

ASS. REC. BY:

Steve

REF:

CS/EG12001/6SI/Eqf3

ASSIGNMENT

From:

Date:

Estimated Cost:

OD (TP) WS/TP RES/OD RES/EVA/INV/MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No:

Claims No:

CDMPG20001538

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

SIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4

days

Res.: Yes or No

Sum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No

SJW 6392A

Yr Regn:

6/4/12

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

Truck / Trailer or

Make:

Mercedes-Benz C180

c.c. 1796

Colour

Silver White

A/C: Insured / Std / NI / N

Sp Reading

131885

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

W002040492A360192

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/42R18

R:

11

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

TOYO / YOKO or

Pirelli

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

25/10/20

D.O.A.

27/10/20

Survey held at

Asia Motorsports

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

Frt LH:

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

Date / Time

Action / Instruction

MV-63K

28/10/20@12.52pm revised to ERGO via Merimen.

LS \$6200, 4 days (Red \$12805.9, 67%)

Date/Time, File Pass to?

04/11 Typist

Date/Time, File Return to?

☐ : Prel. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

\$ + RS. \$

Photo

Copies

TOTAL

Add Fee:

☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

op. Formed:

MER-TP

imp. Sum. H.R. #

6200

VEHICLE NO. SJW6302A

MERCEDES BENZ

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(S\$)		SURVEYOR'S ADJUSTMENT	
	PARTS (LIST ITEMS)					
1	Front bumper ✓ <i>00</i>	?		1480.00		
1	Front bumper LED daylight w/chrome LHS	?		328.00		
1	Front bumper LED daylight grille cover	?		172.00		
2	Front bumper lower chrome moulding RH & LH @102	?		204.00		
1	Front bumper centre lower grille X			342.00		
1	Front bumper reinforcement frame ?			782.00		
1	Front bumper reinforcement foam cover ?			112.00		
2	Front bumper side holder RH & LH @124.00	?		248.00		
1	Front bumper under cover ?			375.00		
1	Bonnet X			2250.00		
2	Bonnet spring stopper @124.00 X			248.00		
2	Bonnet inner lock lower @298.50 X			597.00		
2	Bonnet inner lock catch @98.50 X			197.00		
1	Bonnet insulator X			378.00		
1	Bonnet MERC. Badge ✓ <i>APC</i>			72.00		
2	Bonnet dampers @274.50 X			549.00		
1	Front centre radiator chrome grille ?			672.00		
1	Front centre radiator chrome grille badge X			98.00		
1	LHS Front fender ✓ <i>BT (Aluminum)</i>			985.00		
1	LHS Front fender inner splash shield ?			260.00		
1	Wiper washer tank X			372.00		
1	LHS Headlamp ?			1980.00		
1	LHS Headlamp top panel X			324.00		
1	LHS Front Shock absorber X			592.00		
1	LHS Front tie rod X			198.00		
1	LHS Front Lower control arm X			375.00		
1	LHS Front Upper control arm X			375.00		
1	LHS Front wheel bearing X			294.00		
1	LHS Front knuckle arm X			492.00		
				15351.00		
		less 10%		1535.10	10%	
				13815.90		
	SPECIAL NETT ITEMS					
1set	LHS Front fender inner splash shield clips ?			80.00		
1	LHS Front sports rim ✓ <i>APC</i>			1280.00		
1	LHS Front tyre 80% X			280.00		
1set	Bonnet insulator clips X			80.00		
	Total Parts			15535.90		

VEHICLE NO. SJW6302A MERCEDES BENZ

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (\$\$)	SURVEYOR'S ADJUSTMENT
1	LABOUR To remove the affected parts & fittings to commence repairs; replace damaged parts and components	1400.00	500
2	To supply paint materials, expandable items & putty, respray paint on parts replaced	1000.00	600
3	To remove and check wiring of all electrical components and focus headlamp beam	200.00	30
4	To clear fault code with diagnostic computer and reset to specifications	300.00	X
5	To remove and replace LHS Front undercarriage parts (suspension components)	300.00	50
6	To conduct full computerised wheel alignment test	120.00	60
7	To perform anti rust treatment on affected areas	150.00	30
Labour Total :		3470.00	
TOTAL (PARTS & LABOUR):		19005.90	

NOTE: The parts listed in this preliminary estimate will be checked for damage after the vehicle is disassembled (dismantle). Additional damaged parts (if any) will be submitted as supplementary parts

Steve CLKK) W M
27/10/19, 11.30am

4 dys

L/S

My AL SLy

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before after spray painting
- To display damaged part(s) during resurvey
- Part prices are subject to confirmation
- Third party survey 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 26/10/2020 14 28
Date Of Accident 25/10/2020 16:15
Exact Location Of Accident BLK 24 BALAM RD CARPARK
Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJW6302A
Insured/Policyholder
Name Of Registered Owner LOH SING CHAI
NRIC No SXXXX025G
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-97493006
Alternative Phone No OFFICE-97493006
Vehicle Particulars
Manufacturer MERCEDES-BENZ
Model C 180 CGI
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 NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5118688006
Cover Note Number
Driver
Name of Driver LOH SING CHAI
NRIC No SXXXX025G
Date Of Birth 24/09/1972
Occupation OUTDOOR
Date Of Driving Pass 24/03/2000
Driving Experience 20 YEARS AND 7 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97493006
Fax Number
Contact Number OFFICE-97493006
Email Address NOEMAIL

Address BLK 27 BALAM ROAD
#04-31
Postcode 370027
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 - MAJOR/MINOR RD
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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY:

Vehicle Registration Number SKA2020T
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1:

Name	LOH SING CHAI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJW6302A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

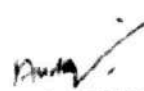
SKETCH PLAN


IMPORTANT NOTICE

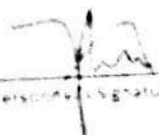
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material 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. The report will be forwarded by the insurers of the GIC Personal Management Centre (operated 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/We stand, acknowledge, agree and consent that

- (a) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may be 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 enquiry 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 be 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;
 - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (iii) 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


Reporting Centre Person's Signature
Name
NR-CFEN No.

Accident Sketch Plan

SKETCH PLAN

Refer to sketch plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along Bile M Balam rd suddenly
vehicle B came out from the carpark lot and hit into my vehicle
from rear

DECLARATION

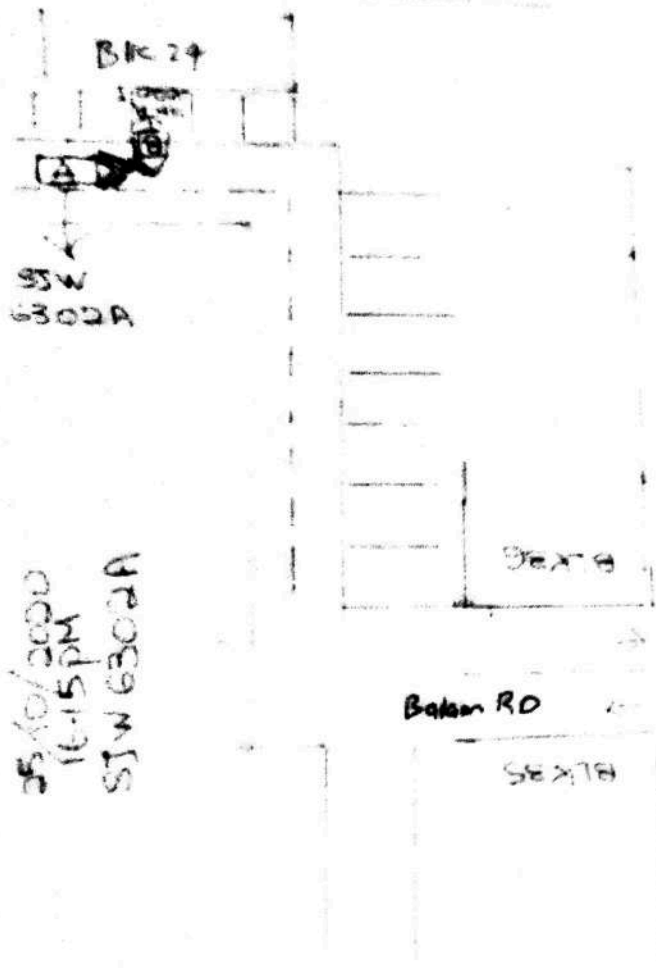
DECLARATION
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time

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

Reporting Centre Personnel Signature
Name
NRIC/FIN No

Accident Sketch Plan



05/10/2000
16:15 PM
SW 6302A

#1 HP 47493006