

ASS. REC. BY:

REF: C72/ 21009853/K+

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop m/s Car Times

of _____

Insured: _____

Policy No. _____

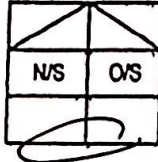
Claims No. _____

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: 3-6 days Res.: Yes or NoLum Sum: 1.01 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: Sm Q 3323 Yr Regn: 11, 17Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAMake: Mer C200 c.c. 1991Colour: M. Grey A/C: Insured / Std / NI / NASp. Reading: 36205 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD2050422R307359Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD A/Rlm orTyre Size: F: 225/45 R18R: 245/40 R18

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

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 7 mm R/Bal. P mmL/Bal. 7 mm L/Bal. P mmD.O.A. 11/9/21 D.O.I. 6/10/2021

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

FINALISE AT \$9747.19, 6DAYS
RED: 12147.81 ; 55%

21895

Date/Time, File Pass to?

☐ : Prell. ReportDays Of Repair: 6

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Report Format :

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

*Not Notash
Repairing B4 paint
5-6 days*

VEHICLE NO: SMQ3323E

MODEL: MERCEDES C200

CHASSIS NO: WDD2050422R307359

DESCRIPTION	REPAIRER'S ESTIMATE(S\$)
PARTS (LIST ITEMS)	
REAR BUMPER	Bz \$ 2,340.00
REAR BUMPER RETAINER LHS	Sn \$ 60.00 X
REAR BUMPER RETAINER RHS	Sn \$ 60.00 X
REAR BUMPER LOWER	CNI \$ 330.00
REAR BUMPER DIFFUSER	CNI \$ 260.00
EXHAUST TIP LHS	\$ 540.00
EXHAUST TIP RHS	Sn \$ 540.00 X
TAIL LAMP LHS	CNI \$ 630.00
TAIL LAMP RHS	Sn \$ 630.00 X
REAR BOOT	Bz \$ 1,980.00
REAR BOOT HINGE LHS	R \$ 310.00 X
REAR BOOT HINGE RHS	R \$ 310.00 X
REAR BOOT CENTRE GARNISH (CHROME)	way \$ 230.00
REAR BOOT LOCK ASSY	Nd \$ 940.00
REAR BOOT INNER TRIM	Sn \$ 270.00 X
MERCEDES EMBLEM	Mu \$ 60.00
C200 EMBLEM	Mu \$ 110.00
REAR REINFORCMENT	\$ 560.00
END PANEL	\$ 1,260.00
END PANEL TOP GARNISH	DIY \$ 130.00
SPARE TYRE PANEL	\$ 550.00
SPARE TYRE TOP COVER	Sn \$ 410.00
AUTO TAILGATE	\$ 880.00
REAR FENDER LHS	R \$ 2,430.00 X
REAR FENDER RHS	R \$ 2,430.00 X
	\$ 18,250.00
	10% \$ 1,825.00
	\$ 16,425.00
SPECIAL NETT ITEMS	
REAR SENSORS	Shon \$ 200.00
CARPLATE W/ HOLDER	Nd \$ 60.00
REAR BUMPER CLIPS	Mu \$ 100.00
	\$ 360.00
Total	\$ 16,785.00

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

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (\$\$)
	<u>LABOUR</u>	
1	To remove the affected parts & fittings to commence repairs; replace damaged parts and components	\$ 2,000.00
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	\$ 2,000.00
3	To remove and re-fix wiring and check all electrical components at damaged areas for proper functions	\$ 100.00
4	To provide anti-rust treatment on affected areas	\$ 100.00
5	Dignostic Check	\$ 100.00
6	Transfer rear boot parts	\$ 150.00
	Labour Total :	\$ 4,450.00
	TOTAL (PARTS & LABOUR):	\$ 21,235.00

700

900

201

60

7

60

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 13/09/2021 14:26 (SGT)
Date of Accident 11/09/2021 12:45 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information PIE Between Lorong Toa Payoh Exit
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ3323E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Delos Reyes-Sanchez Vivian
Passport No/FIN GXXXX390L
Email Address vian1105@yahoo.com
Mobile Phone No (Phone) +65-86498593
Alternative Phone No +65-86498593

VEHICLE PARTICULARS

Manufacturer Mercedes
Model C200 AMG LINE AUTO
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 1991

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MT/00766997/01
Cover Note Number -

DRIVER

Name of Driver Sanchez Dino Adrian Cuneta
Passport No/FIN GXXXX027W

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE Between Loring
Tea Pajoh Exit

Vehicle A - SMR 3323 E

Vehicle B - SLH 5531 S