ennerh	,	CCI CAR CRAM
From:	£	ASSIGNMENT
Estimated Cost:	Date:	Veh No: \(\frac{\lambda \lambda B 555 m}{\lambda} \text{ Yr Regn: } \(\lambda \lambda \lambda \rangle \lambda \rangle \lambda \rangle \lambda \rangle \rangle \lambda \rangle \
	00.000	Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
To Inspect Vehicle No:	OD RES/EVA/INV/MV	Truck / Trailer or
at Workshop m/s	-	Make: Mer Cifo c.c 1596
of	RC	Colour White AC: Insured / Std / NI / NA
Insured:		Sp.Reading 193892 T/Radio: Insured / Std / NI / NA
Policy No.	A SAN THE PROPERTY OF THE PARTY	Eng/No:
Claims No.	The state of the s	_ CNO: WOO 2040312177007
Sum Insured:	90g, 142.	Gen. Cond: 2600'/ Fair / Poor / Burnt
(Client's Record)	Excess:	Steering: Inorden/ Jammed / Leaked / Burnt or
Make of Veh:		Brake: Inorder/Jammed/Leaked/Burnt or
	Landa and participation of the second	Modi: NII I SIRIM I STD A/RIM or
(Policy Condition)	F 68	Tyre Size: F: 225/35 FR 19
Remark: The veh had comm	enced to	R: 235/35 7RA
repair at the time o	f Inspection.	BS / DUN / EXNOVA / GY / FS / LIZA /MIC / OHTSU / PIR / SUMI /
Bal. or Market Value:		TOYO/YOKO or
DAC Accident Rport:	Consists to the	Eroni Rear
GIA / PR Seen:	Consistent?: Yes or No	R/Bal mm R/Bal mm
st. Repairs: 09	Consistent?: Yes or No	L/Bal. Z mm L/Bal. mm
um Sum:		D.O.A. 27/11/21 D.O.I. 30/11/202
	% 3 Val.: Yes or No	Survey held at
A DEV A=-	HRS	Des. of Damages : Frt Read O/S N/S U/C Rooftop or
A / REV / REP. / 24 h		
	Vehicle: IN / OUT	& 177
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ESTIMATE RC AUTO

160 Sin Ming Drive #06-20 Sin Ming Autocity Singapore 575722

Tel: 97619383 Email: rcauto5555@gmail.com

Reg. No. 53199168K

SLB 555 M

Quantity	Description/Particula	r	· · · · · · · · · · · · · · · · · · ·	Unit Price		Amount	
2 PCS	REAR LAMP@638	MS	cm	dslv	1	1276	00
2 PCS	REAR LAMP LOWER BRACKET@35	- 0 , pa		NSU	1	70	00
1PC	REAR LAMP PANEL(LEFT_HAND)		9.0 500 4.4		Ry	885	00
1 PC	REAR BUMPER REINFORCEMENT		5 es =	*	M	558	00
1 PC	REAR BOOTLID		d to go	The second	131	1440	00
1 PC	REAR BOOTLID RUBBER(E E		n.	31 /Ro		
1 PC	REAR BOOTLID EMBLEM(LOGO)		* 11.73		MI		00
1 PC	REAR BOOTLID LOCK		The Lawrence		٠/١	356	00
1 PC	REAR BOOTLID CATCH		12 11 × 2	-XX	B		00
1 PC	REAR BUMPER (C63)		i i i i			1450	00
2 PCS	REAR BUMPER SIDE RETAINER@58		1 1	Dis	rm		00
1 PC	REAR PANEL(INNER)	10.00			R		00
1PC	REAR FENDER INNER GANISH(L/H)		NAP.	. 4×2° -	Drl		00
2 PCS	REAR BUMPER INNER BRACKET@115	State of the state	4		nij	230	00 00
	REAR EXHAUST				B	1656	00
	REAR EXHAUST TIP(AMG)@380				ns	760	
l PC	REAR SPARE TYRE BOARD		18.5			148	00
	REAR PANEL GANISH(TOP)		71			210	00
. PC	REAR SPARE TYRE PANEL				CM	330	00
ived the a	above goods in good order and condition		A William	for	RC AU	то	
	ceived by	O.E.	-	Autho	rised	Signature	3

13.12.2021

Date:

Not Nothaire I By & Rearry After Pains

Date:

ESTIMATE RC AUTO

160 Sin Ming Drive #06-20 Sin Ming Autocity Singapore 575722

Tel: 97619383 Email: rcauto5555@gmail.com

Reg. No. 53199168K

SLB 555 M

1					
Quantity	Description/Particular	Unit Price		Amou	nt
2 PCS	REAR EXHAUST SHIELD ALUMINIUM@220		1m	440	00
1 PC	FRONT BUMPER (C63 AMG)	Bu	ne	1600	00
2 PCS	FRONT HEADLAMP (C 63)@1200	ME ME	- N 100 100	2400	00
1 PC	FRONT GRILLE (AMG)	70.	cm		00
1 PC	FRONT BUMPER TOP PANEL GANISH		In	97	00
1 PC	HEADREST	het	3	The state of the s	00
		TOTAL			
	TOWING FEES(4 WHEEL0			100	00
	TO REMOVE UPHOLSTERY		P. P.	150	00
	TO REPAIR HEADREST AND ERASE ALL FAULT			150	00
	TO REPLACE EXHAUST	2.1		120	00
SETS	REVERSE SENSORS@250	70		500	00
	ANTI RUST	7.7		50	00
	TO RESPRAY FRONT AND REAR PORTION			800	00
1	ABOUR CHARGES TO REPLACE FRONT AND	27.1		1200	00
	REAR PORTION ACCIDENT PARTS	2		1200	
	RONT NUMBER PLATES	100	Ro	60	
		1	72.01	00	00
5.41					
-				4	lay.

Received the above goods in good order and conditional itionals have a consultants have notify for 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 thorised Signature is subject to final approval from Insurance Company

Acknowledged by Repairer

: .e:

00

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 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

29/11/2021 18:03 (SGT) Date of Submission 27/11/2021 16:30 (SGT) Date of Accident PIE, Singapore **Exact Location of Accident**

PIE (Changi) slip road towards KPE (ECP) & Sims Drive Additional Location Information

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SI B555M

INSURED/POLICYHOLDER

Is company? Goh Zhi Hao Michael Vandol Name Of Registered Owner S8738044J NRIC No vandol@gmail.com Email Address (Phone) +65-94888166 Mobile Phone No (Home) +65-94888166 Alternative Phone No

VEHICLE PARTICULARS

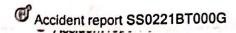
Mercedes Manufacturer C180 Model Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car Vehicle Category Auto Transmission 1600 CC

INSURANCE COMPANY

NTUC Income Insurance Co-operative Ltd Name of Insurance Company Comprehensive Type of Coverage Fleet Policy 5104625117-03 Policy Number Cover Note Number

DRIVER

Goh Zhi Hao Michael Vandol Name of Driver S8738044J NRIC No



Page 1 of 19

Date Of Birth	17/11/1987
Occupation Date Of Driving Pass	Indoor
Driving experience	28/03/2007
Driving experience	14 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94888166
Alt. Phone Number	(Home) +65-94888166
Email Address	vandol@gmail.com
Address	17 Wolskel Road
Address complement	•
Postcode	357965
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	SAS ALEXE
Conicie Registration Number of Other Vehicle Owned by Driver	and the second s
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
Soliciting/offering accident claims assistance:	
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DETAILS OF POLICE ACTION	
DETAILS OF POLICE ACTION	
	Yes
Was the accident reported to the police?	
Was the accident reported to the police? Police Station Name	Yes Traffic Police
Was the accident reported to the police? Police Station Phone No	Yes Traffic Police (Phone) +65-65470000
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Name of Driver	
NPIC No.	Pot Chye Kiat
Contact Number	S1620645H
Address	-
Address complement	
Postcode	_
Insurance Company Name	_
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	•

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	SMF7036R Volkswagen
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	Lim Wei Jie
NRIC No	S8920975G
Contact Number	
Address	-
Address complement	_
Postcode	_
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	-i

INJURED PERSONS DETAILS

INJURED 1

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