

ASS. REC. BY:

REF: SMR / 21010123/Kuf3
CSI

Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SMA 2026D
 at Workshop m/s Lm Tan
 of _____
 Insured: SHB 1728Y
 Policy No. _____
 Claims No. TAX/09/21/2050
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

10-30cm

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 4 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMA 2026D Yr Regn: 03, 18
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or Wagon
 Make: Mer GLC 250 c.c 1991
 Colour: M.D. Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 50548 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WDC 2539462F 408454
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Mod: NI / S/Rlm / STD / Rlm or
 Tyre Size: F: Pi- 235/60R18
 R: Scorpion
 BS / DUN / EXNOVA / GY / FS / LZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

Front
 R/Bal. 6 mm R/Bal. 7 mm
 L/Bal. 6 mm L/Bal. 7 mm
 D.O.A. 24/9/21 D.O.I. 12/10/2021

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

cls body

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Confirmed L/S \$3150.20, 4 repair days. (RED \$280; 8%)

Date/Time, File Pass to?

☐ : Prell. Report

1) 12/11 TYPIST

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

Report Format: TPLump Sum / I.B.I. (\$) 3150.20Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)

Not Authorised
 Preparing B4 paint
 4 days

ESTIMATE TO REPAIR

VEHICLE NO. : SMA 2026 D
 MAKE : MERCEDES BENZ
 MODEL : GLC250 4MATIC AUTO
 YEAR : 2018
 CHASSIS NO : WDC2539462F408454

SURVEYOR NAME	:
DATE OF SURVEY	:
TIME OF SURVEY	:

DATE : 29-Sep-21
 DATE OF ACCIDENT : 24-Sep-21
 THIRD PARTY REF : SHB 1728 Y
 THIRD PARTY REF : SMRT Claims and Insurance Agency

Qty	Parts Description/ Labour	Type	Unit Price	Nett Item Amt	Amount
1pc	o/s front door	Nett			\$ 2,214.00
1pc	o/s front door rubbler	Nett			\$ 264.00
	Less 10%				\$ 2,478.00
					\$ 247.80
					\$ 2,230.20
	To putty & spray paint				\$ 600.00
	To transfer door fitting				\$ 80.00
	labour charges				\$ 400.00
TG/VL	TOTAL				\$ 3,310.20
<div style="border: 1px solid black; padding: 10px; margin: 10px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 <p>Acknowledged by Repairer Signature: Date:</p> </div>					

4401
 601
 3001

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 27/09/2021 21:05 (SGT)
Date of Accident 24/09/2021 14:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information BLK 231 MOUNTBATTEN RD CAR PARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA2026D
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner YEO MING YI ADELINE
NRIC No S8005172G
Email Address DENNISNG.PY@GMAIL.COM
Mobile Phone No (Phone) +65-93233081
Alternative Phone No +65-93233081

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Glc250
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 0

INSURANCE COMPANY

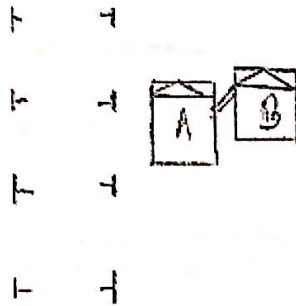
Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA359683
Cover Note Number -

DRIVER

Name of Driver NG PIT YANG
NRIC No S8029215E

SKETCH PLAN

Date & Time of Accident: 24/09/24 / 2:45 pm Location: BER 238 Mountbatten Rd., Gr. pub.
 Veh A: SMA 20561 Veh B: SHB 1728Y Veh C/Others: _____



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my daughter, Naomi Ng, to her Bernice class at 2:40pm on 24th Sep 24. I was passing by the Smart taxi on its left when I heard a loud sound on my right. I opened my door to check and realised that the passenger of the Smart taxi SHB 1728Y had opened the left passenger door and scrapped the right side of my car. The passenger admitted she did not look out before opening the door. No one was hurt during the accident.

TP CLAIM: OTHER WORKSHOP.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

☐ Own Damage Claim at Lim Tan Motor ☐ TP Claim at Lim Tan Motor
☐ Own Damage Claim at Other Workshop ☐ TP Claim at Other Workshop ☐ Reporting Only

I/We hereby authorised Lim Tan Motor Pte Ltd to forward my/our filed GIA accident report to:-

My/Our workshop via email: _____

My/Our email: denisng.py@gmail.com

DECLARATION

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

Policyholder's Signature Date & Time:

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

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

