

ASS. REC. BY:

REF: SMO/20005542/K9

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Cprim

of _____

Insured: _____

Policy No. _____

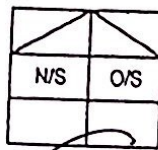
Claims No. _____

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: 06 days Res.: Yes or NoLum Sum: 1.8.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLU 888B Yr Regn: 11, 17Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Mer E250 c.c. 1991Colour: Black A/C: Insured / Std / NI / NASp. Reading: 52624 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2130452A 298626Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rlm / STD A/Rlm orTyre Size: F: 245/40 R19R: 275/35 R19

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

TOYO / YOKO or _____

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 30/4/20

Survey held at _____

Rear

R/Bal. 7 mmL/Bal. 7 mmD.O.I. 5/5/2020Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

12/05 Typist

☐ : Final Report

Date/Time, File Return to?

Days Of Repair: 6Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Fees

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)

Report Format: TP

Comp Sum / I.B.I. (\$) 10855.39

Date: 04.05.2020
 Vehicle No: SLU666B
 Model: MERCEDES BENZ E250
 Chassis: WDD2130452A298626-2017
 Reg.Year: 2017

Third Party Insurer: SOMPO
 Third Party Veh No: GBF5486T
 Date of Accident: 01.05.2020

*NOT Authorized
 Repairing B4 pain*

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR BOOT LID	1	Bt	\$2,550.00
2	REAR BOOT LID "E250" EMBLEM	1	Me	\$118.00
3	REAR BOOT LID "AMG" EMBLEM	1	Me	\$139.60
4	REAR BOOT LID CHROME MOULDING	1	CM	\$156.70
5	REAR BOOT LID LOGO EMBLEM	1	Me	\$75.00
6	REAR BUMPER	1	Bu	\$2,422.00
7	REAR BUMPER CLIPS	8	\$6.20	Me \$49.60
8	REAR BUMPER REINFORCEMENT	1		\$929.00
9	REAR BUMPER INNER CENTER GUIDE	1		\$196.40
10	REAR BUMPER UPPER BRACKET LH	1		\$75.00
11	REAR BUMPER UPPER BRACKET RH	1		\$75.00
12	REAR BUMPER LOWER LIP COVER	1	CM	\$545.00
13	REAR BUMPER LOWER LIP COVER CHROME MOULDING	1	Me	\$362.00
14	REAR TAIL LAMP LH	1		\$855.70
15	REAR SAFETY BELT ASSY LH	1	Th	\$1,232.00
16	REAR SAFETY BELT ASSY RH	1	Th	\$1,232.00
17	FRONT SAFETY BELT ASSY RH	1	Th	\$1,565.00
18	AIR BAG CONTROL UNIT	1	Me	\$1,360.00
19	REAR AIR BAG IMPACT SENSOR LH	1	Me	\$272.00
20	REAR AIR BAG IMPACT SENSOR RH	1	Me	\$272.00
21	FRONT AIR BAG IMPACT SENSOR RH	1	Me	\$272.00
22	REAR TAIL LAMP UPPER COVER LH	1	Di's	\$78.20
23	REAR END PANEL	1		REPAIR
SUB TOTAL				\$14,832.20
LESS 10%				-\$1,483.22
PARTS TOTAL				\$13,348.98

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices 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:

Head office

6 Kung Chong Road Singapore 159143
 Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554500
 Tel: (+65) 6484 9919 | Fax: (+65) 6481 1011

Branch

551 Upper Thomson Road Singapore 574415
 Tel: (+65) 6452 6868 | Fax: (+65) 6452 9223



Date: 04.05.2020
 Vehicle No: SUJ6668
 Model: MERCEDES BENZ E250
 Chassis: WDD021304524298626-2017
 Reg. Year: 2017

Third Party Insurer: SOMPO
 Third Party Veh No: GBFS486T
 Date of Accident: 01.05.2020

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIN, REPAIR & READJUST REAR ACCIDENT AREAS & ETC.	\$1,200.00	500
LABOUR CHARGES TO REMOVE & REFIN REAR BUMPER REVERSE SENSOR & ETC. TO EFFECT REPLACE OF REAR BUMPER & ETC.	\$80.00	60
LABOUR CHARGES TO REMOVE & REPLACE REAR SAFETY BELT LH & RH, REAR SEAT ADDN, FRONT SAFETY BELT RH ADDN & ETC.	\$250.00	200
LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR BOOT LID, REAR END PANEL, REAR BUMPER & ETC.	\$900.00	500
TO TUFF KOTE & UNDERSEAL MATERIALS.	\$200.00	X
TO CHECK WIRING & ELECTRICAL SYSTEM & ETC.	\$80.00	20
TO RESET AIR BAG CONTROL UNIT & ETC. BACK TO ORIGINAL OPERATIONS.	\$120.00	✓
TO DIAGNOSIS FAULTY CODE & RESET MEMORY.	\$180.00	150

LABOUR TOTAL \$3,020.00

TOTAL \$16,368.98

HEAD OFFICE

6 Tang Chuan Road Singapore 151143
 Tel: (+65) 6472 1212 Fax: (+65) 6472 2112

Branch

54 Serangoon North Ave 5 Singapore 554505
 Tel: (+65) 6484 9919 Fax: (+65) 6481 1011

Branch

501 Upper Thomson Road Singapore 574415
 Tel: (+65) 6432 8868 Fax: (+65) 6432 9223



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	30/04/2020 15:45
Date Of Accident	30/04/2020 13:45
Exact Location Of Accident	SLIP RD OF TPE TWDS LOYANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU666B
Insured/Policyholder	
Name Of Registered Owner	NAH SOON GUAN
NRIC No	SXXXX436J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96851233
Alternative Phone No	OFFICE-96851233

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250

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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ19-006721
Cover Note Number	

Driver

Name of Driver	NAH SOON GUAN
NRIC No	SXXXX436J
Date Of Birth	29/11/1973
Occupation	INDOOR
Date Of Driving Pass	14/05/1992
Driving Experience	27 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96851233
Fax Number	
Contact Number	OFFICE-96851233
EMail Address	NOEMAIL

Address	67 ELIAS TERRACE
Postcode	519806
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?	YES
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS STATIONARY STOPPED TO GIVE WAY TO THE MAJOR ROAD ON MY RIGHT. SUDDENLY, A LORRY (GBF5486T) CAME FROM BEHIND AND HIT ONTO THE REAR PORTION OF MY VAN. THE IMPACT WAS SO GREAT THAT I FELT PAIN ON MY BACK AND NECK. I CAME DOWN TAKE SOME PHOTO AND WAS ADVISED TO MAKE A THIRD PARTY CLAIM.

Attachment(s)

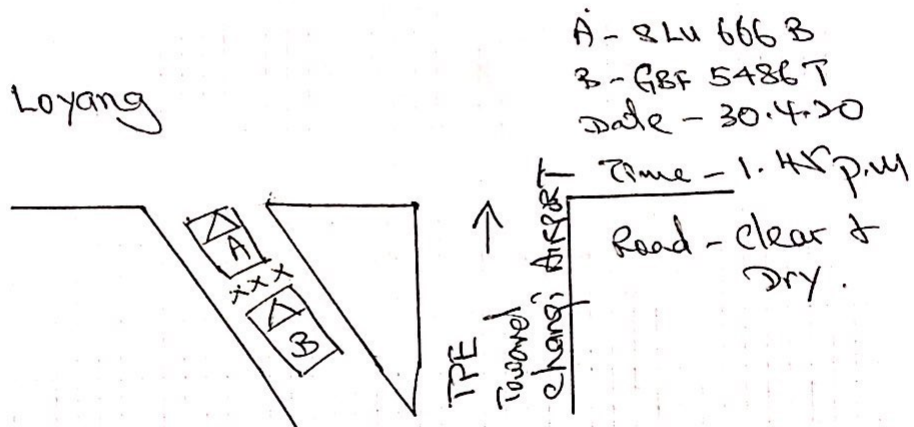
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF5486T
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MANOKARAN KUMARIANANDAN
NRIC/Passport Number	
Contact Number	85108980
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary stopped to give way to the major Road on my right.

Suddenly a lorry GBF 5486 T come from behind and hit onto the rear portion of my van.

The impact was so great that I fell a pain at my back neck.

I came down to take some photo. And advice to make a 3 party claim.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.

Reporting Only
Claim OD
Claim TP
Claim OD/TP at other workshop

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.: