

ASS. REC. BY:

REF: CS/CT 19041512/ A1F3

Special Instruction:

001/1/1

Adnan

ASSIGNMENT (Office)

From (Person): On Kah Wong

of CT1

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 Automobile

Tel:

62441134

of 13 Tan Buri Road 4 #03-29/32

Policy No:

DMVSV16332719033

Claim No:

SV:191020437102

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

11:44am

Person Contacted:

Jenny

H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time

Action/Instruction (☒) (☐)

3/15

Pending Adnan finalize

SLY26SOC.

2016 Feb

☒ Accident ☐ Damage ☐ Other

Insured / Third Party

Make

Mercedes Benz GLA180 1595

Colour

Black

Insured / Self / Other

Op. Reg. No.

62035

Insured / Self / Other

Eng. No.

Chassis

WDC1569422J178847

Gen. Cond. ☒ Good / Fair / Poor / BurntSteering ☒ In order / Jammed / Leaked / Burnt orBrake ☒ In order / Jammed / Leaked / Burnt orModi 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 / ☐ SUMI /

TOYO / YOKO or

☐ Repaired ☐ Repaired ☐ Repaired

☐ Repaired ☐ Repaired

☐ Repaired ☐ Repaired

☐ Repaired

☐ Repaired

☐ Repaired

☐ Repaired

☐ Repaired

☐ Repaired

☐ Repaired

(Policy Condition)

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

N/S	O/S

Ballon / Mark of Value

IDA - Accident Report Consistent? Yes or No

GLE - PP Seen Consistent? Yes or No

Est. Ex. days Est. Yes or No

Ins. Val. 3 Val. Yes or No

QA - REV / REP. / 24 HRS

Date

Person Contacted

Vehicle IN / OUT

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 Automobile.

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

The U/C / Chassis frame / Body Structure affected (mark) (mark)

Date / Time

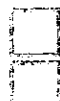
Action / Instruction

TP China

MV:

PV:

Nett:

☐ Preb. Report

☐ Preb. Report

☐ Preb. Report

☐ Preb. Report

Days Of Repair:

Recovery No. of Trip:

☐
☐
☐
☐
☐
☐
☐
☐
☐

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	04 Nov 2019		05 Nov 2019 10:56 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All																																																		
CLAIM SUBFOLDER DETAILS [Created by insurer]																																																						
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Insured:</td> <td colspan="4"></td> </tr> <tr> <td>Main Claimant:</td> <td>AMISARNI BINTE MOHD AMIN,</td> <td>ID: S7318238G</td> <td colspan="2"></td> </tr> <tr> <td>Vehicle Reg. No.:</td> <td>SLV2650C</td> <td>Date of Loss:</td> <td colspan="2">12/10/2019 14:00 - :59</td> </tr> <tr> <td>Claim Type:</td> <td>TP / SNM19D204871C02</td> <td>Policy/Cover Note No.:</td> <td colspan="2">DMCVSN16338719033</td> </tr> <tr> <td>Vehicle Reg. No. (Insured):</td> <td>GZ884X</td> <td>Policy No. (Claimant):</td> <td colspan="2">5100254201-01 (PREMIUM)</td> </tr> <tr> <td></td> <td></td> <td>Excess:</td> <td colspan="2">S\$0.00</td> </tr> <tr> <td>Repairer:</td> <td colspan="4">Ace Autolution Pte Ltd (KAKI BUKIT) 13 Kaki Bukit Road 4, #03-29/30 Bartley Biz Centre, 417807 Kaki Bukit - Tel: 68441184</td> </tr> <tr> <td>Handling Insurer:</td> <td colspan="4">China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Tan Kah Leong - 63896193]</td> </tr> <tr> <td>Claimant's Insurer:</td> <td colspan="4">NTUC Income Insurance Co-operative Ltd (HQ) - Tel:</td> </tr> <tr> <td>Adjuster:</td> <td colspan="4">LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 14/11/2019]</td> </tr> </table>					Insured:					Main Claimant:	AMISARNI BINTE MOHD AMIN,	ID: S7318238G			Vehicle Reg. No.:	SLV2650C	Date of Loss:	12/10/2019 14:00 - :59		Claim Type:	TP / SNM19D204871C02	Policy/Cover Note No.:	DMCVSN16338719033		Vehicle Reg. No. (Insured):	GZ884X	Policy No. (Claimant):	5100254201-01 (PREMIUM)				Excess:	S\$0.00		Repairer:	Ace Autolution Pte Ltd (KAKI BUKIT) 13 Kaki Bukit Road 4, #03-29/30 Bartley Biz Centre, 417807 Kaki Bukit - Tel: 68441184				Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Tan Kah Leong - 63896193]				Claimant's Insurer:	NTUC Income Insurance Co-operative Ltd (HQ) - Tel:				Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 14/11/2019]			
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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
EEmail 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

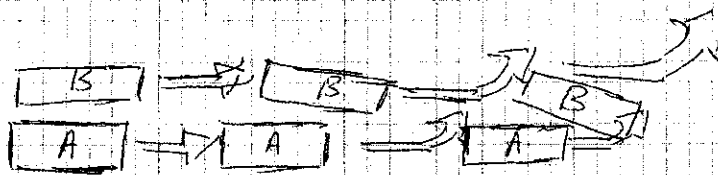
Attachment(s)

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



A-SLV 2650 C
B-62884X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving along PIE (from Tuas), exiting PIE entering Paya Lebar. Lane's ~~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: 1/3/10/19
1:20 p.m.

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



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

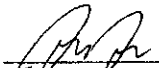
SKETCH PLAN

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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.

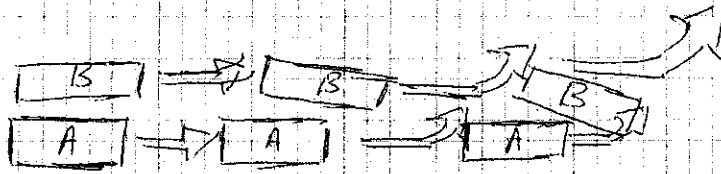

Policyholder's Signature
Date & Time: 13/10/19
1.20 p.m.

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



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

SKETCH PLAN



A - SLV 2650 C
B - G 2884 X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving along PIE (from Tuas), exiting PIE entering Paya Lebar. Driver's side 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: 1/3/10/19
1:20 p.m.
Sgt. M. J. [illegible]

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 Chiro

Page No. 1

Devisé

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 <i>not rec</i>			95.00		x
1	FRONT HEADLAMP LH <i>couled</i>			2455.00		✓
1	FRONT FENDER LH <i>Dented</i>			1050.00		✓
1	FRONT FENDER WHEEL ARCH GARNISH LH <i>at</i>			225.00		✓
1	FRONT FENDER INNER SHIELD LH <i>at</i>			235.40		✓
1	FRONT DOOR LH <i>key</i>			1153.50		x
1	FRONT DOOR HINGE LH <i>not rec</i>			110.00		x
1	FRONT SIDE MIRROR LH <i>at</i>			849.00		✓
1	FRONT SIDE MIRROR COVER LH <i>at</i>			182.00		x
				7370.20		
		less	10%	737.02	10%	
				6633.18		
	SPECIAL ITEMS					
2	PARKING SENSOR @\$310.00 <i>2 part</i>			620.00		✓
1 SET	PARKING SENSOR WIRE HARNESS			175.00		✓
1 SET	FRONT BUMPER CLIPS <i>not</i>			100.00		✓
1	FRONT FENDER INNER SHIELD CLIPS <i>at</i>			100.00		20
	Total Parts			7528.18		



ACE AUTOLUTION PTE LTD

13 Kaki Bukit Road 4 Bartley Biz Centre #03-29

Singapore 417807

Tel:6702 4282 Fax:6702 4202

Page No. 2

Vehicle No. SLV2650C MERCEDES GLA180

S/N	DESCRIPTION	REPAIRER'S ESTIMATE	OUR ASSESSMENT
	<u>LABOUR</u>		
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	1000
	TOTAL (PARTS & LABOUR):	10668.18	

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer

Signature:

Date:

total 10668.18

10/10

04/10/11