

ASS. REG. BY:

REF:

MSG/21001862/Kg

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No. 30001622415

Claims No. 253115

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:

02

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

10/03/21 @ 2.07pm revised to Jowyn Tay via Merimen.

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

Report Format :

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

Veh No:

STJ 5806M Yr Regn: 09.08

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

Truck / Trailer or

Make:

M. C180k c.c. 1597

Colour

M. Silver AG: Insured / Std / NI / NA

Sp. Reading

237577 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WDD 2040462A 174703

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:

R:

225/45R17

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal.

7 mm

R/Bal.

7 mm

L/Bal.

7 mm

L/Bal.

7 mm

D.O.A.

4/12/21

D.O.I.

22/2/2021

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.

MBM WHEELPOWER PTE. LTD.

YOUR REF.: SLN8801L

OUR REF.: SJJ5806M

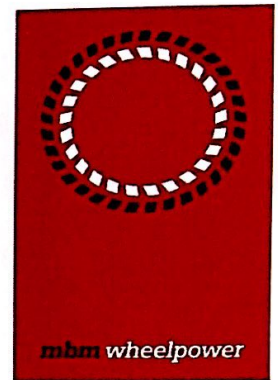
TO: MSIG INSURANCE

CC: MOTOR CLAIMS DEPARTMENT

FAX:

ESTIMATE FOR VEHICLE NO.: SJJ5806M

Not Authorized
11 Sep &
Pruning After Paint
2 days



DATE: 18/2/2021
FROM: Lee Shirley
FAX: 64525333
CONTACT: 86865188
MAKE & MODEL: MERCEDES BENZ C180K
CHASSIS NO.: WDD2040462A174703
ENGINE NO.: 27195231087651
YEAR MADE: 2008
ACCIDENT DATE: 4 February 2021

NO.	DESCRIPTION	PART NO.	QTY.	LIST PRICE
1	BOOTLID		1	\$ 1,900.00
2	BOOTLID WEATHERSTRIP		1	\$ 200.00
3	BOOTLID HINGE LH		1	\$ 650.00
4	BOOTLID HINGE RH		1	\$ 650.00
5	BOOTLID LOCK		1	\$ 350.00
6	BOOT LID MERCEDES LOGO		1	\$ 55.00
7	TAIL LAMP LH		1	\$ 600.00
8	TAIL LAMP RH		1	\$ 600.00
9	REAR BUMPER		1	\$ 1,600.00
10	REAR BUMPER RETAINER LH		1	\$ 75.00
11	REAR BUMPER RETAINER LH		1	\$ 75.00
12	REAR BUMPER REINFORCEMENT		1	\$ 750.00
13	REAR BUMPER SENSOR		1	\$ 1,000.00
14	REAR BUMPER CLIP		10	\$ 90.00
15	REAR BUMPER CHROME STRIP CENTER		1	\$ 120.00
16	REAR BUMPER CHROME STRIP LH		1	\$ 120.00
17	REAR BUMPER CHROME STRIP RH		1	\$ 120.00
18	REAR BUMPER TOWING COVER		1	\$ 60.00
19	EXHAUST PIPE TIP		2	\$ 450.00
TOTAL:				\$ 9,465.00
LESS 10%:				\$ (946.50)
PARTS TOTAL:				\$ 8,518.50

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:

MBM WHEELPOWER PTE. LTD.
160 SIN MING DRIVE, #06-02
SIN MING AUTOCITY
* 6262 8888 / 6452 5333

SPECIAL NETT

REAR NUMBER PLATE & HOLDER
BODY SEALANT

1	\$	sn	X	50.00
1	\$	sn	X	50.00

LABOUR

TO REMOVE, REFIT & REPAIR AFFECTED DAMAGED PARTS, INCLUDING TO KNOCK-OUT, WELD & STRAIGHTEN ON THE AFFECTED PARTS

\$ 2501 1,600.00

TO CHECK & RECONNECT ALL NECESSARY WIRING

\$ 15h 150.00

TO REMOVE & REFIT ALL SENSOR

\$ 601 100.00

TO REALIGN EXHAUST PIPE

\$ sn X 80.00

TO RESET ENGINE WARNING LIGHT (ABS, SRS, ECU MEMORY & ETC)

\$ 7 100.00

TO APPLY ANTI RUST COATING

\$ sn X 80.00

TO SPRAY PAINT ON THE AFFECTED AREAS

\$ 250h 1,200.00

TOTAL: \$ 11,928.50

7% GST: \$ 835.00

GRAND TOTAL: \$ 12,763.50

MBM WHEELPOWER PTE. LTD.

160 SIN MING DRIVE, #06-02

SIN MING AUTOCITY

1 6262 8888 1 6452 5333

COMPANY REG. NO. 1000000000

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 06/02/2021 12:12 (SGT)
Date of Accident 04/02/2021 18:45 (SGT)
Exact Location of Accident Outram Rd, Singapore
Additional Location Information TURNING LEFT TO CTE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJJ5806M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHUA MOY LUY
NRIC No SXXXX800Z
Email Address WILLIAMLAUKL@HOTMAIL.COM
Mobile Phone No (Phone) +65-94502949
Alternative Phone No 1 +65-94244188
Alternative Phone No 2 +65-91852697

VEHICLE PARTICULARS

Manufacturer Mercedes
Model C180k
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 AGI
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P10319088R00
Cover Note Number -

DRIVER

Name of Driver LAU LI CHING JACQUELINE
NRIC No SXXXX573B
Date Of Birth 16/03/1974

Occupation	Indoor
Date Of Driving Pass	02/10/1993
Driving experience	27 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94244188
Alt. Phone Number	-
Email Address	JACQX@YAHOO.COM
Address	8 GEYLANG EAST AVENUE 2 #06-09
Address complement	-
Postcode	389757
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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 ATTACHED
STATEMENT RECORD BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

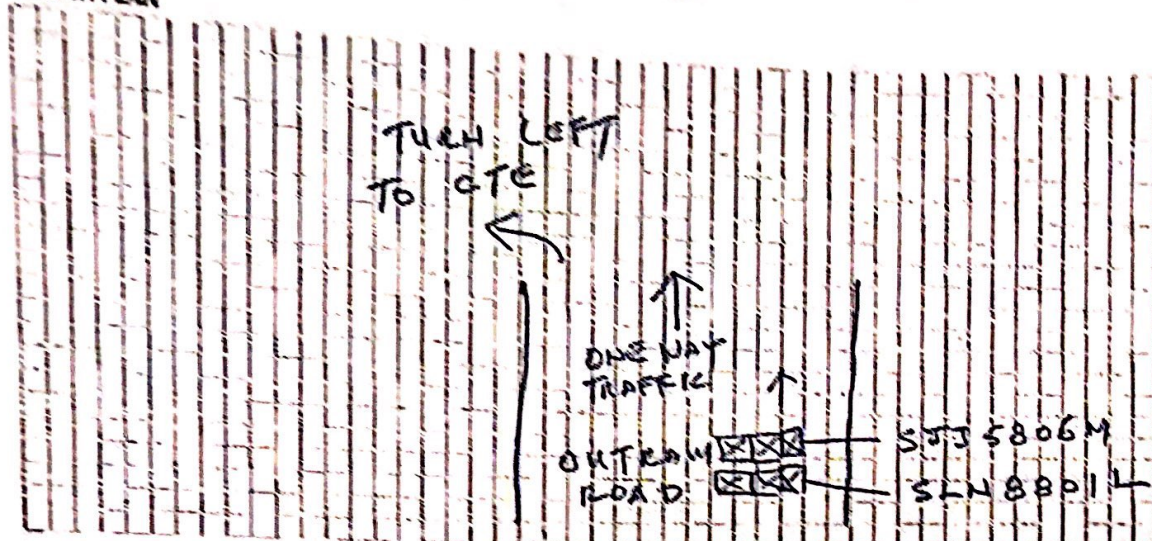
ATTACHMENT(S)

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	SLN8801L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	WONG
Contact Number	(Phone) +65-90862852
Address	-
Address complement	-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG OUTRAM ROAD ONE WAY TRAFFIC TOWARD TURNING LEFT INTO CTE TOWARD ANG MIO KIO DIRECTION AND WAS HIT BEHIND BY CAR NO. SLN 8801L, MR WONG MOBILE PHONE NO. 90862852, GRAB DRIVER I SUFFER HEAD AND BACK SHOULDER INJURY AND WENT TO SEEK MEDICAL ATTENTION AT UNITED FAMILY CLINIC 163 ANG MO KIO AVE 4, #01-416 SPORE 560163 TEL 64572523 DOCTOR NG CHOON HEE. MY CAR NO. SJS 5806M BACK BUMPER WAS DAMAGED, SPLIT AND CRACK

DECLARATION

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

Policyholder's Signature
Date & Time: 6/2/21

(NAME, SIGNATURE AND DATE)

Driver's Signature
(If driver is not the policyholder)
Date & Time: 6/2/21

PROGRESSIVE CAR CARE PTE LTD

Blk 302A Ubi Road 1 # 01-45/46

Singapore 408716

Report Tel: 6744 9338 Fax: 6744 7208

Email: claims@procarcare.com.sg

NRIC/FIN No.: