

ASS. REC. BY:

REF: AG/ 21012122/KC

Kenneth

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s Ding Ave  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_ 073E  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SFQ 18P Yr Regn: 09, 21  
 Type:  M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Mer GUC 300 1991  
 Colour: M. Blue A/C: Insured / Std / NI / NA  
 Sp. Reading: 5806 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: WIN 2533842F 967208  
 Gen. Cond:  Good / Fair / Poor / Burnt  
 Steering:  In order / Jammed / Leaked / Burnt or  
 Brake:  In order / Jammed / Leaked / Burnt or  
 Mod: Nil / S/Rim / STD A/Rim or \_\_\_\_\_

(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: 1/2-1 days Res.: Yes or No  
 Lum Sum: 1B.1 % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Tyre Size: F: 255/45ZR20  
 R: 285/40ZR20  
 BS / DUN / EXNOVA / GY / FS / LIZA /  MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_  

<u>Front</u>	<u>Rear</u>
R/Bal. <u>9</u> mm	R/Bal. <u>9</u> mm
L/Bal. <u>9</u> mm	L/Bal. <u>9</u> mm
D.O.A. <u>27/11/21</u>	D.O.I. <u>19/1/2022</u>

 Survey held at \_\_\_\_\_  
 Des. of Damages:  FR /  Rear / O/S / N/S / U/C / Rooftop or  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to?  : Prell. Report  
 : Final Report

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:	
Transportation:	
S + RS	SI
Partners	
Others	
TOTAL	

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

Report Format :  
 Lump Sum / I.B.I: (\$ )

# DING AUTO PTE LTD

Blk 176 #04-06

Sin Ming Drive (Sin Ming Autocare)

Singapore 575721

Tel: 83636141

Fax: 6452 0614

Vehicle:	SFQ18P
Model:	MERCEDES BENZ GLC300 COUPE AMG-HYBRID
Chassis:	W1N2533842F967208

NO	DESCRIPTION	QTY	LIST	DISC	PRICE	SURVEYOR MARKING
1	FRONT BUMPER <i>PU</i>	1	\$ 1,692.00	10%	\$ 1,522.80	X
2	FRONT BUMPER LOWER GRILLE <i>PU</i>	1	\$ 550.00	10%	\$ 495.00	X
3	FRONT BUMPER LOWER LIP GARNISH <i>PU</i>	1	\$ 547.00	10%	\$ 492.30	✓
4	BUMPER SIDE LOWER GARNISH RHS <i>PU</i>	1	\$ 115.00	10%	\$ 103.50	X
5	BUMPER SIDE LOWER GARNISH LHS <i>PU</i>	1	\$ 115.00	10%	\$ 103.50	X
<b>TOTAL :</b>					<b>\$ 2,717.10</b>	

*Not Noted  
Randy Abu Raj  
1/2 day*

**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 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	30/11/2021 11:19 (SGT)
Date of Accident	27/11/2021 13:50 (SGT)
Exact Location of Accident	Geylang Rd, Singapore
Additional Location Information	GEYLANG ROAD BEFORE LORONG 30 (PARALLEL PARKED ALONG GEYLANG ROAD).
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFQ18P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KOH CHIN CHUAN GEORGE
NRIC No	SXXXX073E
Email Address	imgeorgekoh@yahoo.com
Mobile Phone No	(Phone) +65-98468841
Alternative Phone No	(Office) +65-98468841

## VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	GLC300
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	1998

## INSURANCE COMPANY

Name of Insurance Company	Aviva Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	11094854
Cover Note Number	-

## DRIVER

Name of Driver	KOH CHIN CHUAN GEORGE
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