedes-Benz

Cycle & Carriage
Industries Pte Limited
Authorised Dealer
Company No. 196400367W
GST Reg No. MR-8500111-X

TAX INVOICE

Invoice Name & Address	Owner Name & Vehicle Info
AIG Asia Pacific Insurance Pte. Ltd. MOTOR CLAIM DEPARTMENT 78 SHENTON WAY #08-16 AIG BUILDING SINGAPORE 079120 Contact No 64191000	Cust No/Name / Ong Foong Ming Linda Reg No/Reg Date SLA5152P / 03/03/2016 Date In/Mileage 02/07/2019/ 69136 Chassis No WDD1760422J417365 Engine No 27091030823076 Make/Model MB/MB A 180 (W176) "STYLE" Colour/Trim 025 589 Jupiter Re/ 044 461 ARTICO/Fabr

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No	Invoice/Credit Note No
WA000007	Credit	16/09/2019/ 18:36	CH	371 / Go Chee Han	34710	28158017

Description of Goods / Services	Qty	Unit Price S\$	Amount S\$
X GROMMET	2.00	2.51 10.00	rec 4.52
X MERCEDES STAR	1.00	50.83 10.00	rec 45.75
X [STR] ADHESIVE FILM CUTTING	2.00	6.63 10.00	rec 11.93
X [STR] ONE-COMPONENT ADHESIVE	1.00	156.83 10.00	rec 141.15
X [STR] SEALING STRIP	2.00	2.51 10.00	rec 4.52
X TREEMAIL	4.00	3.80 10.00	rec 13.68

Cycle & Carriage celebrates 120 years.
Visit www.cyclecarriage.com/120 for more info!

Parts	4,516.60	Nett	8,812.60
Labour	4,796.00	7% GST on	8812.60
Standard Menu	0.00		616.88
Specialist Job	300.00	Total Payable	9,429.48
Diagnostics Job	0.00	Paid	0.00
Sundry/Others	-800.00	Total Due	9,429.48
Total(w/o GST)	8,812.60		

Payment should be made strictly by cash, NETS or credit cards. Thank you.

Any dispute to the invoice must be made within 3 days. This is a computer generated document, no signature is required.

Pandan Loop Service Center
188 Pandan Loop
Singapore 128378
Tel: 6777 8388
Fax: 6779 5383
www.mercedes-benz.com.sg



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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLA 5152P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER (SN)	DEFORMED	1,203.62	1,203.62
1	REAR BUMPER LOWER TRIM (SN)	DEFORMED	207.72	207.72
1	LOWER COVER BUMPER AREA (SN)	DEFORMED	119.96	119.96
1	CTR BASIC MOUNTING FOR BUMPER (SN)	DISTORTED	98.05	98.05
1	REAR CROSS MEMBER (SN)	BENT	426.29	426.29
1	TAILGATE (SN)	BENT	1,650.21	1,650.21
2	INTERMEDIATE LAYER (SN)	NECESSARY	8.53	8.53
1	A180 MODEL PLATE (SN)	NECESSARY	73.57	73.57
1	REAR WINDOW (SN)	NECESSARY	507.10	507.10
2	GROMMET (SN)	NECESSARY	4.52	4.52
1	MERCEDES STAR (SN)	NECESSARY	45.75	45.75
2	(STR) ADHESIVE FILM CUTTING (SN)	NECESSARY	11.93	11.93
1	(STR) ONE-COMPONENT ADHESIVE (SN)	NECESSARY	141.15	141.15
2	(STR) SEALING STRIP (SN)	NECESSARY	4.52	4.52
4	TREENAIL (SN)	NECESSARY	13.68	13.68
			4,516.60	4,516.60
<u>LABOUR</u>				
STRAIGHTEN, REMOVE SUPPORT ASSY FROM FRAME IMPACT DISASSEMBLE AND REPLACE ATTACHED DAMAGED PARTS & REFINISH.			2,016.00	2,016.00
RESPRAY REAR BUMPER & TAILGATE & END PANEL.			1,800.00	1,800.00
USING XENTRY DIAGNOSTIC TO CHECK AND CONTROL UNIT RESET MEMORY TO IDENTIFICATION STANDARD.			380.00	380.00
CHECK REAR LIGHTING SYSTEM AND WATER TEST FOR ANY LEAKAGE.			96.00	96.00
REMOVE & REPLACE REAR WINDSCREEN WITH INSTALL.			504.00	504.00
SUPPLY AND INSTALL 1 PC HUPER OPTIK WINDOW FILM ON: REAR WINDSCREEN.			300.00	300.00
			-	-
			-	-
			-	-
			5,096.00	5,096.00
GRAND TOTAL			9,612.60	9,612.60



RECOMMENDED COST OF REPAIRS			9,612.60
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Report Ref No. CS1/SPF19017357/T1qd3s2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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