ASS. REC. BY: Steve | REF: CS/CTI 21004458/EVF3

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:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMS 1129C Yr Regn: 19/10/11

Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Mercedes Benz C180 c.c 1597

Colour: Red A/C: Insured / Std / NI / N

Sp.Reading: 141473 T/Radio: Insured / Std / NI / N

Eng/No:

C/No: WDD2040452A547729

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or

Brake: (Inorder) / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/45ZR17

R: "

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

Front			Rear		
R/Bal.	4	mm	R/Bal.	4	mm
L/Bal.	4	mm	L/Bal.	4	mm
D.O.A.	6/4/21		D.O.I.	8/4/21	

Survey held at V-TECH

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

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

Date / Time	Action / Instruction
	MV - 28K
	PV - 18,811
	NV - 9189

Date/Time, File Pass to? ☐ : Prell. Report

☐ : Final Report

Date/Time, File Return to?

Forward :

Lump Sum / L.E.I. :

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

☐ : Weekend ($)

Survey Fee:

Transportation: __S + RS, __SI

Photos

Others

TOTAL

Vehicle No. SMS 1129 C

Parts and Labour Assessment

Description of part

PARTS (LIST ITEMS)

		Qty	Cost
1	FRONT BONNET / OO	1	2,021.00
2	FRONT BONNET DAMPER L/R X	2	246.00
3	FRONT BONNET HINGES L/R X	2	206.00
4	FRONT BONNET INNER SIDE GUIDE STOPPER L/R X	2	48.00
5	FRONT BONNET LOCK STRIKER L/R X	2	70.00
6	FRONT BONNET MECHANISM LOCK L/R X	2	128.00
7	FRONT GRILLE X	1	715.00
8	FRONT GRILLE 'LOGO' EMBLEM X	1	105.00
9	FRONT RH HEADLAMP / OR	1	1,045.00
10	FRONT RH HEADLAMP LOWER PANEL ?	1	230.00
11	FRONT RH HEADLAMP PANEL ?	1	240.00
12	FRONT RH HEADLAMP SIDE PANEL ?	1	200.00
13	FRONT BUMPER / OR	1	1,251.00
14	FRONT BUMPER RH SIDE BRACKET ?	1	33.00
15	FRONT BUMPER SIDE RETAINER L/R ?	2	48.00
16	FRONT BUMPER RH FOGLAMP ?	1	510.00
17	FRONT BUMPER RH FOGLAMP CHROME / CHT	1	40.00
18	FRONT BUMPER RH FOGLAMP GARNISH / CHT	1	82.00
19	FRONT BUMPER REINFORCEMENT ?	1	298.00
20	FRONT BUMPER REINFORCEMENT BRACKET L/R ?	2	216.00
21	FRONT BUMPER CHROME MOULDING L/R / CHT	2	174.00
22	FRONT BUMPER SPONGE	1	160.00
23	FRONT RH FENDER / OO	1	873.00
24	FRONT RH FENDER 'BLUE EFFICIENCY' EMBLEM / NIC	1	65.00
25	FRONT RH FENDER CHROME MOULDING / NIC	1	37.00
26	FRONT RH FENDER INNER SHIELD (FRONT) / MIJ	1	120.00
27	FRONT RH FENDER INNER SHIELD (REAR) / TW	1	118.00
28	FRONT RH SPORT RIM / CHT	1	980.00
29	FRONT RH FENDER SIDE BRACKET ?	1	31.00
30	FRONT RH SHOCK ABSORBER TOP MOUNTING ?	1	240.00
31	FRONT RH SHOCK ABSORBER ?	1	640.00
32	FRONT RH ABS SENSOR ?	1	216.00
33	FRONT RH CONTROL ARM / BT	1	450.00
34	FRONT RH KNUCKLE ARM ?	1	775.00
35	FRONT RH KNUCKLE ARM BEARING ?	1	492.00
36	FRONT RH LOWER ARM / BT	1	525.00
37	FRONT RH STABILIZER LINK ?	1	71.00
38	FRONT RH TIE ROD END ?	1	158.00

	$	13,857.00
Percentage discount 10%	$	1,385.70
Sub-total	**$**	**12,471.30**

V.TECH AUTO SERVICE Co. Reg No.: 52949633W

SPECIAL NETT ITEMS

		Qty		Amount
1	FRONT BUMPER CLIPS - SET ✓ NC	1	30	40.00
2	FRONT BUMPER RIVET - SET ✓ NC	1	20	50.00
3	FRONT RH FENDER INNER SHIELD (FRONT) CLIPS - SET ✓ NC	1	15	30.00
4	FRONT RH FENDER INNER SHIELD (REAR) CLIPS - SET ✓ NC	1	15	30.00
5	FRONT RH 225/45R17 TYRE ✓ TN 70% of 280	1		280.00
			Sub-total	**$ 430.00**

LABOUR

			Amount	
1	To remove, reinstall electrical wiring harness, check lighting, resetting headlamp focussing and rewire.		120.00	80
2	To remove, change front suspension parts, absorber, lower arm, knuckle arm, wheel bearing, bearing hub, drive shaft, anti-roll bar, top-arm and steering rack and pinion.		400.00	300
3	To road test driving, check and resetting wheel alignments system.		140.00	60
4	To reset system after repair works.	150	400.00	
5	To re-spray painting on the change bodyparts, repair portion, and where consistent to the accident.	700	1,200.00	
6	To provide labour, workmanship to change the above damaged bodyparts, repair, re-construct and re-align body structure, body alignments and damaged consistent to the accident.	850	1,300.00	
7	To apply anti-rust chemical on repaired and replaced panel.	30	100.00	
		Labour Total	**$ 3,660.00**	
		Parts & Labour Total	**$ 16,561.30**	

Best Regards,

Steve (LKK) OD-NM AL
8/4/21, 12.00pm
Excess - ?
L/S
My AL SV
7 days

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- T[illegible] damaged part(s) during resurvey
- [illegible] Prices are subject to confirmation
- Third [illegible] 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

KTECH AUTO SERVICE

Acknowledged by Repairer

Signature:

Date:

SG0F21460004 / GOLDBELL ENGINEERING PTE LTD
ENTRY DATE & TIME: 06/04/2021 14:13 (SGT)
SUBMITTED BY: Eng Kwok Long
VERSION: 1 (06/04/2021 14:13 (SGT))

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 willful misrepresentation or witholding 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	06/04/2021 14:13 (SGT)
Date of Accident	06/04/2021 09:40 (SGT)
Exact Location of Accident	625 Bukit Batok Central, Singapore 650625
Additional Location Information	BUKIT BATOK CENTRAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS1129C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG WEI JIN
NRIC No	SXXXX786F
Email Address	WJWONG1991@GMAIL.COM
Mobile Phone No	(Phone) +65-91175073
Alternative Phone No	(Home) +65-91175073

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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1597

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00142382000
Cover Note Number	-

DRIVER

Name of Driver	WONG WEI JIN
NRIC No	SXXXX786F

Date Of Birth	31/01/1991
Occupation	Indoor
Date Of Driving Pass	14/01/2011
Driving experience	10 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91175073
Alt. Phone Number	(Home) +65-91175073
Email Address	WJWONG1991@GMAIL.COM
Address	APT BLK 510 BUKIT BATOK ST 52
Address complement	#03-03
Postcode	650510
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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 THE CIRCUMSTANCES.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SHA9599E
Vehicle Manufacturer	Hyundai
Vehicle Model	Ae ioniq
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	TAN TIOW LIANG
NRIC No	SXXXX873C
Contact Number	(Phone) +65-97507673
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLK2958Z
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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' 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.

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

   (e) the information so collected under (d) above may be shared / disclosed:
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

I AM AWARED THAT MY INSURER MAY GIVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

6/4/21

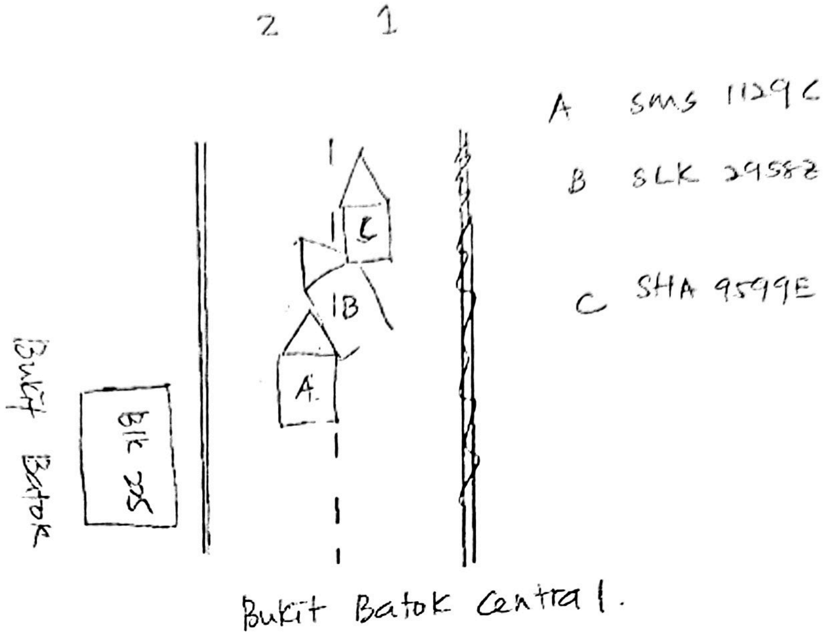
Policyholder's Signature
Date & Time:
6/4/21 11am

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

Witness's Signature & Name of Witness
Name:
NRIC/FIN No.:

SKETCH PLAN #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/4/2021, I was driving SMS 1129C along Bukit Batok Central around 9:40am. I hit vehicle SLK 2958Z. I wish to state that the front vehicle sudden jam brake. Hence I was not able to stop in time

- [x] Claim own policy
- [ ] Claim third party
- ~~Claim against the Insurer~~
- [ ] For record purpose

Policy No. DMPCSNW00142385000
Insurer China Taiping Veh No. SMS 1129C

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

6/4/21

Policyholder's Signature
Date & Time:

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

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