

Surveyor

REF:

CS/MSG21000560/Dgd3

ASSIGNMENT

COE Sept 2021

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:

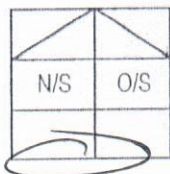
Excess:

(Client's Record)

Make of Veh:

(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:

3

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: SKC 6027 M

Yr Regn: Sept 2011

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

Truck / Trailer or

Make:

Mercedes Benz C180 c.c 1597

Colour:

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

140293

T/Radio: Insured / Std / NI / NA

Eng/No:

27191031346571

C/No:

WDD2040452A587135

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

225/40 R18

R:

- 11 -

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

TOYO / YOKO or

Dunlop

Front

Rear

R/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

11/01/2021

D.O.I.

13/01/2021

Survey held at

Alfred Auto AMK

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

Rear 4/5

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

Date / Time

Action / Instruction

MSG SLT 3947B

27/01/2021 Insured 215 29001 - with 3 days of repair (Red 68773, 75%)

27/01/2021 revised to Elaine Ng via Messenger.

Date/Time, File Pass to?



Preli. Report

1) 27/1/2021



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

1

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Report Format:

MER-TP

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

29100

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL



ALFRED AUTO

Services & Supplies

Blk 5035 Ang Mo Kio Ave 3 # 01-351 Industrial Park 2 Singapore 569538
Tel: 6483 4586 Fax: 6483 4882 Reg. No. 391089/00-E
Email: alfredauto@hotmail.com

Tyre &
Sports Rim



Reference No.: 120121

Date: 12.1.2021

Lim Li Ling

93 Jalan Sendudok #02-23

Singapore 769472.

Mercedes Benz C180 Kompressor

Estimate Repair Cost for Vehicle Reg. No: SKC 6027 M

1 Pc. Rear Boot <i>Repair</i>		1,890.00 (Nett) X
1 Pc. Rear Boot Lock <i>Svc</i>		39.00 (Nett) X
1 Pc. Rear Boot C180 Emblem <i>Svc</i>		99.00 (Nett) X
1 Pc. Kompressor Emblem <i>Svc</i>		145.00 (Nett) X
1 Pc. Weather Slip <i>Svc</i>		205.00 (Nett) X
1 Pc. Rear Bumper <i>distorted / Dent</i>		1,550.00 (Nett) ✓ 1312.32
1 Pc. Rear Bumper Reinforcement <i>Svc</i>		1,178.00 (Nett) X
2 Pcs. Rear Bumper Bracket Centre <i>HH</i>	@ 58.00	116.00 (Nett) X
1 Pc. Rear Bumper Centre Garnish <i>mondy crack</i>		190.00 (Nett) ✓
2 Pcs. Rear Bumper Side Garnish <i>HH</i>	@ 95.00	190.00 (Nett) X
1 Pc. Rear Bumper Centre Chrome <i>HH</i>	115.00	229.00 (Nett) ✓ 164.00
2 Pcs. Rear Bumper Side Chrome <i>HH</i>	@ 165.00	330.00 (Nett) ✓ 230.00
2 Pcs. Rear Bumper Side Retainer <i>HH</i>	@ 59.00	118.00 (Nett) X
2 Pcs. Rear Bumper Inner Holder <i>4/5 broken</i>	@ 90.00	180.00 (Nett) ✓
4 Pcs. Parking Sensor <i>Demo</i>	o/s HH @ 198.00	792.00 (Nett) 220/- SH
10 Pcs. Bumper Clips <i>HH</i>	@ 6.00	60.00 (Nett) 30/- SH
1 Pc. Exhaust Chrome <i>Svc</i>		420.00 (Nett) X
1 Pc. End Panel <i>HH</i>		930.00 (Nett) X
1 Pc. End Panel Garnish <i>mondy deformed</i>		388.00 (Nett) ✓
4 Pcs. End Panel Clips <i>HH Svc</i>	@ 6.00	24.00 (Nett) X

Total (Panels / Parts):

9,073.00 (SGD)

10% on list.

2374.32

10% 2136.88

=

LABOR CHARGES

To remove & refit & check wiring.

180.00 30/-

To repair, knocking, straightening & renew all accident damage affected area.

900.00 600/-

SH 250.00 =



ALFRED AUTO

Services & Supplies

Blk 5035 Ang Mo Kio Ave 3 # 01-351 Industrial Park 2 Singapore 569538

Tel: 6483 4586 Fax: 6483 4882 Reg. No. 391089/00-E

Email: alfredauto@hotmail.com

Tyre &
Sports Rim



To respray painting on all accident damage affected area. ~~1,000.00~~ 400/-

To remove & refit interior garnish & carpet. ~~160.00~~ 100/-

To rust proof all accident damage affected area. 180.00 74

Total (Labor Charges): 2,420.00 (SGD)

To Diagnostic check on all sensor & Erase Fault code. ~~180.00~~ 150/-

TOTAL COST SUMMARY

PANELS / PARTS 9,073.00

LABOR CHARGES 2,420.00

Grand Total: 11,493.00 (SGD)

3666-88

4/5 2900/-

We shall be glad if you can forward the payment at your early convenience.

Cheque should be crossed and make payable to 'Alfred Auto Services and Supplies'

Alfred Quah

ALFRED AUTO SERVICES & SUPPLIES

[WITHOUT PREJUDICE SAVE AS TO COSTS]

13/01/2021 @ 1030hrs

Wrt Alfred

2/sum

3 days.

Tyen

LKK Auto

Page 2 of 2

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 Submission	12/01/2021 11:56 (SGT)
Date of Accident	11/01/2021 17:55 (SGT)
Exact Location of Accident	301 Commonwealth Ave, Queenstown, Singapore 149729
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC6027M
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM LI LING
NRIC No	SXXXX644A
Email Address	KRISWONG@AIA.COM.SG
Mobile Phone No	(Phone) +65-96348547
Alternative Phone No	(Home) +65-96348547

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	India International
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D19MPC0001073_01
Cover Note Number	-

DRIVER

Name of Driver	WONG WEI ZHAN
NRIC No	SXXXX746G
Date Of Birth	12/07/1984
Occupation	Indoor

Date Of Driving Pass	13/11/2006
Driving experience	14 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96348547
Alt. Phone Number	-
Email Address	KRISWONG@AIA.COM.SG
Address	93 JALAN SENDUDOK
Address complement	#02-23
Postcode	769472
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Wet

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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 SKETCH PLAN

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	SLT3947B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-


Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

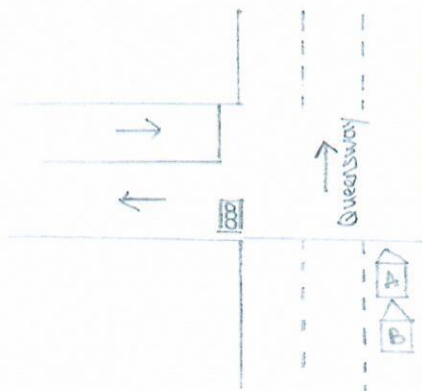
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. The 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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

X 
Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre
Personnel
Kon Yin Siew

Sketch Plan



veh A: SKC 607M
veh B: SLT 3944 B.

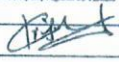
Describe Circumstances of the Accident

DATE: 11 JAN 21
TIME: 5:55 PM

LOCATION: ONE TRAFFIC LIGHT JUNCTION ~~AWAY~~ BEFORE QUEENSWAY UNDERPASS.

MY VEHICLE (SKC 6027M) STOPPED STATIONERY AT THE TRAFFIC LIGHT JUNCTION UPON "RED LIGHT".

~~AT~~ THE OTHER VEHICLE (SLI 3947B) IMPACTED MY ~~REAR~~ CAR AT THE REAR.

WONG WEI ZHAN	
NAME: (Driver / In-charge / Driver)	
NRIC no: S2419746 G	
Vehicle No: SKC 6027 M	
Wife send my above stated damaged vehicle to:	
Company name: ALFRED AUTO	
For my vehicle damage repairs and insurance claim.	
GRE had clearly identified the damage to the rules.	
I accept the findings and damages of the GRE Engineering Pte Ltd.	
	Company Stamp for Company registered repairs
	
	Signature of Driver / In-charge / Driver Send to vehicle damage repair.

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 policyholder) / Date & Time

Witnessed by Personnel	Reporting Centre Kon Yin Siew
---------------------------	----------------------------------

