

ASS. REQ. BY:

REF: SMO / 21004813 1K+

Kenneth

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Star Auto

of 04-05

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

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

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

(Client's Record)

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

11cm

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 04 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: SMK 5227 Yr Regn: 05, 18

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

Truck / Trailer or

Make: Mazda A180 cc 1595

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

Sp. Reading: 52945 T/Radio: Insured / Std / NI / NA

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

C/No: WDD1760422J757154

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NII / S/Rim / STD A/Rim or

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

R: 225/40R18

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

TOYO / YOKO or

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 10/4/21 D.O.I. 19/4/2021

Survey held at \_\_\_\_\_

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

O/S Rear

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

Date / Time	Action / Instruction
/	

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:

\$ - RS. \$ \_\_\_\_\_

Papers

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$ \_\_\_\_\_)

## Repair Estimates

Parts	(a) Cost / List Price Items	\$	4,742.50
	Plus/Less 10%	\$	474.25
	<b>Total of Cost / List</b>	<b>\$</b>	<b>4,268.25</b>
	(b) Nett Price Items		
	Less		
	<b>Total of Nett Item</b>		
	(c) Special Nett Items		
	<b>Total Parts Cost</b>		
	Labour	\$	2,160.00
	<b>Total</b>	<b>\$</b>	<b>6,428.25</b>

The above total will be subjected to 7% G.S.T.

- 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:

NOT Authorized  
C/PW &  
Murray Abu Peim

Lawrence  
86995800

Name of Surveyor : Kennerly (96910663)

Company : CIC

Survey conducted on : 19/4/21 at 11.05am

Remarks By Surveyor

(a) The repair of this vehicle is ~~authorized~~ / is not authorized until further notice.

(b) Recommended Days of Repair : 04 day(s)

(c) Resurvey : Required / ~~Not Required~~

(d) Excess : \$                     

(e) Signature of surveyor : Le Date: 19/4/21

**Spare Parts**

Vehicle No. : SMK522C  
 Make & Model : MERCEDES BENZ A180  
 Chassis No : WDD1760422J757154

Submit By : LAWRENCE  
 Year Manufacture : \_\_\_\_\_  
 Engine No. : \_\_\_\_\_  
**Cost / List**

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Reverse sensor	4	\$80.00	\$320.00	X
2	Rear bumper	1	\$1,837.50	\$1,837.50	✓
3	Rear bumper clip	1	\$30.00	\$30.00	✓
4	Rear bumper side retainer LH	1	\$47.50	\$47.50	X
5	Rear bumper side retainer RH	1	\$47.50	\$47.50	✓
6	Rear bumper side garnish RH	1	\$105.00	\$105.00	X
7	Tail lamp RH	1	\$875.00	\$875.00	✓
8	RH rear rim	1	\$550.00	\$550.00	✓
9	RH rear tyre	1	\$350.00	\$350.00	X
10	RHS skirt	1	\$580.00	\$580.00	✓
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

**Labour**

Vehicle No. : SMK522C  
 Make & Model : MERCEDES BENZ A180

Submit By : LAWRENCE  
 Year of Manufacture : 0

S/No	Labour Description	Estimated Price	Adjusted Price
1	TO RENEW DAMAGED PARTS & KNOCK OUT ACCIDENT REPAIR AREA. (REAR BUMPER,RHR FENDER,RHS SKIRT)	\$800.00	564
2	TO PUTTY, RESPRAY PAINT FOR AFFECTED ACCIDENT REPAIR AREA. (REAR BUMPER,RHR FENDER,RHS SKIRT)	\$800.00	664
3	To check wiring	\$50.00	24
4	To remove & refit reverse sensor	\$120.00	64
5	To do wheel alignment	\$120.00	64
6	To remove & refit spare tyre.spare tyre board,carpet trim,to assist work load	\$150.00	X
7	To conduct water leakage tests to ensure proper air and sealing	\$120.00	24

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.

# 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 16:33 (SGT)
Date of Accident	10/04/2021 18:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KIM SENG ROAD TURNING RIGHT TWD HAVELO :K ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK522Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	FOO JUNNING (FU JUNNING)
NRIC No	SXXXX709I
Email Address	derrickbk@yahoo.com
Mobile Phone No	(Phone) +65-83210503
Alternative Phone No	+65-83210503

## VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A180
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
Transmission	Auto
CC	1595

## INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5100425479-02
Cover Note Number	-

## DRIVER

Name of Driver	NGOR BOK KOON
NRIC No	SXXXX136D

DETAILS OF OTHER VEHICLE PROPERTIES

Vehicle Registration Number	FERRITE
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Year	-
Vehicle Color	-
Vehicle Category	-
Vehicle Driver	Motorcycle
Contact Number	CALVIN LESTO
Address	(Phone: +65-9088978)
Address complement	-
Postcode	-
Insurance Company Name	-
Value of Damage	-
Details of property damaged in accident	-
No. of Passenger (including Driver)	0

**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 willful 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.



*Exp. 12/4/21 3.50pm*

Policyholder's Signature / Date & Time

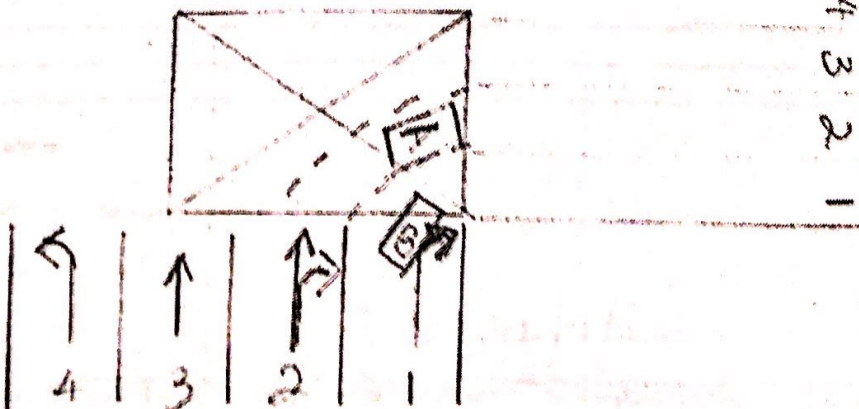
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

*Havelock Road*

*Kim Seng Road*



*Car A. SMK 522 Z  
Car B. 255-1119*