

ASS. REC. BY:

REF:

AG2/ 21000548/Kt

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / 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:

100m

(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

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

05

days

Res.: Yes or No

Lum Sum:

1.131

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SDJ 303 B

Yr Regn:

02, 20

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

Truck / Trailer or

Make:

Mw C200

c.c

1497

Colour

White

A/C:

Insured / Std / NI / NA

Sp. Reading

22663

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WDD 2050772R 519148

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:

225/45R18

R:

245/40R18

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.

8/1/21

D.O.I.

13/1/2021

Survey held at

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

O/S Rear body

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

F. P. 100

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

Date: 11.01.2021
 Vehicle No: SDJ303B
 Model: MERCEDES BENZ C200 AMG LINE M-HYBRID
 Chassis: WDD2050772R519148-2019
 Reg.Year: 2020

Third Party Insurer: AGI
 Third Party Veh No: SGX4897T
 Date of Accident: 08.01.2021

*Not Authorised
 Recovery B4 point
 5 days*

ESTIMATE

| NO. | DESCRIPTION | QTY | UNIT S\$ | AMOUNT S\$ |
|-------------|-----------------------------|-----|----------|---------------|
| 1 | REAR DOOR RH | 1 | | Ry \$2,185.00 |
| 2 | ROCKER PANEL RH | 1 | | R \$985.00 |
| 3 | REAR FENDER RH | 1 | | R \$2,650.00 |
| 4 | REAR BUMPER | 1 | | \$2,050.00 |
| 5 | REAR BUMPER SIDE BRACKET RH | 1 | | h \$100.00 |
| 6 | REAR WINDSCREEN MOULDING | 1 | | nn \$150.00 |
| 7 | REAR ALLOY RIM RH | 1 | | nn \$1,820.00 |
| SUB TOTAL | | | | \$9,940.00 |
| LESS 10% | | | | -\$994.00 |
| PARTS TOTAL | | | | \$8,946.00 |

| NO. | SPECIAL NETT | QTY | UNIT S\$ | AMOUNT S\$ |
|-----------|----------------------------|-----|----------|-------------|
| 1 | REAR BUMPER CLIPS | 1 | | \$50.00 |
| 2 | REAR TYRE TUBE VALVE RH | 1 | | nn \$15.00 |
| 3 | REAR WINDSCREEN SEALANT | 1 | | nn \$80.00 |
| 4 | REAR BUMPER REVERSE SENSOR | 1 | | nn \$350.00 |
| S/N TOTAL | | | | \$495.00 |

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REFIX, REPLACE & READJUST REAR ACCIDENT AREAS & ETC.

\$1,000.00 *600*

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR DOOR RH, REAR FENDER RH, ROCKER PANEL RH, REAR BUMPER & ETC.

\$1,000.00 *660*

LABOUR CHARGES TO REMOVE & REINSTALLED REAR DOOR RH INNER MECHANISM & ETC. BACK TO ORIGINAL OPERATIONS.

\$120.00 *60*

LABOUR CHARGES TO REMOVE & REFIX REAR WINDSCREEN GLASS, REAR WINDSCREEN SEALANT, REAR WINDSCREEN MOULDING & ETC. TO EFFECT REPLACE OF REAR FENDER RH.

nn \$120.00 X

Head office

6 Kung Chong Road Singapore 150143
 Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554500
 Tel: (+65) 6484 9019 | Fax: (+65) 6481 1993

Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047
 Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011



Individual or any corporation or otherwise in my name or jointly with any person(s) or entity(ies).

Date: 11.01.2021
Vehicle No: SDJ303B
Model: MERCEDES BENZ C200 AMG LINE M-HYBRID
Chassis: WDD2050772R519148-2019
Reg.Year: 2020

Third Party Insurer: AGI
Third Party Veh No: SGX4897T
Date of Accident: 08.01.2021

LABOUR CHARGES TO REMOVE & REFIX REAR FENDER INNER TRIM, INNER COVERING RH,
REAR PILLAR TRIM RH & ETC. TO EFFECT REPLACE OF REAR FENDER RH.

\$150.00

100/

LABOUR CHARGES TO REMOVE & REPLACE REAR ALLOY RIM RH & ETC.

\$100.00

20/

TO WHEEL ALIGNMENT & BALANCING.

\$80.00

60/

TO TUFF KOTE & UNDERSEAL MATERIALS.

\$150.00

20/

TO CHECK WIRING & ELECTRICAL SYSTEM & ETC.

\$120.00

20/

LABOUR TOTAL \$2,840.00

TingAn

TOTAL \$12,281.00

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:

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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 09/01/2021 10:22 (SGT)
Date of Accident 08/01/2021 21:10 (SGT)
Exact Location of Accident 476A Upper Serangoon View, Singapore 531476
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDJ303B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOW NGIAP HOOR
NRIC No SXXXX208C
Email Address XYLOW39@GMAIL.COM
Mobile Phone No (Phone) +65-96386875
Alternative Phone No +65-96386875

VEHICLE PARTICULARS

Manufacturer Mercedes
Model C200
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 5116350483
Cover Note Number -

DRIVER

Name of Driver LOW XIN YI
NRIC No TXXXX741G
Date Of Birth 09/03/2000
Occupation Indoor

Date Of Driving Pass 18/04/2019
 Driving experience 1 YEAR AND 9 MONTHS
 Gender Female
 Mobile Number (Phone) +65-85336765
 Alt. Phone Number -
 Email Address XYLOW39@GMAIL.COM
 Address 70 UPPER SERANGOON VIEW #01-33
 Address complement -
 Postcode 533883
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Child
 Does Driver Own Other Vehicles? No
 Vehicle Registration Number of Other Vehicle Owned by Driver -
 Insurance Company of Other Vehicle Owned by Driver -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Side Swipe
 Weather Conditions Clear
 Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
 Number of vehicles involved in the accident 2
 Was anybody injured in the Accident? No
 Was any injured conveyed to hospital by ambulance? -
 Was any other material or property damaged? Yes
 Number of Passengers (Including Driver) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name MOTHER
 Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? No
 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
 Was there any audio recorded? No


DETAILS OF OTHER VEHICLE PROPERTY 1

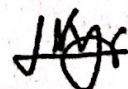
Vehicle Registration Number SGX4897T
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -


SKETCH PLAN

IMPORTANT NOTICE

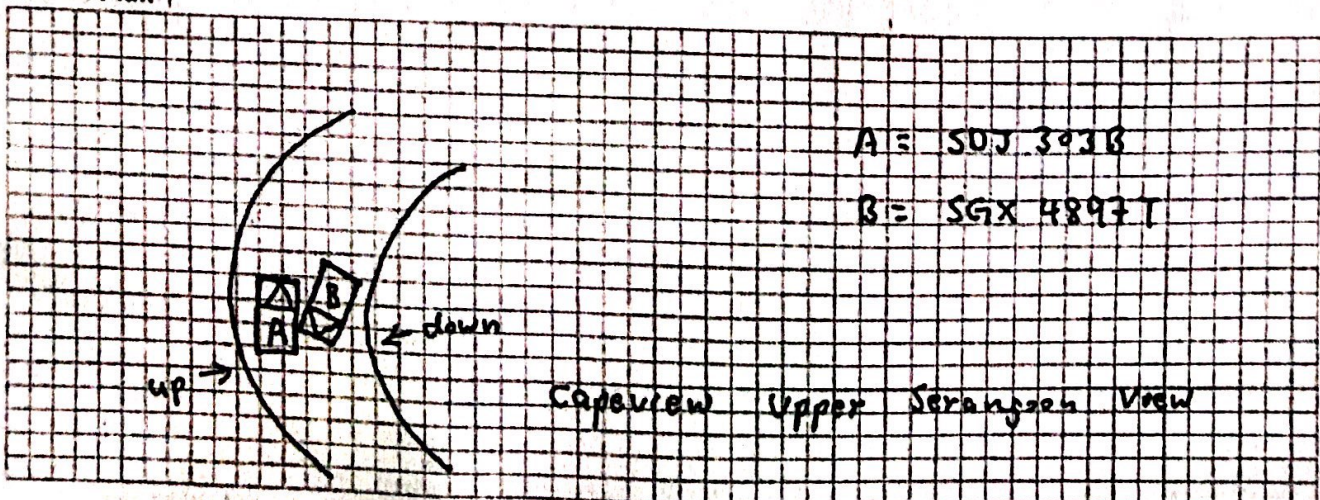
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that :
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are 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 enquiries 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/are 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.


Policyholder's Signature / Date & Time

 09/01/2021
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

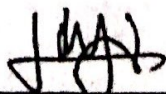
I was driving along the spiral ramp towards the multi storey carpark at Capensis along Upper Serangoon View at around 9.09 pm on 8 January 2021. While I was travelling up the spiral ramp, I saw a vehicle's headlight shine and the vehicle coming down at a relatively fast pace. I was alerted to stop immediately but the vehicle tried to pass me without slowing down or stopping at all and hence it collided into the right side of my car back door and scrapped against the car. The damage on my vehicle includes the right back door and right side of the rear bumper. The damage on the other vehicle includes its right headlight, right side of the front bumper and front of car body. Attached are the videos of this accident from my car recording camera which includes both the front and back camera.

Declaration

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

09/01/2021



Witnessed by Reporting Centre
Personnel