

ASS. REC. BY:

REF:

105 / 210019771K<sub>qd3</sub>

Kenneth

## ASSIGNMENT

SL 8 97P5E

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. DMPC2100045H/02/CT

Sum Insured: \_\_\_\_\_

Excess: \_\_\_\_\_

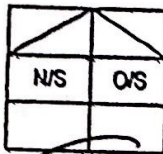
(Client's Record)

Make of Veh: \_\_\_\_\_

New 1.30m

(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: 4-5 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: \_\_\_\_\_

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

Truck / Trailer or \_\_\_\_\_

Make: \_\_\_\_\_

BMW 520i

c.c.

1998

Colour: \_\_\_\_\_

M. Black

A/C: \_\_\_\_\_

Insured / Std / Nil / NA

Sp. Reading: \_\_\_\_\_

T/Radio: Insured / Std / Nil / NA

Eng/No: \_\_\_\_\_

C/No: \_\_\_\_\_

WBAJA12070WC09107

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD / A/Rlm or

Tyre Size: F: \_\_\_\_\_

R: \_\_\_\_\_

225/55R17

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

Front

Rear

R/Bal. \_\_\_\_\_

9

mm

R/Bal. \_\_\_\_\_

9

mm

L/Bal. \_\_\_\_\_

9

mm

L/Bal. \_\_\_\_\_

9

mm

D.O.A. \_\_\_\_\_

8/2/21

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.

Date / Time

Action / Instruction

10/03/21 @ 12.49pm revised to ECICS via Merimen.

Kenneth finalised LS \$3700 (Red \$7759, 68%)

Date/Time, File Pass to?

☐

: Prell. Report

11/25/03 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4Resurvey No. of Trip: 1

Survey Fee: \_\_\_\_\_

Add Fee: ☐

: Site Insp (\$ \_\_\_\_\_)

☐

: Interview (\$ \_\_\_\_\_)

☐

: Tech Invs (\$ \_\_\_\_\_)

☐

: Weekend (\$ \_\_\_\_\_)

Transportation: \_\_\_\_\_

S - RS - SI

: Fuel

: Others

Report Format: \_\_\_\_\_

MER-TP

Lump Sum LIB (\$ \_\_\_\_\_)

3700



**BODYFIX**

NO 10 ANG MO KIO INDUSTRIAL PARK 2A #04-06

AMK AUTOPOINT SINGAPORE 568047

Tel No. : 62571289 Fax No. : 64837432

E-Mail : bodyfix@singnet.com.sg

Tax Reg. No. : 53010635C Buss. Reg. No. : 53010635C

ECICS LIMITED

10 EUNOS ROAD 8 S'PORE POST CENTRE #09-04A  
S(408600)

Attention : Motor Claim Department

Contact : 63374779

Estimate : ES210216

Date : 22/02/2021

Vehicle Num. : SLZ 9785 E

Make/Model : BMW 520-2018

Chassis/Eng# : WBAJA12070WC09107

Accident Date : 08/02/2021

Claim No. :

Reference :

Policy No. :

*Not Authorised*  
*1/1 Rmg &*  
*Heavy After Paint**4-5 days*

S/N	Quantity	Particular	Unit Price	Amount S\$
-----	----------	------------	------------	------------

- |     |       |                            |  |  |
|-----|-------|----------------------------|--|--|
| 1.  | 1 PC  | LIST ITEMS :               |  |  |
| 2.  | 2 PCS | REAR BUMPER                |  |  |
| 3.  | 8 PCS | REAR BUMPER REFLECTOR      |  |  |
| 4.  | 2 PCS | REAR BUMPER CLIPS          |  |  |
| 5.  | 1 PC  | REAR BUMPER SIDE RETAINER  |  |  |
| 6.  | 1 PC  | REAR BOOTLID               |  |  |
| 7.  | 1 PC  | BOOTLID LOGO               |  |  |
| 8.  | 1 PC  | EMBLEM '520i'              |  |  |
| 9.  | 2 PCS | BOOTLID REFLECTOR          |  |  |
| 10. | 1 PC  | BOOTLID RUBBER             |  |  |
| 11. | 1 PC  | TOWING COVER               |  |  |
| 12. | 1 PC  | REAR END PANEL INNER       |  |  |
| 13. | 1 PC  | REAR END PANEL OUTER       |  |  |
| 14. | 1 PC  | REAR END PANEL TOP GARNISH |  |  |
| 15. | 2 PCS | REAR TAIL LAMP             |  |  |

List Total S\$ :

- |    |       |                               |  |  |
|----|-------|-------------------------------|--|--|
| 1. | 1 SET | SPECIAL NETT ITEMS :          |  |  |
| 2. | 1 SET | REAR NUMBER PLATE WITH HOLDER |  |  |
| 3. |       | REVERSE SENSOR                |  |  |
|    |       | SEALANT                       |  |  |

Special Nett Total S\$ :

LABOUR :

RUST-PROOFING ON THE ACCIDENT AFFECTED PORTIONS  
TO CHECK&TEST LIGHTING FUNCTIONS & REVERSE SENSOR WIRING

181/101	1,827.50	✓
58.50	117.00	X
3.50	28.00	✓
80.00	160.00	X
	1,958.45	✓
	95.00	✓
	98.00	✓
378.70	757.40	X
	159.00	✓
	65.00	X
	841.95	✓
	589.40	✓
	145.00	✓
741.15	1,482.30	X
	8,324.00	

45.00	X
320.00	✓
80.00	X
445.00	

60.00	301
80.00	201

CONTINUE / ...

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:

# BODYFIX

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Claim No. :

Reference :

Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
		TO REMOVE & REFIT REAR WINDSCREEN		150.00 X
		LABOUR TO REPLACE ABOVE PARTS, PANEL BEAT, REPAIR & RE-ALIGN DAMAGE PARTS		1,200.00 ?
		SPRAY PAINT REAR BUMPER, BOOTLID, REAR END PANEL & OTHER AFFECTED AREAS		600.00 1,200.00
		Labour Total S\$ :		2,690.00

SingDollars : Eleven Thousand Four Hundred Fifty-Nine Only

E. & O.E.

Total S\$ :

11,459.00

for BODYFIX



# 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	09/02/2021 02:29 (SGT)
Date of Accident	08/02/2021 08:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along ECP towards city
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ9785E
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SUBHAS S/O V NATHAN
NRIC No	SXXXX986I
Email Address	subhasn@singnet.com.sg
Mobile Phone No	(Phone) +65-98717058
Alternative Phone No	+65-98717058

### VEHICLE PARTICULARS

Manufacturer	BMW
Model	520i
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	ERGO
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPG20005617
Cover Note Number	-

### DRIVER

Name of Driver	SUBHAS S/O V NATHAN
NRIC No	SXXXX986I
Date Of Birth	26/09/1971
Occupation	Indoor

.....	05/08/2016
.....	4 YEARS AND 6 MONTHS
.....	Male
.....	(Phone) +65-98717058
.....	+65-98717058
.....	subhasn@singnet.com.sg
.....	NA
.....	-
.....	-
.....	Yes
.....	-
.....	No
.....	-
.....	-

#### 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? .....	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

I was driving on the extreme right lane along ecp towards city. Vehicle in front of me slow down and stop. Therefore, I slowed down. Suddenly, vehicle b hit against my rear. My rear was damaged. No injury involved.

#### 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 .....	SKC6973G
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	MERCEDES BENZ / E 250CGI
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHEOH WEE PIN
NRIC No .....	SXXXX410E
Contact Number .....	-
Address .....	-
Address complement .....	-



SKETCH PLAN

A-SLZ9785E

B-SKC 69736

CITY



ECP



A



B

CONTACT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

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:

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMED SHARIL BIN SATAR

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



**ACCIDENT STATEMENT (2000 characters)**

I was driving on the extreme right lane along ecp towards city. Vehicle in front of me slow down and stop. Therefore, i slowed down. Suddenly, vehicle b hit against my rear. My rear was damaged. No Injury Involved.

Taxi Voucher No.:

**DECLARATION**

I/We declare that the above particulars & information provided above are true in every aspect

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

8 February 2021 at 4:57 PM

Date/Time:

8 February 2021 at 4:57 PM