

ASS. REC. BY:

REF:

CTZ/2100138491kgf3

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SMR 4877L

at Workshop m/s MBM

of

Insured: GX 3831P

Policy No.

Claims No. SNM20D204687C02

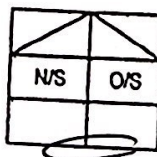
Sum Insured: Excess:

(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: 04 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:

SMR 4877L Yr Regn: 01, 15

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

Truck / Trailer or

Make:

New C180 c.c. 1595

Colour

M. Blue A/C: Insured / Std / NI / NA

Sp. Reading

127760 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WDD 2050402R026397

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 / RIM or

Tyre Size:

F: 225/50 R17

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal.

8 mm

Rear

R/Bal.

8 mm

L/Bal.

8 mm

L/Bal.

8 mm

D.O.A.

3 / 12 / 20

D.O.I.

8 / 3 / 2021

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

17/03/21 @4.16PM REVISED TO IRENE TAY VIA MERIMEN.

Kenneth confirmed LS \$3800 (Red \$6886.30, 64%)

Date/Time, File Pass to?

: Prell. Report

01/04 Typist

: Final Report

Date/Time, File Return to?

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee:

: Site Insp (\$

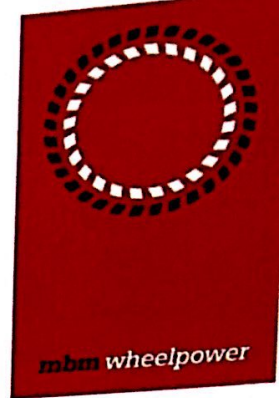
: Interview (\$

: Tech Invs (\$

: Weekend (\$

Report Format: MER-TP

Lump Sum / L.B. (\$ 3800



MBM WHEELPOWER PTE. LTD.

YOUR REF.: GX3831P
OUR REF.: SMR4877L

TO: CHINA TAIPING
CC: MOTOR CLAIMS DEPARTMENT

FAX:

Not Authorized
11 Days @
Permy After Point
4 days

DATE: 14/1/2021
FROM: Lee Shirley
FAX: 64525333
CONTACT: 86865188
MAKE & MODEL: MERCEDES BENZ C180
AVANTGARDE
CHASSIS NO.: WDD2050402R026397
ENGINE NO.: 27491030287981
YEAR MADE: 2015
ACCIDENT DATE: 3 December 2020

ESTIMATE FOR VEHICLE NO.: SMR4877L

NO.	DESCRIPTION	PART NO.	QTY.	LIST PRICE
1	BOOTLID		1	\$ 2,400.00 ✓
2	BOOTLID WEATHERSTRIP		1	\$ 225.00 X
3	BOOTLID HINGE LH		1	\$ 290.00 X
4	BOOTLID HINGE RH		1	\$ 290.00 X
5	BOOTLID LOCK		1	\$ 332.00 X
6	BOOT LID MERCEDES LOGO		1	\$ 54.00 ✓
7	BOOTLID "C180" EMBLEM		1	\$ 96.00 ✓
9	BOOTLID CHROME STRIP		1	\$ 140.00 X
10	TAIL LAMP LH		1	\$ 720.00 X
11	TAIL LAMP RH		1	\$ 720.00 X
12	REAR BUMPER		1	\$ 1,800.00 ✓
14	REAR BUMPER RETAINER LH		1	\$ 75.00 X
15	REAR BUMPER RETAINER RH		1	\$ 75.00 X
16	REAR BUMPER REINFORCEMENT		1	\$ 700.00 ?
17	REAR BUMPER SENSOR		1	\$ 200.00 ?
18	REAR BUMPER CLIP		10	\$ 80.00 ✓
19	REAR BUMPER LOWER SPOILER		1	\$ 240.00 X
20	REAR BUMPER LOWER SPOILER CHROME TRIM		1	\$ 270.00 X
TOTAL:				\$ 8,707.00
LESS 10%:				\$ (870.70)
PARTS TOTAL:				\$ 7,836.30

SPECIAL NETT

REAR NUMBER PLATE & HOLDER
BODY SEALANT ON BOOTLID

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:

1 \$ 50.00 X
1 \$ 50.00 X

MBM WHEELPOWER PTE. LTD.
160 SIN MING DRIVE, #06-02
SIN MING AUTOCITY
t 6262 8888 f 6452 5333
COMPANY REG. NO : 200204110W

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 SPRAY PAINT ON THE AFFECTED AREAS

\$	400l	1,200.00
\$	20l	100.00
\$	60l	100.00
\$?	150.00
\$	500l	1,200.00
TOTAL: \$		10,686.30
7% GST: \$		748.04
GRAND TOTAL: \$		11,434.34

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 Submission 03/12/2020 17:19 (SGT)
Date of Accident 03/12/2020 13:00 (SGT)
Exact Location of Accident Toh Guan Rd, Toh Guan Park, Singapore
Additional Location Information OPPOSITE ALPHA INDUSTRIES BUILDING S 608599
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR4877L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GOH CHUA SENG (WU QUANCHENG)
NRIC No SXXXX667Z
Email Address ICEBREAKER3043@YAHOO.COM.SG
Mobile Phone No (Phone) +65-98577753
Alternative Phone No +65-98577753

VEHICLE PARTICULARS

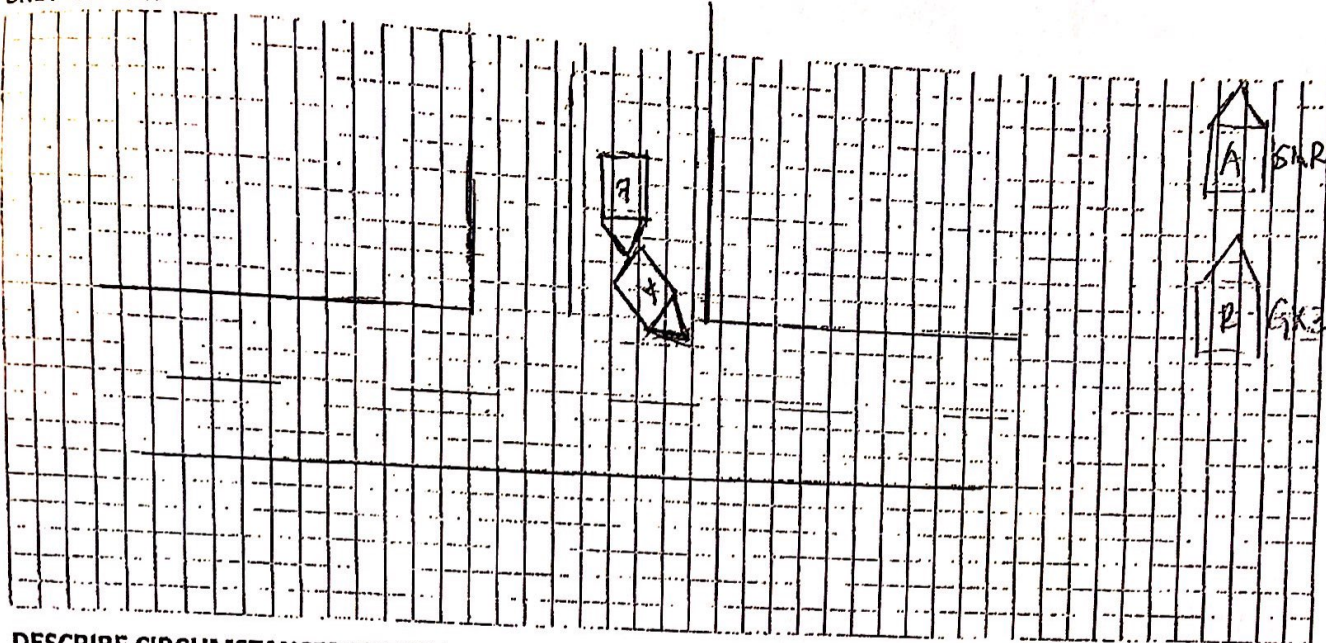
Manufacturer Mercedes
Model C180
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5115439930
Cover Note Number -

DRIVER

Name of Driver GOH CHUA SENG (WU QUANCHENG)
NRIC No SXXXX667Z
Date Of Birth 12/09/1971
Occupation Indoor



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While turning out from the Industrial car park and stop for a while to make sure all cars are clear on the main road, I heard a band ~~and~~ sound from the rear.

I look at the rear mirror, a van had hit my rear. I move further up and he also followed so that we can exchange particular.

DECLARATION

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

Policyholder's Signature
Date & Time: 03/12/20

1700 hrs
GIAARMG, Sketel/Planform, 01

Driver's Signature
(If driver is not the policyholder)
Date & Time: 03/12/20

1500 hrs

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: