

ASS. REC. BY:

Steve

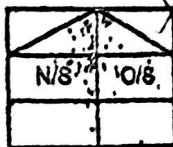
CS/CTI21008769/Eqc

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/WS/TP RES/OD RES/EVA/INV/MV
 To inspect Vehicle Not: _____
 at Workshop m/s: _____
 of: _____
 Insured: _____
 Policy No.: _____
 Claims No.: SNM21D204601/C02
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Velt: _____

(Policy Condition)

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



Est. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 SIA / PR Seat: _____ Consistent? : Yes or No
 Est. Repair: 4 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: W / OUT

Veh No: SML 9436A Yr Regn: 10/1/14
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Mercedes Benz CL 200 c.c. 1595
 Colour: Black A/C: Insured / Std / NI / N
 Sp. Reading: 129410 T/Radio: Insured / Std / NI / N
 Eng/No: _____
 C/No: W101173432N 05/199
 Gen. Cond: Good / Fair / Poor / Buznt
 Steering: Inorder / Jammed / Locked / Burnt or
 Brakes: Inorder / Jammed / Locked / Burnt or
 Mod: M / S / Rim / STD A/Rim or
 Tyre Size: F: 225/40R18 R: 1
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front 4 mm Rear 4 mm
 R/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 18/8/21
 Survey held at Accord Auto
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
 Front R/L
 The UIC / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
24/08/21 @ 3.35pm	revised to Jenny Lew via Merimen
	Steve finalised final fig \$4813.86, 4 days. (Red \$13484.55, 74%)

me/Time, File, Pass id. ☐ : Prel. Report29/09 Typist ☐ : Final Report

me/Time, File, Return id.

Days Of Repair: 4

Resurvey No. of Trip: 2

Survey Fee:

Transportation

\$ + RS \$

Photos

Others

TOTAL

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Inve (\$☐ : Wash and (\$

MER-TP

4813.86

WIL R

#01-80 SINGAPORE 159721

TEL. 027.15113 / 027.17433 FAX. 02745715

Steve (LKK)
20/8/21, 4.30pm

4 d/s
L/S
M AL sy

Pgl

Owner's Name : Lim Daniel

Vehicle No : SML9436A

Vehicle Make & Model : Mercedes Benz CLA200

Claim Type: Third Party Claim

Chassis No: WDD1173432N051199

Registration Date : 16 Jan 2014 (YOM 2013) COE Expiry Date 15 Jan 2024

DOA: 18.8.2021

No	Description	Unit	List (\$)
1	FRONT BONNET X	1	\$ 2,658.98
2	FRONT RH FENDER X R	1	\$ 870.65
3	FRONT RH FENDER SHIELD X	1	\$ 268.98
4	FRONT BUMPER / BR	1	\$ 2,250.00
5	FRONT RH BUMPER SIDE RETAINER / BR	1	\$ 105.00
6	FRONT BUMPER TOP INNER BRACKET ?	1	\$ 275.00
7	FRONT BUMPER RH INNER BRACKET ?	1	\$ 258.00
8	FRONT BUMPER RH NUZZLE COVER X	1	\$ 95.00
9	FRONT BUMPER RH FOGLAMP GARNISH X	1	\$ 116.85
10	FRONT RH BUMPER SENSOR ?	1	\$ 280.00
11	STEERING RACK X	1	\$ 4,555.00
12	FRONT RH HEADLAMP / BR	1	\$ 2,680.40
13	FRONT RH HEADLAMP CONTROL UNIT (*Big) ?	1	\$ 831.60
14	FRONT RH HEADLAMP CONTROL UNIT (*Small) ?	1	\$ 365.00
15	FRONT RH HEADLAMP LOWER BRACKET ?	1	\$ 110.00
		Total (A) :	\$ 15,720.46
		Less 10% :	\$ 1,572.05
		Total :	\$ 14,148.41

ACCORD AUTO SERVICES PTE LTD

BLOCK 1009 BUKIT MERAH LANE 3

#01-80 SINGAPORE 159723

TEL: 62715133 62717431 FAX: 62745715

Pg2

ESTIMATE REPAIR

China Taiping Insurance (Singapore) Pte Ltd

Date: 20.8.2021

Owner's Name : Lim Daniel

Vehicle No : SML9436A

Vehicle Make & Model : Mercedes Benz CLA200

Registration Date : 16 Jan 2014 (YOM 2013) COE Expiry Date 15 Jan 2024

Claim Type: Third Party Claim

Chassis No: WDD1173432N051199

DOA: 18.8.2021

No	Description	Unit	List (\$)
Special Nett			
1	FRONT FENDER SHIELD CLIPS X	SET	\$ 70.00
2	FRONT BUMPER CLIPS / APC	SET	\$ 38 50.00
3	FRONT UNDER BUMPER COVER CLIPS & UNDER ENG CLIPS X	SET	\$ 60.00
4	TYRE	1	\$ 420.00
Labour			
1	Spray Painting to All Affected Areas(*Front RH Door)	1	\$ 400 1,000.00
2	Labour Remove / Refix Accident Damages parts to knock , jack, cut weld and realign accident affected area	1	\$ 800 1,000.00
3	Check Wiring System & Light	1	\$ 50 100.00
4	Anti Rust Treatment	1	\$ 30 120.00
5	To Check & Adjust Wheel Alignment	1	\$ 60 100.00
6	To Remove/Replace Steering Rack	1	\$ X 500.00
7	To Reprogramming Headlamp Control Unit	1	\$ 100 380.00
8	Computer Diagnostic	1	\$ 100 350.00
<div style="border: 1px solid black; padding: 5px;"> <p>Accord Auto Consultants hence notify the Receiver of the following:</p> <ul style="list-style-type: none"> • To resurvey before/after spray painting • To resurvey damaged parts during resurvey • Repairs are subject to confirmation • Third party survey done "Without prejudice" basis • Repairs are subject to confirmation • Supply necessary repair materials, labour and tools and to have approval from the Insurer Company </div>			
Total (B):			\$ 4,150.00
Grand Total:			\$ 18,298.41

Acknowledged by Receiver
Signature:
Date:

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 19/08/2021 14:15 (SGT)
Date of Accident 18/08/2021 14:30 (SGT)
Exact Location of Accident 103 Lor 1 Toa Payoh, Block 103, Singapore 310103
Additional Location Information TOA PAYOH LOR 1 BLK 103 CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML9436A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM DANIEL
NRIC No SXXXX936G
Email Address daniellim1994@hotmail.com
Mobile Phone No (Phone) +65-83687662
Alternative Phone No +65-83687662

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Cla200
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 ECICS Limited
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MPC21P00145700
Cover Note Number -

DRIVER

Name of Driver LIM DANIEL
NRIC No SXXXX936G

Date Of Birth	05/01/1994
Occupation	Indoor
Date Of Driving Pass	14/05/2015
Driving experience	6 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83687662
Alt. Phone Number	+65-83687662
Email Address	daniellim1994@hotmail.com
Address	BLK 103 LOR 1 TOA PAYOH #10-327
Address complement	-
Postcode	310103
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	Hit and run / Vandalism / Damaged whilst parked
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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

DAMAGED BY VEHICLE B WHILE PARKED AT PARKING LOT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	GBB5256L
Vehicle Manufacturer	Nissan
Vehicle Model	Cabstar
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TAN PUAY YOK
-	SXXXX188H
Contact Number	(Phone) +65-91296558
Address	-

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

SKETCH PLAN

Veh A: 9436A
Veh B: 605256L

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.

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

9.48AM.

Policyholder's Signature
Date & Time:

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

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



CP		CP	CP
----	---	----	----

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Damaged by Vehicle B while parked at parking lot.

DECLARATION

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

4. 48/100.

Policyholder's Signature
Date & Time:

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



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