

ASS. REQ. BY: Steve

CS/GRB21011348/EL43

ASSIGNMENT

From:

Date:

Estimated Cost:

OP/TP/WS/TPR/OD-RES/EVA/INV/IMV

To inspect Vehicle No:

at Workshop m/s

Insured: SLW 3510L

Policy No. D21MFL0000447

Claim No. MFL2021D0004876

Sum Insured:

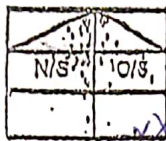
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Rel. or Market Value:

IDAO Accident Report Consistent? Yes or No

DIA / PR Seen Consistent? Yes or No

Est. Repair: days Rep.: Yes or No

Cum Sum: % 3 Val.: Yes or No

QA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Date / Time: Action / Instruction

MV-170K

28/12/21 LS \$3300 confirmed by email (red 3813.80, 53%)

Date/Time, File, Remarks:

☐

Prel. Report

☐

Final Report

Date/Time, File, Remarks:

28/12/21-typist

Represented by: Merimen

Nett Sum / L/S: LS \$3300

Veh No:

SMD1388A

Yr Regn:

12/9/18

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Private Motor

Truck / Trailer or

Make:

Mercedes-Benz E250

c. 1991

Colour:

Black

A/O: Insured / Stolen / N/A

Sp. Reading

51879

T/Ratio: Insured / Stolen / N/A

Eng/No:

WDD2130452A47637

Gen. Cond: Good / Fair / Poor / Bught

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

Mod: N/A / S/Rim / STD A/Rim or

Tyre Size:

P1 275/40R18

R1 11

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

TOYO / YOKO or B

Front

Rear

R/Bal:

5

mm

R/Bal:

5

mm

L/Bal:

5

mm

L/Bal:

5

mm

D.O.A.

3/11/21

D.O.A.

9/11/21

Survey held at

Twin wheels

Des. of Damages: FR / Rear / O/S / H/S / U/C / Roof/Top or

Rear RH

The U/C / O/S/H/S frame / Body structure affected due to collision

Days Of Repair: 3

Resurvey No. of Trips: 1

Survey Fee:

Transportation

S & RS

Fees

Quota

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Veh. Detail (\$

TWIN WHEELS AUTO TRADING ENTERPRISE

38 Woodlands Industrial Park E1 #03-14

Singapore 757700

TEL: 6457 0410 / 6765 2616

EMAIL: twinauto@singnet.com.sg

9 November 2021

ATTN: MOTOR CLAIM DEPARTMENT

ATTN: LOW JOO KIM

H/P: 9783 6533

Steve (LKK)
83228813

Steve.hm@lkkauto.com

WML PL
3 days

L/S
My AL My

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:

Dear Sirs / Madam,

**Accident Claim for Vehicle No.SMD 1388 A, Involving Vehicle No.SLW 3510 L.
Accident on 03 NOVEMBER 2021, AT BUANGKOK EAST DRIVE.**

With reference to the above vehicle. We hereby submit a list of parts required to be changed and append below the charges for changing and repairing ;

NO	PARTS REPLACEMENT	QTY	COST PRICE
1	TAILLAMP - RH / cut	1PC	\$ 978.00
2	REAR BUMPER / cut	1PC	\$ 2,409.00
3	REAR BUMPER RETIANER ? / BR	1/2 PCS	\$ 260.00
4	REAR BUMPER REINFORCEMENT x nn	1PC	\$ 997.00
5	REAR BUMPER SPONGE x nn	1PC	\$ 220.00
6	REAR BUMPER LOWER CHROME / cut	1PC	\$ 410.00
7	REAR BUMPER REFLECTOR - RH x nn	1PC	\$ 68.00
TOTAL COST PRICE			\$ 5,342.00
LESS 10%			\$ (634.20)
TOTAL AMOUNT			\$ 4,707.80

NO	PARTS REPLACEMENT	QTY	SPECIAL NETT PRICE
1	REAR SPORT RIM - RH x	1PC	\$ 400.00
2	REAR BUMPER SENSOR x ? / Shorted	2PCS	\$ 726.00
TOTAL SPECIAL NETT PRICE			\$ 1,126.00

LABOUR:		
1	LABOUR TO SPRAY PAINT	\$ 450 700.00
2	LABOUR TO PANEL BEATING	\$ 300 500.00
4	LABOUR TO APPLY RUST-PROOFING ON REPAIRED AND REPLACED PARTS	\$ 30 80.00
TOTAL LABOUR		\$ 1,280.00
TOTAL AMOUNT		\$ 7,113.80

THANK YOU

FROM:

Twin Wheels Auto Trading Enterprise

Mr Tan Leng Huat

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 willful 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	05/11/2021 17:17 (SGT)
Date of Accident	03/11/2021 19:50 (SGT)
Exact Location of Accident	Buangkok E Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD1388A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOW JOO KIM
NRIC No	S1550211H
Email Address	lowjookim@hotmail.com
Mobile Phone No	(Phone) +65-96174251
Alternative Phone No	+65-96174251

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
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	1991

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800103469-03
Cover Note Number	-

DRIVER

Name of Driver	LOW JOO KIM
NRIC No	S1550211H

Date Of Birth	20/04/1962
Occupation	Indoor
Date Of Driving Pass	09/05/1985
Driving experience	36 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96174251
Alt. Phone Number	+65-96174251
Email Address	lowjookim@hotmail.com
Address	BLK 226C COMPASSVALE WALK #10-363
Address complement	-
Postcode	543226
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SLZ1138B
Insurance Company of Other Vehicle Owned by Driver	AXA Insurance Pte Ltd

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
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)	1
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

I STOPPED BEHIND THE QUEUE WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN. VEHICLE B WAS BEHIND ME, HE TRY TO FILTER TO THE RIGHT AND HIS LEFT REAR SIDE PORTION HIT ONTO MY REAR RIGHT SIDE PORTION.

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 1

Vehicle Registration Number	SLW3510L
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHENG SHAO HAN
NRIC No	S8041259B
Contact Number	(Phone) +65-80281832

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

SKETCH PLAN

IMPORTANT NOTICE

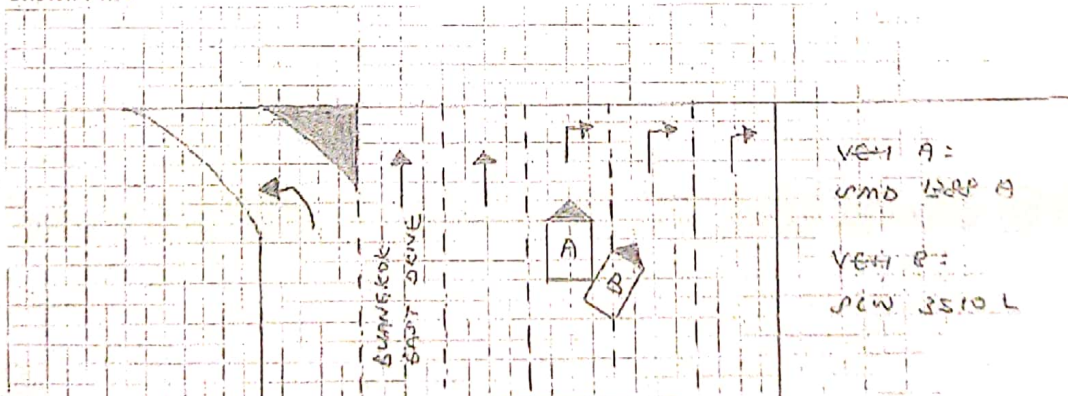
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 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/final 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
S/O/S 4.15pm

Driver's Signature (if driver is not the policyholder) / Date & Time
S/O/S 4.15pm

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I stopped behind the queue waiting for the traffic light to turn green. Vehicle B was behind me, he try to filter to the right lane and his left rear side portion hit onto my rear right side portion.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date &
 Time 5/11/21


 Driver's Signature (if driver is not the policyholder) / Date
 & Time 5/11/21


 Witnessed by Reporting Centre
 Personnel