

ASS. REG. BY:

REF:

MSG / 210052791Kt

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.

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:

P-3

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

Veh No:

PG E 13B

Yr Regn:

08, 13

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

Truck / Trailer or

Make:

Mer E250

c.c

1991

Colour

M. Blue

A/C: Insured / Std / NI / NA

Sp. Reading

87130

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

W002120367A831470

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

245/40R18

R:

265/35R18

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

25/4/21

D.O.I.

29/4/2021

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, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

Not Attached
11 Sep 8
Money After Paim
4-5 days

TAN LEONG WAH
BLK 262 TOA PAYOH EAST #27-12
SINGAPORE 310262

Attention : THE OWNER
Contact : 97303113

Estimate : ES007184

Date : 27/04/2021
Vehicle Num.: SGE13D
Make/Model : MERCEDES BENZ E250-23013
Chassis/Eng# : WDD2120362A831470/274920300790
Accident Date : 25/04/2021
Claim No. :
Reference :
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
NETT ITEMS :				
1.	1	BOOT LID		3,108.30 X
2.	1	BOOT LID CHROME GARNISH		323.60 ✓
3.	1	BOOT LID REFLECTOR L/H		499.80 ✓
4.	1	BOOT LID LOCK		339.40 X
5.	1	REAR BUMPER		1,856.00 ✓
6.	2	REAR BUMPER BRACKET	82.50	165.00 ?
7.	6	REAR BUMPER CLIP	12.80	76.80 ✓
8.	2	REAR BUMPER SIDE RETAINER	58.90	117.80 X
9.	2	REAR BUMPER SIDE CHROME MOULDING	188.60	377.20 ✓
10.	1	REAR BUMPER SPONGE		312.00 ✓
11.	1	REAR BUMPER REINFORCEMENT		870.00 ✓
12.	1	REAR BUMPER CENTRE ADAPTOR		299.60 ✓
13.	1	REAR BUMPER LOWER LIP		298.55 X
14.	1	REAR BUMPER LOWER LIP CHROME CENTRE GARNISH		207.90 X
15.	2	REAR BUMPER LOWER LIP CHROME SIDE GARNISH L/H	388.00	776.00 X
16.	1	TAIL LAMP L/H		787.80 ✓
17.	1	REAR END PANEL		1,386.70 ?
18.	1	REAR END PANEL TOP GARNISH		183.60 ?
19.	2	FRONT SEAT HEADREST	971.40	1,942.80 ?
Nett Total S\$:				13,928.85
10.00% Discount S\$:				1,392.89
				12,535.96
SPECIAL NETT ITEMS :				
1.	1	MERCEDES LOGO		72.10 ✓
2.	1	E250 EMBLEM		70.00 ✓
3.	1	C & C EMBLEM		79.50 ✓

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:



TAN LEONG WAH
BLK 262 TOA PAYOH EAST #27-12
SINGAPORE 310262

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Estimate : ES007184

Date : 27/04/2021
Vehicle Num. : SGE13D
Make/Model : MERCEDES BENZ E250-23013
Chassis/Eng# : WDD2120362A831470/274920300790
Accident Date : 25/04/2021
Claim No. :
Reference :
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
4.	1	7G-TRONIC EMBLEM		108.30
5.	2	REVERSE SENSOR	195.00	390.00
6.	2	REVERSE SENSOR HOLDER	25.00	50.00
Special Nett Total S\$:				769.90
LABOUR :				
RUST PROOFING TREATMENT				100.00
CHECK TAIL LAMP AND CHECK WIRING				180.00
SPRAY PAINT DAMAGED AREA AFFECTED				1,100.00
TO CUT OFF REAR END PANEL, KNOCK AND STRAIGHTEN REAR				
CHASSIS FRAME AND CHANGE ALL NECESSARY PARTS				1,500.00
TO CHANGE FRONT SEAT HEADREST,DIAGNOSE AND RESETTNG				280.00
Labour Total S\$:				3,160.00

SingDollars : Sixteen Thousand Four Hundred Sixty-Five & Cents Eighty-Six Only

Total S\$: 16,465.86
=====

COMPLETE VMS PTE LTD

This is only an estimate bases on our preliminary inspection and does not cover additional parts and labour time which may be required after the work has begun

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 27/04/2021 14:53 (SGT)
Date of Accident 25/04/2021 13:15 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information PIE TOWARDS BEDOK RESERVOIR
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGE13D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN LEONG WAH
NRIC No SXXXX398I
Email Address LWTAN@LIVE.COM.SG
Mobile Phone No (Phone) +65-97303113
Alternative Phone No (Office) +65-97303113

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E250
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 2000

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MT/00837358
Cover Note Number 02/09/2020 TO 01/09/2021

DRIVER

Name of Driver TAN LEONG WAH
NRIC No SXXXX398I

13/01/1998
Indoor
09/10/1979
41 YEARS AND 6 MONTHS
Male
(Phone) +65-97303113
(Office) +65-97303113
LWTAN@LIVE.COM.SG
BLK 262 TOA PAYOH EAST #27-12

-
310262
Yes

-
No

-
-
Collision - Head to Rear
Clear
Dry

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

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) No
soliciting/offering accident claims assistance?

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 SKETCH PLAN AND POLICE REPORT

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 1

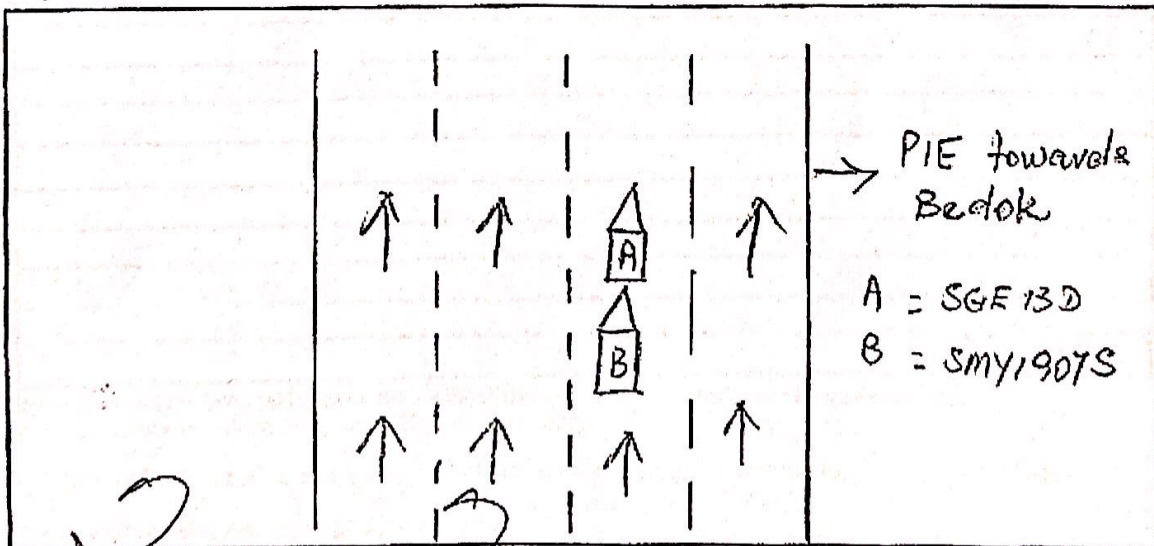
Vehicle Registration Number SMY1907S
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver TERENCE KU
NRIC No SXXXX633A
Contact Number (Phone) +65-83394301
Address -

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 making 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 sums 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.

Sketch Plan



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

27/04/2021

MINI MOTOR COMPANY