ASS. REC. BY: Kenneth

REF: CS/ CIZ/2101648/Kuy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / QD RES / EVA / INV / NY

To Inspect Vehicle No: SJS 8581T

at Workshop m/s Massive

of _____

Insured: SLX 2476D

Policy No. DMPCSNW00034532100

Claims No. SNM21D205773/C02

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SJS 8581T Yr Regn: 09, 09

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A) Wagon

Make: Mer B180 c.c 1699

Colour M. Grey A/C: Insured / Std / NI / NA

Sp.Reading 232194 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2452 32 2J 509575

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: _____

R: 225/40R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Continental

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	10/10/21	D.O.I.	12/10/2021

Survey held at ✓

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or N/S body

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	
	Confirmed L/S $7350, 5 repair days
	(RED $6716.40; 48%)

Date/Time, File Pass to? 1) 21/10 TYPIST

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to? 2) _____

Days Of Repair: 5

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS _____ SI

Parking _____

Others _____

TOTAL _____

Report Format : TP

Lump Sum / ~~I.B.I.~~ ($ 7350)

Massive Trading & Auto

Mailing address : Blk 225 #07-579 Ang Mo Kio Ave 1 Singapore 560225
H/p 91082728

Fax : 64816131

Not Authorised
to Sign &
Pay Only After Paint
5 days

Tan Wee Seng
53 Surin Ave
Singapore 565644

Vehicle No : SJS 8581 T
Make : Mercedes B180
Year : 2009

Qty	Description	Unit Price	Amount
Estimate Cost Of Repair			
1 pc	Front n/s door assy		$2,100.00
1 pc	Front n/s door outer protector		$155.00
1 pc	Front n/s door weatherstrip		$328.00
1 pc	Front n/s door frame black sticker		$105.00
1 pc	Front n/s door inner trim board		$1,920.00
1 pc	Front n/s door glass regulator/motor		$855.00
1 pc	Front n/s door inner lock		$455.00
1 pc	Rear n/s door assy		$2,195.00
1 pc	Rear n/s door outer protector		$135.00
1 pc	Rear n/s door weatherstrip		$328.00
1 pc	Rear n/s door frame black sticker		$105.00
1 pc	Rear n/s door inner trim board		$1,920.00
1 pc	Rear n/s door glass regulator/motor		$855.00
1 pc	Rear n/s door inner lock		$455.00
1 pc	Rear n/s fender protector		$85.00
1 pc	N/S rocker panel garnish		$550.00
			$12,546.00
		Less 10 %	$1,254.60
			$11,291.40
Labour Charges			
	Remove/renew the above parts including knocking, cutting & welding etc.		$1,200.00
	To putty & spray paint on accident affected portion.		$1,200.00
	Check/reconnect wiring.		$45.00
	To spray anti rust on accident affected portion.		$150.00
	Remove/refit front & rear n/s door glass, mechanism, inner lock, trim board to new door.		$180.00
		Total	$14,066.40

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
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 witholding 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	11/10/2021 09:47 (SGT)
Date of Accident	10/10/2021 11:08 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	19 BROCKHAMPTON DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS8581T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN WEE SENG
NRIC No	S7902082F
Email Address	TANDAVEWS@GMAIL.COM
Mobile Phone No	(Phone) +65-94757586
Alternative Phone No	+65-94757586

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	B180
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	1700

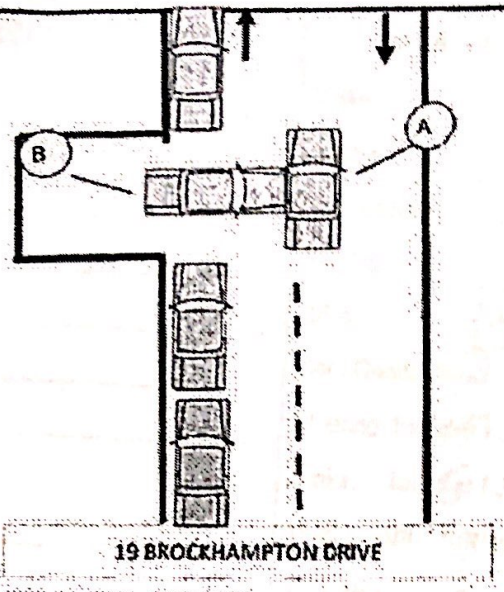
INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5108465662-02
Cover Note Number	drivo CLASSIC, Transport Allowance

DRIVER

Name of Driver	TAN WEE SENG
NRIC No	S7902082F

SKETCH PLAN



Vehicle A: SJS8581T Vehicle B: SLX2476D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was going straight along Brockhampton Drive. Suddenly vehicle B drive out from his house car porch straight and collided to my vehicle left side. After which both of us alight from the vehicles and exchange contact number. I had a minor injury and will consult doctor for medical attention.

Declaration

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

11/10/21 / 9:35
Policyholder's Signature / Date & Time

11/10/21 / 9:35
Driver's Signature (If driver is not the policyholder) / Date & Time

Ganesh (S993561)
Customer Care Executive
Motor Service Centre
Witnessed by