

ASS. REC. BY:

REF: C72 / 2000 5450/KV

Kenneth

## ASSIGNMENT

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

Estimated Cost: \_\_\_\_\_

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

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

at Workshop m/s \_\_\_\_\_ Complete VMS

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

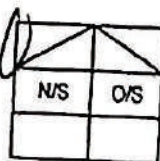
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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



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

IDAC Accident Report: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Veh No: SJH 788A Yr Regn: 12, 13

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

Truck / Trailer or

Make: Mer 18250 c.c. 1991

Colour: M.L. Blue A/C: Insured / Std / NI / NA

Sp. Reading: 93472 T/Radio: Insured / Std / NI / NA

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

C/No: WDO 21203824-840632

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: \_\_\_\_\_

R: 245/45R17

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

TOYO / YOKO or

Front

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 24/4/20

Survey held at

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

N/S M

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

4/6/20-Typist

Report Format: Merimen

Lump Sum I.B.I: (\$ \$4900

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ )

☐ : Interview (\$ )

☐ : Tech Invs (\$ )

☐ : Weekend (\$ )

Survey Fee:

Transportation:

S - RS. \$

Fees

Others

TOTAL





Email : darren@completevms.com.sg ( )  
lily@completevms.com.sg ( )  
lihui@completevms.com.sg ( )

HENG BOON LEONG, ROGER  
BLK 402 SIN MING AVE #20-321  
SINGAPORE 570402

Attention : THE OWNER  
Contact : 85221974

Estimate : ES006984

Date : 25/04/2020  
Vehicle Num. : SJH788A  
Make/Model : MERCEDES E250-2013  
Chassis/Eng# : WDD2120362A840632/274920300830  
Accident Date : 24/04/2020  
Claim No. :  
Reference :  
Policy No. :

S/N Quantity Particular

Unit Price Amount S\$

1.	1	NETT ITEMS :
2.	1	FRONT FENDER L/H
3.	6	FRONT FENDER GARNISH L/H
4.	1	FRONT FENDER GARNISH CLIP L/H
5.	1	HEADLAMP L/H
6.	1	HEADLAMP GARNISH
7.	1	HEADLAMP BRACKET L/H
8.	1	FRONT BUMPER
9.	6	FRONT BUMPER SIDE RETAINER L/H
10.	2	FRONT BUMPER CLIP
11.	4	FRONT BUMPER SENSOR
		FRONT BUMPER SENSOR HOLDER

1,189.00	✓
228.00	X
4.00 24.00	X
3,940.00	7
76.00	X
337.00	X
1,890.00	✓
158.00	✓
6.00 36.00	✓
245.00 490.00	X
35.00 140.00	X

Nett Total S\$ :  
5.00% Discount S\$ :

10%

8,508.00  
425.40  
8,082.60

LABOUR :  
RUST PROOFING TREATMENT  
CHANGE HEAD LAMP PROGRAM CODING TO INITIALIZE  
SPRAY PAINT DAMAGED AREA AFFECTED  
TO KNOCK AND STRAIGHTEN FRONT CHASSIS FRAME AND CHANGE  
ALL NECESSARY PARTS

100.00 X  
280.00 ?  
850.00  
950.00

Labour Total S\$ :

2,180.00

SingDollars : Ten Thousand Two Hundred Sixty-Two & Cents Sixty Only

Total S\$ : 10,262.60

COMPLETE VMS PTE LTD

This is only an estimate bases on our preliminary inspection and does not cover additional parts and labour may be required after the work has begun

LKK Auto Consultants hence notify the Repairer of the following:  
• To resurvey before/after spray painting  
• To display damaged part(s) during resurvey  
• Items which 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:



## 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	25/04/2020 13:13
Date Of Accident	24/04/2020 14:40
Exact Location Of Accident	BLK 401 SIN MING AVE OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH788A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HENG BOON LEONG, ROGER
NRIC No	SXXXX930H
Email Address	ROGERHENG1974@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85221974
Alternative Phone No	OFFICE-85221974

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI19V13468 /VPC /R00
Cover Note Number	

### Driver

Name of Driver	HENG BOON LEONG, ROGER
NRIC No	SXXXX930H
Date Of Birth	04/02/1974
Occupation	INDOOR
Date Of Driving Pass	03/08/2012
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85221974
Fax Number	
Contact Number	OFFICE-85221974
Email Address	ROGERHENG1974@GMAIL.COM

Address **APT BLK 402 SIN MING AVENUE**  
#20-321 SINGAPORE

Postcode **570402**

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 **HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED**

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) **0**

#### Details of Police Action

Was the accident reported to the police? **YES**

If Yes, Please state which Police Station

Police Station Name

Police Station Address

**BISHAN NEIGHBOURHOOD POLICE CENTRE**  
**ROAD: 20 BISHAN STREET 23 . POSTCODE: 579757 . COUNTRY:**  
**SINGAPORE**  
**TEL NO: 1800-5529999 - FAX NO: 65561905**

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident**

**REFER TO ATTACHED**

#### Attachment(s)

Are accident photos available for attachment? **YES**

Was there any video captured by Car Camera? **YES**

Was there any audio recorded? **NO**

#### Details of Witness 1

Name

Phone Number

Email Address

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

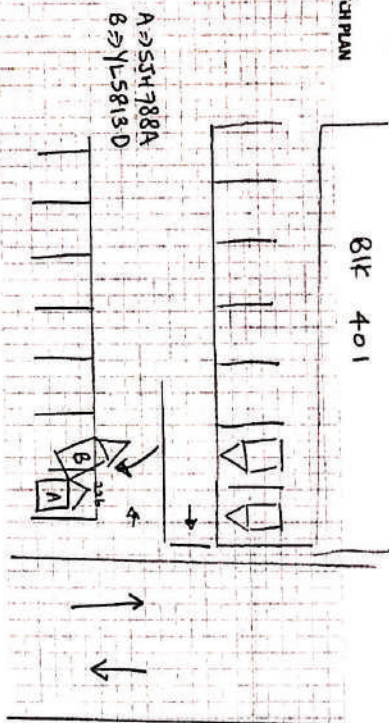
#### DETAILS OF OTHER VEHICLE PROPERTY 1

**YL5813D**

**COMMERCIAL VEHICLE**



## 814 401



Ref to police statement.

Ref to police statement.

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

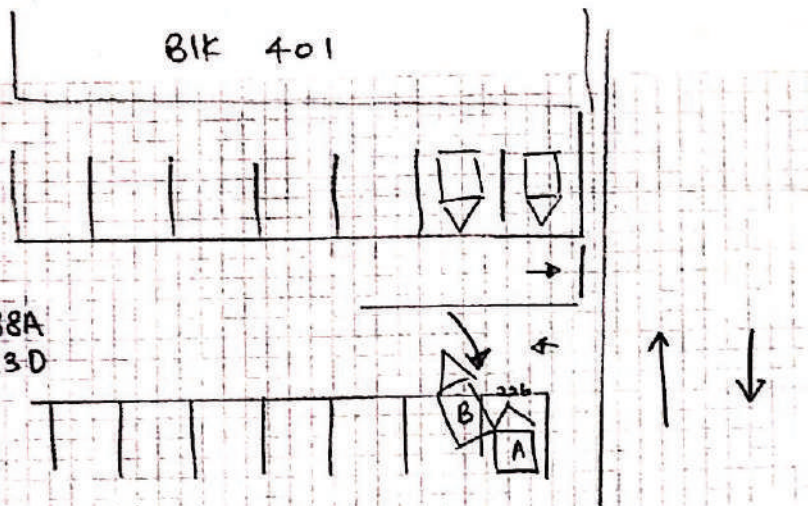
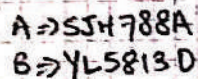
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Her

*[Signature]*

### SKETCH PLAN

81K 401




**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Ref to police statement.

### DECLARATION

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

  
Policyholder's Signature  
Date & Time:

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

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