

ASS. REC. BY:

REF:

MSH 20016820 / K

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

MBM

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

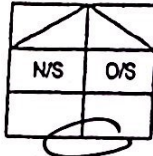
(Client's Record)

Make of Veh:

2.30pm

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2-3 days Res.: Yes or No

Lum Sum: 1.B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMR 27702 Yr Regn: 12.19

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

Truck / Trailer or

Make:

M/GLE 400 c.c. 2996

Colour

DAB/Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

57.8

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WOC 2923562 A137450

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

275/50R20

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

8/10/20

D.O.I.

20/10/2020

Survey held at

Des. 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

lump sum 3500, 3days(red: 4760;57%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

3

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - R.S. - SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format:

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

MBM WHEELPOWER PTE. LTD.

YOUR REF.: SLU3553Z

OUR REF.: SMR2770Z

TO: MSIG Insurance (Singapore) Pte Ltd

CC: MOTOR CLAIMS DEPARTMENT

FAX:

Not Authored
Return B4pain
2-3 days

DATE: 7/10/2020
FROM: Lee Shirley
FAX: 6452 5333
CONTACT: 8686 5188
MAKE & MODEL: MERCEDES BENZ GLE400 4MATIC
CHASSIS NO.: WDC2923562A137450
ENGINE NO.: 27682130961594
YEAR MADE: 2019
ACCIDENT DATE: 6 October 2020

ESTIMATE FOR VEHICLE NO.: SMR2770Z

NO.	DESCRIPTION	PART NO.	QTY.	LIST PRICE
1	TAILGATE		1	\$ 7,000.00
2	TAILGATE WEATHERSTRIP		1	\$ 500.00
3	TAILGATE MERCEDES LOGO		1	\$ 150.00
4	TAILGATE EMBLEM "GLE 400"		1	\$ 120.00
5	TAILGATE EMBLEM "4MATIC"		1	\$ 700.00
6	TAILGATE LAMP LH		1	\$ 700.00
7	TAILGATE LAMP RH		1	\$ 900.00
8	TAILLAMP LH		1	\$ 900.00
9	TAILLAMP RH		1	\$ 2,500.00
10	REAR BUMPER		1	\$ 250.00
11	REAR BUMPER SPONGE		1	\$ 95.00
12	REAR BUMPER RETAINER LH		1	\$ 95.00
13	REAR BUMPER RETAINER RH		1	\$ 200.00
14	REAR BUMPER TOWING COVER		1	\$ 800.00
15	REAR BUMPER LOWER COVER TRIM		1	\$ 800.00
16	REAR BUMPER DIFFUSER CHROME		1	\$ 50.00
17	REAR BUMPER REFLECTOR LH		1	\$ 50.00
18	REAR BUMPER REFLECTOR RH		1	\$ 800.00
19	REAR BUMPER SENSOR		4	\$ 80.00
20	REAR BUMPER CLIP		10	\$ 1,800.00
21	REAR BUMPER REINFORCEMENT		1	\$ 2,000.00
22	END PANEL		1	

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:

MBM WHEELPOWER PTE. LTD.

160 SIN MING DRIVE, #06-02

SIN MING AUTOCITY

6262 8888 / 6452 5333

COMPANY REG. NO.: 200204110W

SPECIAL NETT

REAR NUMBER PLATE & HOLDER
BODY SEALANT
CERAMIC COATING

1	\$	455m	80.00
1	\$	nn x	50.00
1	\$	7	800.00

LABOUR

TO REMOVE, REFIT & REPAIR AFFECTED DAMAGED PARTS
TO CHECK & RECONNECT ALL NECESSARY WIRING
TO REMOVE & REFIT ALL SENSOR
TO RESET ENGINE WARNING LIGHT (ABS, SRS, ECU MEMORY & ETC)
TO APPLY ANTI RUST COATING
TO SPRAY PAINT ON THE AFFECTED AREAS

	\$	30d	1,600.00
	\$	2d	200.00
	\$	6d	250.00
	\$?	200.00
	\$	nn x	80.00
	\$	30d	1,200.00
TOTAL:	\$		8,260.00
7% GST:	\$		578.20
GRAND TOTAL:	\$		8,838.20

MBM WHEELPOWER PTE. LTD.

160 SIN MING DRIVE, #06-02

SIN MING AUTOCITY

6262 8888 6452 5333

COMPANY REG. NO.: 200204110W

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 07/10/2020 11:54
Date Of Accident 06/10/2020 09:45
Exact Location Of Accident JALAN BAHAR
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR2770Z
Insured/Policyholder
Name Of Registered Owner ZHU SHIYU
NRIC No SXXXX387J
Email Address SHIRLEY.LEE@MBMWHEELPOWER.COM.SG
Mobile Phone No (LOCAL) +65-97258090
Alternative Phone No OFFICE-97258090

Vehicle Particulars
Manufacturer MERCEDES-BENZ
Model GLE400
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 AXA INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number VA1/GA521293
Cover Note Number

Driver
Name of Driver ZHU SHIYU
NRIC No SXXXX387J
Date Of Birth 17/10/1984
Occupation INDOOR
Date Of Driving Pass 17/10/2019
Driving Experience 0 YEAR AND 11 MONTH
Gender FEMALE
Mobile Number (LOCAL) +65-97258090
Fax Number
Contact Number OFFICE-97258090
Email Address SHIRLEY.LEE@MBMWHEELPOWER.COM.SG

Address 16 ANG MO KIO AVE 2 #03-22 S(567699)
Postcode
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 -
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) 2
Passenger 1 NAME: : PASSENGER
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name JURONG POLICE DIVISIONAL HQ ('J' DIVISION)
Police Station Address ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 ,
COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

refer attached police report.

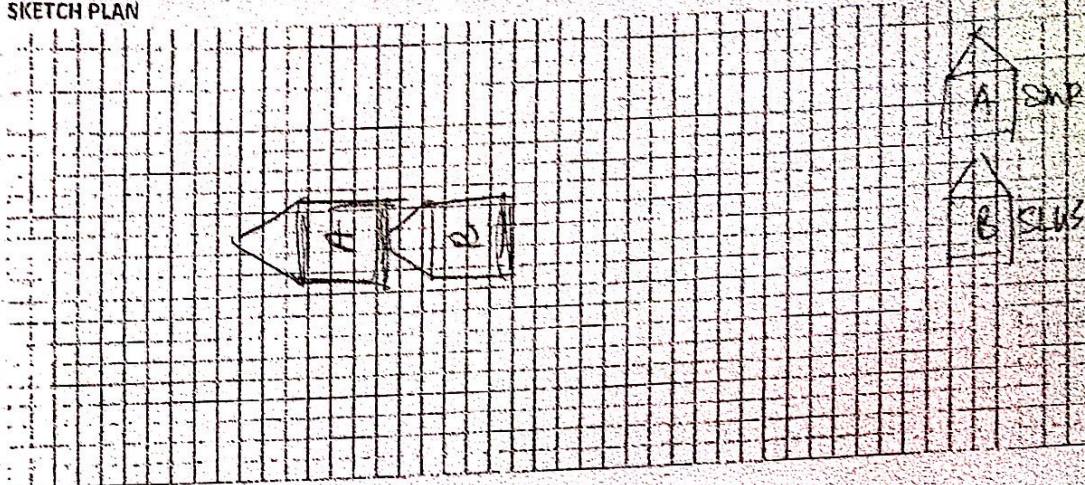
Attachment(s)

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 SLU3553Z
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address

SKETCH PLAN

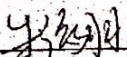


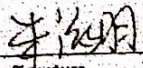
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


- As per police report -

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.:

KLSP/AC SketchPlanForm_V3