

ASS. REC. BY:

REF:

AGZ/ CS/AGI21008779/Kuf3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SMC 2525U

at Workshop m/s Cyrine

of _____

Insured: SGC 405S

Policy No. _____

Claims No. C10011350/CD

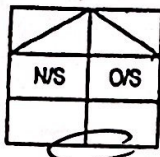
Sum Insured: _____ Excess: _____

(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: 03 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMC 2525U Yr Regn: 06, 18Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mer C200 c.c. 1991Colour: White A/C: Insured / Std / NI / NASp. Reading: 5944P T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2050422R 32982Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: RoadStone 225/45R18R: B.S. 245/40R18

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

TOYO / YOKO or

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 20/8/21

Survey held at

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 23/8/2021Des. 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

Confirmed L/S \$2700, 3 repair days.

(RED \$2821.50; 51%)

Date/Time, File Pass to?

☐ : Prell. Report

11/12/10 TYPIST

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3Resurvey No. of Trip: 2Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S - RS - SI

Fuel/OS

Others

TOTAL

Report Format: TP

Lump Sum / T.B.I: (\$ 2700)

Date: 20.08.2021
Vehicle No: SMC2525U
Model: MERCEDES C200 AMG LINE
Chassis: WDD2050422R329682-2017
Reg.Year: 2018

Third Party Insurer: AUTO & GENERAL
Third Party Veh No: SGC405S
Date of Accident: 20.08.2021
Estimator: TING AN
Surveyor:

Not Authorized
Li Lin &
Phong Hui Piny
3 days

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR BUMPER	1	<i>Brilliant</i>	\$2,190.00
2	REAR BUMPER REINFORCEMENT	1		\$735.00
3	REAR BUMPER LOWER GRILLE	1		<i>Red</i> \$295.00
4	REAR BUMPER LOWER LIP COVER	1		\$290.00
5	REAR BUMPER INNER BRACKET LH	1		\$65.00
6	REAR BUMPER INNER BRACKET RH	1		\$65.00
7	REAR BUMPER CENTER RETAINER	1		\$105.00
8	REAR BUMPER REVERSE SENSOR	2	\$195.00	\$390.00
9	REAR END PANEL	1		REPAIR
SUB TOTAL				\$4,135.00
LESS 10%				-\$413.50
PARTS TOTAL				\$3,721.50

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR BUMPER CLIPS	1		<i>Red</i> \$60.00
S/N TOTAL				\$60.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST REAR ACCIDENT AREAS & ETC. \$700.00 *2201*

LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR BUMPER, REAR BUMPER LOWER LIP COVER, REAR END PANEL & ETC. \$700.00 *2501*

LABOUR CHARGES TO REMOVE & REPLACE REAR BUMPER REVERSE SENSOR & ETC. \$120.00 *601*

TO DIAGNOSIS FAULT CODE & RESET MEMORY. \$120.00 *?*

TO CHECK WIRING & ELECTRICAL SYSTEM & ETC. \$100.00 *151*

	LABOUR TOTAL	\$1,740.00
	TOTAL	\$5,521.50

TING AN

Head office

8 Kung Chong Road Singapore 159143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 555047
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1993

101 Serangoon North Ave 5 Singapore 555047
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1511



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 items must be resurveyed and subject to final approval from Insurance Company

Acknowledged by Repairer
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	20/08/2021 14:32 (SGT)
Date of Accident	20/08/2021 07:04 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 1, Singapore
Additional Location Information	AMK AVE 1 TWDS CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC2525U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG KOH TING
NRIC No	SXXXX744D
Email Address	TEDDYANG25@GMAIL.COM
Mobile Phone No	(Phone) +65-96182509
Alternative Phone No	+65-96182509

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C200
Variant	C200 AMG LINE AUTO
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	1991

INSURANCE COMPANY

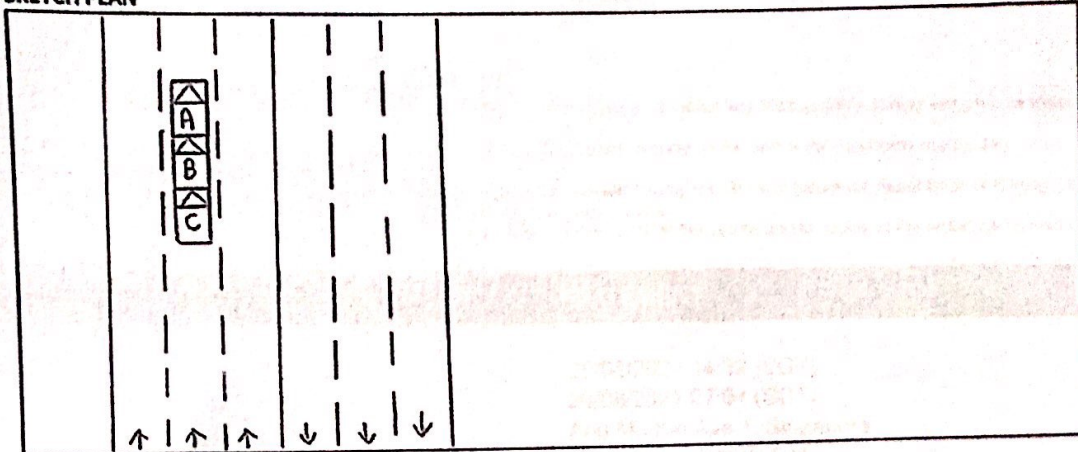
Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA366164/1
Cover Note Number	14/06/2021 - 13/06/2022

DRIVER

Name of Driver	ANG KOH TING
NRIC No	SXXXX744D

Date of accident: 20/08/2021 Time: 07:04 Location: ANG MO KIO AVENUE 1 (Near blk 331) ^{TOWARDS CTE}
 My Vehicle A: SMC2525U Vehicle B: SGC40SS Vehicle C: GBF8852A

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/08/2021 at about 0704 hours, I was driving along Ang Mo Kio Avenue 1 towards CTE. The vehicle in front of me slowed down and I followed suit. Suddenly, I felt an impact. Shortly after, I felt another impact. I alighted and realised that it was a chain collision involving 3 vehicles. Vehicle B - SGC40SS front portion had collided into the rear of my vehicle A - SMC2525U causing damage. We exchanged particulars.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop: OPTIMA WERKZ PTE LTD

Email address: eve.fan@ow.sg

& myself: ANG EOH TING

Email address: teddyang25@gmail.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature

Date & Time: 20/08/2021

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

AH LIM MOTOR COMPANY