

ASS. REC. BY:

REF: MSG/ 20012674/KS

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s S Thru

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.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: 860k

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 02/11 Person Contacted: _____ Vehicle: IN / OUTVeh No: STS 3133L Yr Regn: 02 07Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Mer S350L c.c. 3498Colour: Black A/C: Insured / Std / NI / NASp. Reading: 138314 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2211562A106896Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: NI / S/Rlm / STD A/Rlm or _____Tyre Size: F: 245/40R20R: 275/35R20BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 16/11/20 D.O.I. 18/11/2020

Survey held at _____

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

Rear N/S

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

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

Report Format :

Lump Sum / I.B.I. (\$) _____

Not Authored
1/1 Sup &
Preserving After Paint

TO :
ATT : MOTOR CLAIM DEPT.

T/P VEH. NO. : SLF1913K

ESTIMATE REPORT 1st QUOTATION

JOB NO. : _____

OWNER'S PARTICULAR

NAME : CARZBOND

CONTACT : _____

ADDRESS :

LICENSE NO. : SJS3133L

CHASSIS NO. : WDD2211562A106696

MAKE / MODEL : MERCEDES SCLASS

ENGINE NO. : _____

OWNER'S INSURER :

JOB-CODE : TP S/A :

ACCIDENT DATE : 16-Nov-20

CLAIM DETAIL

MATERIALS

	QTY	QUO-PRICE	DISC. %	DISC-PRICE	SUR NCD	REV. PRICE
1 HEADLAMP RH	1.00	RM 3817.00	10.00	3435.30	Y	X
2 HEADLAMP LH	1.00	CM 3817.00	10.00	3435.30	Y	✓
3 HEADLAMP BRACKET LH	1.00	B 189.00	10.00	170.10	Y	✓
4 FRONT BUMPER	1.00	Bu 3956.00	10.00	3560.40	Y	✓
5 FRONT BUMPER INNER PLASTIC	1.00	D 295.00	10.00	265.50	Y	✓
6 FRONT BUMPER REINFORCEMENT	1.00	B 1730.00	10.00	1557.00	Y	✓
7 FRONT BUMPER BRACKET LH	1.00	170.00	10.00	153.00	Y	?
8 FRONT BUMPER BRACKET RH	1.00	R 170.00	10.00	153.00	Y	X
9 FRONT BUMPER RETAINER RH	1.00	RM 80.00	10.00	72.00	Y	X
10 FRONT BUMPER RETAINER RH	1.00	CM 80.00	10.00	72.00	Y	✓
11 FRONT NOZZLE COVER LH	1.00	M 87.00	10.00	78.30	Y	✓
12 FRONT BUMPER NOZZLE COVER BRACKET LH	1.00	170.00	10.00	153.00	Y	?
13 FRONT BUMPER NOZZLE COVER BRACKET RH	1.00	RM 170.00	10.00	153.00	Y	X
14 FRONT BUMPER LED LAMP LH	1.00	CM 526.00	10.00	473.40	Y	✓
15 FRONT BUMPER LED LAMP RH	1.00	RM 526.00	10.00	473.40	Y	X
16 FRONT BUMPER LED COVER RH	1.00	RM 80.00	10.00	72.00	Y	X
17 FRONT BUMPER LED COVER LH	1.00	80.00	10.00	72.00	Y	?
18 FRONT AIR DUCT LH	1.00	126.00	10.00	113.40	Y	?
19 FRONT BUMPER CHROME CENTRE	1.00	RM 155.00	10.00	139.50	Y	X
20 FRONT BUMPER SPONGE CENTRE	1.00	149.00	10.00	134.10	Y	?
21 FRONT BUMPER SPONGE SIDE LH	1.00	92.00	10.00	82.80	Y	?
22 FRONT BUMPER SENSOR 6 PCS \$356X6	1.00	2136.00	10.00	1922.40	Y	✓

FRONT BUMPER SENSOR HOLDER 6PCS	6.00		720.00	10.00	648.00	Y	?
24 FRONT BUMPER SENSOR WIRE HARNESS	1.00		453.00	10.00	407.70	Y	?
25 FRONT BUMPER LOWERCENTRE GRILLE	1.00	RM	222.00	10.00	199.80	Y	X
26 FRONT BUMPER LOWER COVER	1.00	CM	142.00	10.00	127.80	Y	✓
27 FRONT BUMPER LOWER BRACKET LH	1.00		85.00	10.00	76.50	Y	?
28 FRONT BUMPER NO. PLATE GARNISH	1.00	RM	110.00	10.00	99.00	Y	X
29 RADIATOR GRILLE	1.00	RM	996.00	10.00	896.40	Y	✓
30 AIR MATIC RESERVOIR TANK	1.00		430.00	10.00	387.00	Y	?
31 AIR MATIC RESERVOIR TANK PIPE 1 SET	1.00		89.00	10.00	80.10	Y	?
32 RADIATOR ASSY	1.00	RM	2150.00	10.00	1935.00	Y	X
33 RADIATOR SIDER GARNISH LH	1.00		240.00	10.00	216.00	Y	?
34 RADIATOR LOWER MEMBER	1.00	R	510.00	10.00	459.00	Y	X
35 RADIATOR LOWER STOPPER RH	1.00	R	35.00	10.00	31.50	Y	X
36 RADIATOR LOWER STOPPER LH	1.00		35.00	10.00	31.50	Y	?
37 AIR CON CONDENSER	1.00	RM	2000.00	10.00	1800.00	Y	X
38 AIR CON CONDENSER GARNISH HOLDER	1.00	RM	444.00	10.00	399.60	Y	X
39 HEADLAMP NOZZLE LH	1.00	MIT	180.00	10.00	162.00	Y	✓
40 FRONT FENDER LH	1.00	R	1475.00	10.00	1327.50	Y	X ?
41 FRONT FENDER CHROME MOUNTING	1.00	RM	97.00	10.00	87.30	Y	✓
42 FRONT FENDER INNER SHIELD LH no.1	1.00		122.00	10.00	109.80	Y	?
43 FRONT FENDER INNER SHIELD LH no.2	1.00		102.00	10.00	91.80	Y	?
44 ENGINE MOUNTING LH	1.00	RM	346.00	10.00	311.40	Y	X
45 ENGINE MOUNTING RH	1.00	RM	346.00	10.00	311.40	Y	X
46 FRON LOWER ARM LH	1.00	RM	865.00	10.00	778.50	Y	X
47 FRONT CONTROL ARM LH	1.00	RM	985.00	10.00	886.50	Y	X
48 HEADLAMP LOWER BEAM LH	1.00	RM	189.00	10.00	170.10	Y	X

TOTAL (PARTS) :

31969.00

28772.10

SPECIAL NETT ITEM

1 FRONT BUMPER CLIPS 1SET	1.00		80.00	0.00	RM	80.00	Y	✓
2 RADIATOR COOLANT	1.00		80.00	0.00	RM	80.00	Y	X
3 FRONT FENDER INNER SHIELD CLIPS	1.00		80.00	0.00	RM	80.00	Y	✓

4	FRONT BUMPER LOWER COVER CLIPS	1.00	80.00	0.00	80.00	Y	<u>✓</u>
5	FRONT NUMBER PLATE	1.00	50.00	0.00	50.00	Y	<u>X</u>

TOTAL (PARTS) : 370.00 370.00

LABOUR

1	STRAIGHTEN & PANEL BEAT ACCIDENT AREAS	1.00	1200.00	0.00	1200.00	Y	<u>500l</u>
2	SPRAY PAINTING ON ACCIDENT AREAS	1.00	1000.00	0.00	1000.00	Y	<u>700l</u>
3	R&R AIR CON CONDENSOR AND TOP UP GAS	1.00	180.00	0.00	180.00	Y	<u>X</u>
	RAMOVE AND REFIT RADIATOR TO ASSIST REPAIR	1.00	180.00	0.00	180.00	Y	<u>X</u>
4	RESET BUMPER SENSOR AND CALIBRATION	1.00	180.00	0.00	180.00	Y	<u>60l</u>
5	CONDUCT FULL WHEEL ALIGNMENT	1.00	120.00	0.00	120.00	Y	<u>X</u>
6	R&R FRONT SUSPENSIONS SYSTEM	1.00	280.00	0.00	280.00	Y	<u>X</u>

TOTAL (LABOUR) : 3140.00 3140.00

TOTAL PARTS & LABOUR 35479.00 32282.10

EXCESS : : S\$ _____

NO. OF DAY : 05

RE-SURVEY : ~~BEFORE~~ / AFTER PAINTING

PART-BY-PART OR LUMP-SUM : S\$ _____

DATE OF SURVEY : 18/11/20

SURVEY BY : Kenneth

CONTACT NO : _____

FAX NO : _____

NOTE : LUMP-SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED.

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:

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 16/11/2020 17:20
Date Of Accident 16/11/2020 08:50
Exact Location Of Accident UPPER SERANGOON VIEW
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJS3133L
Insured/Policyholder
Name Of Registered Owner CARZBOND
Co Reg No 5XXXX058E
Email Address ADMIN@STHREEAUTOMOTIVE.COM.SG
Mobile Phone No (LOCAL) +65-96420017
Alternative Phone No OFFICE-96420017

Vehicle Particulars

Manufacturer MERCEDES-BENZ
Model S CLASS
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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company ETIQA INSURANCE PTE LTD
Type Of Coverage THIRD PARTY
Fleet Policy NO
Policy Number M0002615
Cover Note Number

Driver

Name of Driver LIM KEAN HOCK
NRIC No SXXXX759F
Date Of Birth 12/06/1969
Occupation INDOOR
Date Of Driving Pass 29/06/1992
Driving Experience 28 YEARS AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96420017
Fax Number
Contact Number
Email Address ADMIN@STHREEAUTOMOTIVE.COM.SG

Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE

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) 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 attached 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 SLF1913K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MRS TAN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

