

ASS. REC. BY:

Steve

CS/ UOI 21004734 / 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:

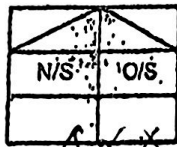
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKN 1008T

Yr Regn:

6/1/20

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

Truck / Trailer or

Make:

Mitsubishi Pajero

c.c.

1332

Colour:

Black

A/C: Insured / Std / Nil / N

Sp. Reading

17670

T/Radio: Insured / Std / Nil / N

Eng/No:

C/No:

W001770872J192670

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:

L

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

9/14/21

D.O.A.

10/5/21

Survey held at

cycle &amp; carriage

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

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

MV-180K

Date/Time, File, Pass to?

☐

: Prel. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (%)

☐

: Weekend (%)

Phone

Others

TOTAL

Remarks:

Date/Time, File, Pass to?



Mercedes-Benz

Cycle & Carriage  
Industries Pte Limited  
Authorised Dealer  
Company No. 196400367W  
GST Reg No. MR-8500111-X

# ESTIMATE FOR SKN1008T

Oh Yeok Pin (hu Yubin)

11 Mimosa Vale  
Singapore 807932

Mobile: +6597461008

## Vehicle & Document Information

WIP No 49441  
Reg No/Reg Date SKN1008T / 06/01/2020  
Date In/Mileage / 0  
Chassis No WDD1770872J1026705  
Engine No 28291480162097  
Make/Model MB/A 200 COMPACT SALOON  
Colour/Trim 021 191 Cosmos Blac/ 041 115 ARTICOSpSea

Account No	Terms	Date/Time Printed	CSE	Operator			
CSI00003	Cash	13/04/2021/ 13:50	CH	371 / Go Chee Han			
Description of Goods / Services				Qty	Unit Price	Disc%	Amount

### 2. REQUEST

Customer Request

M BPN SUN  
POLICY NO/ACC DATE : DMPCSNW00002092100 // 9-4-2021  
DRIVE IN/TP VEH NUMBER : 10-4-2021 // SMY2646M - UOI  
DATE IN/DATE SURVEY:  
DIRECT SETTLEMENT BY:

A BPILAB

DISASSEMBLE AND REPLACE ATTACHED DAMAGED PARTS & REFINISH.

A BPIRES

RESpray REAR BUMPER

A BPILAB

USING XENTRY DIAGNOSTIC TO CHECK ON CONTROL UNIT, RESET MEMORY TO IDENTIFICATION STANDARD. NETT

A BPILAB

CHECK REAR LIGHTING SYSTEM AND WATER TEST FOR ANY LEAKAGE. NETT

M REAR BUMPER

M LOWER BLACK TRIM, BUMPER

M REAR BUMPER TRIM STRIP

M DISTANCE SENSOR

M RIVET FOR BUMPER

1.00	1292.12	00.00	1292.12
1.00	208.49	00.00	208.49
1.00	148.43	00.00	148.43
2.00	182.48	00.00	364.96
10.00	4.81	00.00	48.10

960 1440.00

600 780.00

0.10 380.00

120.00

Steve CLKK)  
10/5/21, 10:39am

P/P

Ry Det sy

3 dys

WHL Phil

Go Chee Han  
DID : 6771 4336 HP : 9181 7717  
Email : cheehan.go@cyclecarriage.com.sg  
Cycle & Carriage Industries Pte Ltd  
Customer Service Centre - Pandan Loop

Confirmed & accepted by

Nett	4,782.10
7% GST on	4782.10
Total Payable	5,116.85

LKK Auto Consultants hence notify  
the Repairer of the following:

- To resurvey before repair work commencing
- Authorized signatory and company stamp
- To display damaged parts during resurvey

Parts or services to be supplied to 30 days from date of quote. This is a computer generated document, no signature is required.  
Estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.  
To subject to approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Pandan Loop Service Center  
188 Pandan Loop  
Singapore 128378  
Tel: 6777 8388  
Fax: 6779 5383  
www.mercedes-benz.com.sg



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SC1S214C0001 / CYCLE & CARRIAGE INDUSTRIES PTE LTD  
ENTRY DATE & TIME: 12/04/2021 10:12 (SGT)  
SUBMITTED BY: LIM XIN YI  
VERSION: 1 (12/04/2021 10:12 (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 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	12/04/2021 10:12 (SGT)
Date of Accident	09/04/2021 13:52 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YIO CHU KANG ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN1008T
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	OH YEOK PIN (HU YUBIN)
NRIC No	SXXXX668C
Email Address	SHERLINKOH@GMAIL.COM
Mobile Phone No	(Phone) +65-97461008
Alternative Phone No	+65-97461008

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A200
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
Transmission	Auto
CC	1332

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00002092100
Cover Note Number	-

#### DRIVER

Name of Driver	RYAN OH TIAN GUAN
NRIC No	TXXXX766J

Date Of Birth	09/06/2001
Occupation	Indoor
Date Of Driving Pass	27/12/2019
Driving experience	1 YEAR AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97461008
Alt. Phone Number	-
Email Address	SHERLINKOH@GMAIL.COM
Address	11 MIMOSA VALE
Address complement	-
Postcode	807932
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?	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

FRONT CAR SUDDENLY STOPPED THE CAR, I MANAGED TO STOPPED IN TIME, CAR 'B' COULD NOT STOP IN TIME AND KNOCKED INTO MY CAR REAR PORTION.

#### 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

Vehicle Registration Number	SMY2646M
Vehicle Manufacturer	Volkswagen
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	MELVIN
-	SXXXX7811
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 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 lodgment 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:

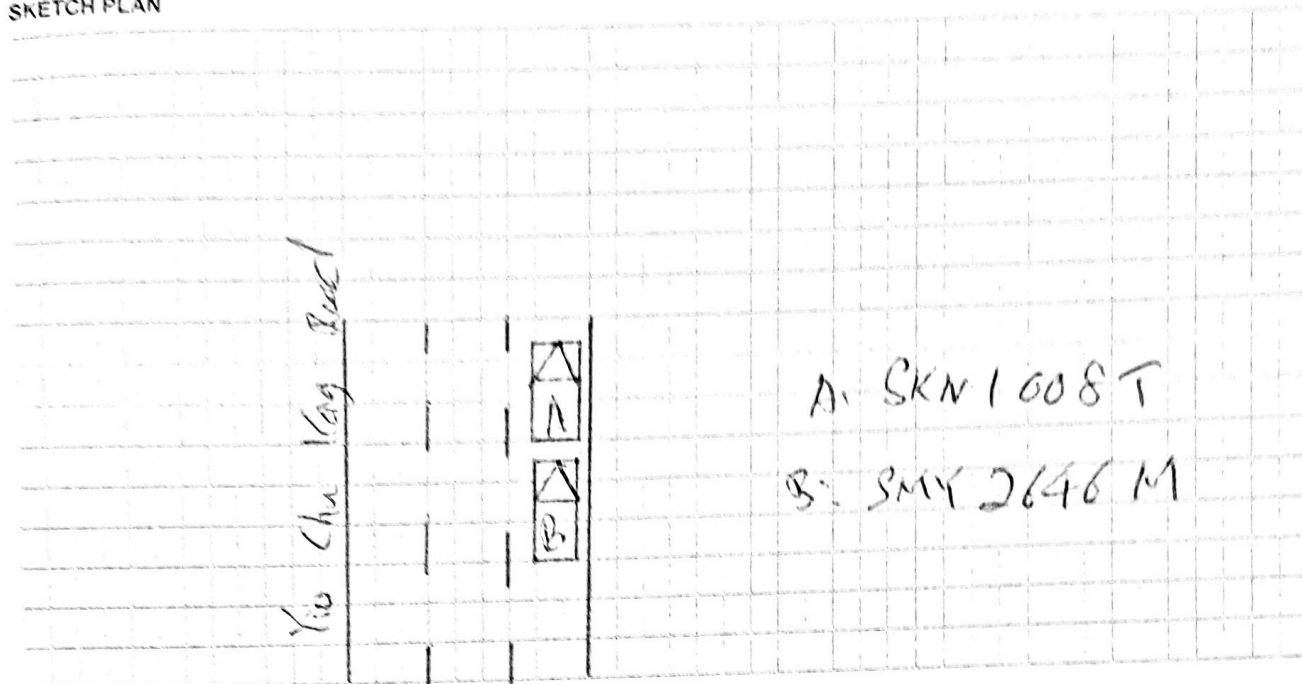
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

  
Policyholder's Signature  
Date & Time

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

**Go Chee Han**  
DID : 6771 4336 HP : 9181 7717  
Email : cheehan.go@cyclecarrriage.com.sg  
Cycle & Carriage Industries Pte Ltd  
Customer Service Centre - Pandan Loop  
Reporting Centre Personnel's  
Name:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Front car suddenly stopped the car, I managed to stop ~~later~~ in time, Car 'B' could not stop in time and knocked into my car rear portion.


## DECLARATION

We declare the foregoing particulars are true in every respect.

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

  
Policyholder's Signature  
Date & Time

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

**Go Chee Han**  
DID : 6771 4336 HP : 9181 7717  
Email : cheehan.go@cyclecarriage.com.sg  
Cycle & Carriage Industries Pte Ltd  
Customer Service Centre - Pandan Loop  
Reporting Centre Personnel's  
Name: