

ASS. REQ. BY:

REF:

CT2/200124761K

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/MS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

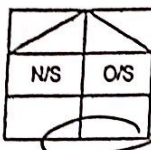
Excess:

(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 Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

4-5 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:

STS 909K

Yr Regn:

07/13

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

Truck / Trailer or

Make:

Mer 8250

c.c.

1991

Colour

R. D. Blue

A/C: Insured / Std / NI / NA

Sp. Reading

99211

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WDD 2120362A 799561

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

245/40R18
Continental

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

P

mm

R/Bal.

P

mm

L/Bal.

P

mm

L/Bal.

P

mm

D.O.A.

11/11/20

D.O.I.

16/11/2020

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

Rear O/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1) TP owner wish to claim medical. (with bill)

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format:

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

LEE LIPLIN

King's Auto Spray Paint Pte Ltd
Blk 166 Sin Ming Drive #05-10
sin ming Autocity Singapore 575722

Not Withain

11/10/8

Runny After Paint

Re: Estimate cost for SJS 909/K MERCEDES - BENZ

SUPPLY OF PARTS:

1pc rear boot lid	R #3244 X
1pc rear boot lid logo	na 54 -
1pc rear boot lid E 250 emblem	na 93 -
1pc rear boot lid 7G-TRONIC emblem	n 101 -
2pc rear boot lid reflector 527 @	ren 1054 -
1pc rear boot lid numberplate mldg	sn 132 X
1pc rear boot lid rubber	dis/m 212 50/m
1pc rear boot lid lock	na 354 -
2pc rear tail lamp 817 @	ren/na 1634 -
1pc rear bumper	Blum 1921 -
2pc rear bumper retainer side 53 @	sn 106 X
1pc rear bumper cover	sn 50 X
1pc rear bumper beam	R 949 -
2pc rear bumper brackets 27 @	dis/d 54 -
2pc rear bumper mldg side 149 @	na 298 -
1pc rear bumper sensor 199 @	mit 1194 -
1pc rear bumper lower spoiler	dis 369 -
1pc rear bumper spoiler mldg center	cm 222 -
2pc rear exhaust mldg pipe @356	dis/d 7124
1pc rear center panel	1452 ?
1pc rear panel top trimmer	cm 316 -
10p rear panel trim clips @6	na # 60 -

LABOUR:

check wiring
1pc exhaust

To renew the above mentioned Parts
Knocking, cutting, welding & straighten
damaged parts
spray painting

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:

14581.00
1458.10
13122.90
40.00 2ol
1560.00 ?
1200.00 ?
1000 66ol
16922.90

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 12/11/2020 09:38
Date Of Accident 11/11/2020 10:50
Exact Location Of Accident JUNCTION OF BUANGKOK GREEN AND BUANGKOK LINK
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJS909K
Insured/Policyholder
Name Of Registered Owner LEE LIP LIN
NRIC No SXXXX456E
Email Address LEELL0909@HOTMAIL.COM
Mobile Phone No (LOCAL) +65-96836333
Alternative Phone No OTHERS-96836333

Vehicle Particulars

Manufacturer MERCEDES-BENZ
Model E250 SEDAN (R18)

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 ECICS LIMITED
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number MPC20A00019600
Cover Note Number

Driver

Name of Driver LEE LIP LIN
NRIC No SXXXX456E
Date Of Birth 08/10/1970
Occupation INDOOR
Date Of Driving Pass 21/03/1988
Driving Experience 32 YEARS AND 7 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96836333
Fax Number
Contact Number OTHERS-96836333
Email Address LEELL0909@HOTMAIL.COM

Address 31 ST HELIER'S AVENUE
Postcode 555836
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? 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) 2
Passenger 1
NAME: : WIFE
GENDER: : FEMALE

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 refer to the sketch

Attachment(s)

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

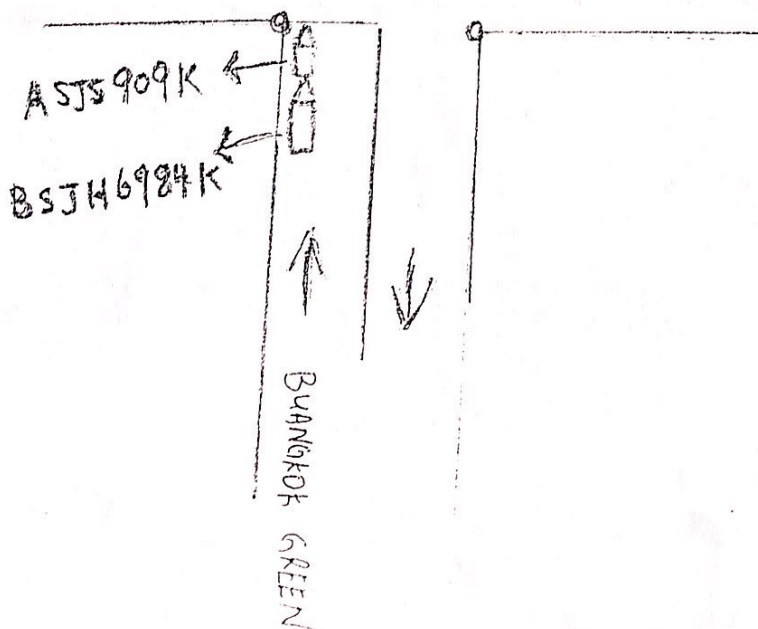
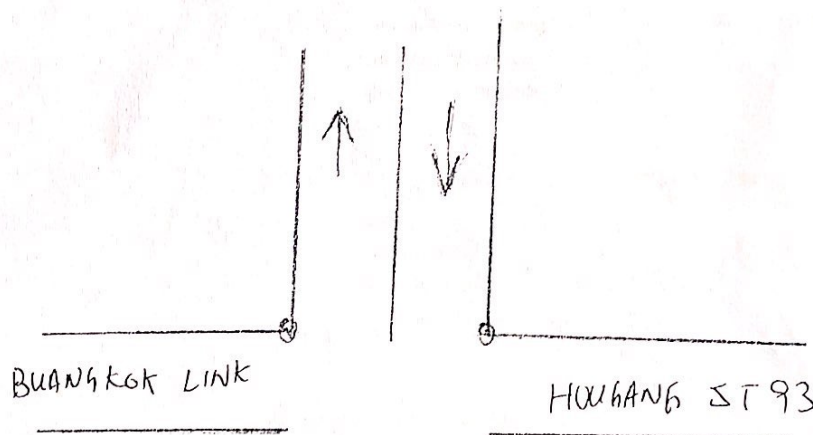
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJH6984K
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Ke

AS

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Sketch Plan Pg. 3