

ASS. REC. BY:

REF:

AIG / 210084971kg

Kenneth

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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

07 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

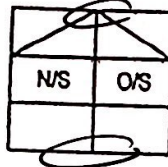
CA / REV / REP. / 24 HRS

Date:

04/30

Person Contacted:

Vehicle: IN / OUT



Veh No:

STW 65694

Yr Regn:

04 10

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

Truck / Trailer or

Make:

Mer

S300L

c.c

2997

Colour

Black

A/C:

Insured / Std / NI / NA

Sp. Reading

118889

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WDD2211542A311888

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / RIM or

Tyre Size:

F: Pir

255/45R18

R: Dvn

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

7

mm

L/Bal.

9

mm

L/Bal.

7

mm

D.O.A.

22/7/21

D.O.I.

13/8/2021

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

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. \$

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

**Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5
#01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047
Tel: 6484 1626 (24Hrs) Fax: 6484 0465
Business Reg. No: 221880/00C GST Reg. No: MX-0486007-AO**

To: AlG Asia Pacific Insurance Pte Ltd

Policy No: _____ **Third Party**

Date: 12.08.2021

Accident Date : 22.07.2021

承接汽车烧焊喷漆及
代理各种车辆赔偿

Scanned with CamScanner

趙 源 摩 哆 Chew Goon Motor

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To: AIG Asia Pacific Insurance Pte Ltd

Policy No: Third Party

Date: 12.08.2021

Accident Date : 22.07.2021

Specialised in Car Painting, Welding,
Panel-Beating and Insurance Claim.

ESTIMATE

承接汽车烧焊喷漆及
代理各种车辆赔偿

数量 Quantity	货 名 DESCRIPTION	单 价 Unit Price	银 Amount 额 \$ cts.
	Estimate Cost Of Repair To "Mercedes S300L" Reg. No. SJW6569Y Claiming Against Your Insured Reg. No. SLB2073Z		
		B/F	-
1pc	Support Panel Side Air Guide <i>pu x</i>		
1pc	Driver's Seat Headrest <i>Act ?</i>		
	Less 10%		
	Front Number Plate		41 45.00 SN ✓
	To Conduct Rear Electrical Check, Focus Headlamp		30.00 201
	To Replace Reverse Sensors & Reprogram System		160.00 601
	To Dismantle / Transfer Boot Fittings / Ancillary Accessories		100.00 601
	To Dismantle / Refit Trunk Compartment Boards & Trims		100.00 601
	To Supply End Panel Body Sealant		60.00 301
	To Apply Rust Proofing / Reseal Tuff Coating Treatment to Respray / Replaced / Repair Panel		100.00 ?
	Labour Charge - Panel Beating, Repairing of Bonnet, Support Panel, Rear Chassis Member, Floor Panel etc. Cnt, Weld End Panel and Parts Replacement		1,400.00 9001
	To Respray Affected Areas		1,300.00 8801
		Total :	3,295.00

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



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 Authorized 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	23/07/2021 15:37 (SGT)
Date of Accident	22/07/2021 16:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along Ang Mo Kio Avenue 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJW6569Y

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YONG YIN HUAT
NRIC No	S1181725D
Email Address	yongrik@yahoo.com.sg
Mobile Phone No	(Phone) +65-91055403
Alternative Phone No	+65-91055403

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	S300I
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	3000

INSURANCE COMPANY

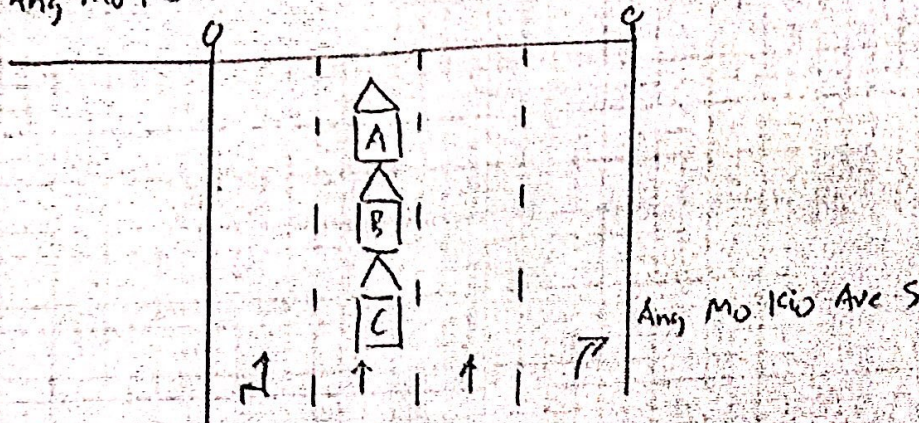
Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5121615713
Cover Note Number	-

DRIVER

Name of Driver	YONG YIN HUAT
NRIC No	S1181725D

SKETCH PLAN

Ang Mo Kio Ave 10



A: SHD 4059 P
B: SJW 6569 Y
C: SLB 2073 Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary waiting for traffic to move, suddenly
I felt an impact from my rear and push my vehicle to
hit onto vehicle A, I got down and realize vehicle C
collided onto my vehicle.

DECLARATION

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

Policyholder's Signature
Date & Time: 28/07/2021
1530 hrs

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

Reporting Centre Personnel's Signature
Name: Enderu Kal
NRIC/IN No: RA11883