

ASS. REC. BY:

REF:

SMO / 22 000188/K+

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

876k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. 1, 24 HRS

01/31

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SML 9873X Yr Regn: 03.11

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

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:

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

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.I.

Survey held at

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

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

Date / Time

Action / Instruction

20/11/21 8:49 AM Car

(Red: 3996:44%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Fines

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

TENG MENG MOTOR SERVICE

176 Sin Ming Drive

#04-10 Sin Ming Autocare Singapore 575721

Tel No. : 64560606,64556255,64556256 Fax No. : 65532927

E-Mail : tengmengmotor@gmail.com

Buss. Reg. No. : 293084/00M

Sompo Insurance

Attention : Motor Vehicle Claim Department

*Not Noted
L1 Sp @ 4900h
Pewny After Pain
4 days*

Quotation : WO000068

Date Printed : 06/01/2022

Vehicle Num. : SML 9873 X

Make/Model : M/B C180 Kompressor

Mileage(Km) :

P.O/R.O No. :

Ref./Remark :

S/N	Quantity	Particular	Unit Price	Amount S\$
1.	1Unit	Front Bonnet <i>1380</i>	<i>B</i> 1,380.00	1,380.00 <i>—</i>
2.	1Unit	Front Grill <i>530</i>	<i>CM</i> 530.00	530.00 <i>—</i>
3.	1Unit	Front grill Emblem	<i>my</i> 150.00	150.00 <i>—</i>
4.	1Unit	Front Number Plate	48.00	48.00 <i>—</i>
5.	1Unit	Front Number Plate Casing	28.00	28.00 <i>—</i>
6.	1Unit	Front Number Plate Base	148.00	148.00 <i>—</i>
7.	2Units	Front Bonnet Spring	<i>Sn</i> 38.00	76.00 <i>—</i>
8.	1Unit	Front Bumper Centre Grill	<i>Bu</i> 168.00	168.00 <i>—</i>
9.	1Unit	Front Bumper <i>1480</i>	1,650.00	1,650.00 <i>—</i>
10.	1Unit	Front Bumper L/H Lower Moulding	98.00	98.00 <i>—</i>
11.	1Unit	Front Bumper Reinforcement	<i>B</i> 480.00	480.00 <i>—</i>
12.	1Unit	Front Head Lamp Assy RH	<i>my CM</i> 980.00	980.00 <i>—</i>
13.	2Units	Front Bumper Side Retainer	<i>Sn</i> 156.00	312.00 <i>—</i>
		Computer 4 Wheel Alignment	<i>nn</i> 80.00	80.00 <i>X</i>
		For Panel Beating & Replace above Damaged Parts		800.00 <i>500</i>
		For Respray Painting Damaged Parts		900.00 <i>500</i>
		Car Towing		80.00 <i>2</i>

SingDollars : Seven Thousand Nine Hundred Eight Only

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

E. & O.E.

Acknowledged by Repairer

Signature:

Date:

Total S\$: 7,908.00

Terms : Cash

Customer's Signature/Co. Stamp

for TENG MENG MOTOR SERVICE

TENG MENG MOTOR SERVICE

176 Sin Ming Drive

#04-10 Sin Ming Autocare Singapore 575721

Tel No. : 64560606,64556255,64556256 Fax No. : 65532927

E-Mail : tengmengmotor@gmail.com

Buss. Reg. No. : 293084/00M

Sompo Insurance

Quotation : WO000069

Date Printed : 10/01/2022

Vehicle Num. : SML 9873 X

Make/Model : M/B C180 Kompressor

Mileage(Km) :

P.O/R.O No. :

Ref./Remark : Supplementary

S/N	Quantity	Particular	Unit Price	Amount S\$
1.	2Unit	Engine Mounting <i>C 24P ✓</i>	<i>cm</i> 280.00	560.00 <i>508.00</i>
2.	1Unit	Auto Transmission Mounting ✓	<i>cm</i> 180.00	180.00 <i>508.00</i>
3.	1Unit	Front Bumper R/H Lower Moulding <i>108</i>	98.00 <i>nc</i>	98.00 ✓
		Workmanship For Remove & Fixing Above Damaged Parts		150.00 <i>89</i>

SingDollars : Nine Hundred Eighty-Eight Only

E. & O.E.

Total S\$: 988.00

=====

Terms : Cash

Customer's Signature/Co. Stamp

for TENG MENG MOTOR SERVICE



24 Hours Towing Services

Efficient Towing Services

403 Sin Ming Avenue #13-307, Sin Ming Garden, Singapore 570403

Ah Di Mobile: 8588 8877

Email : efficienttowing.sg@gmail.com

Business Reg. No.: 53349344K

bizSAFE₃

NO. 88139

CASH SALE / JOB ORDER

Date : 040122

Messrs: Teng meng

车牌

Vehicle No. SML9873X

车型

Model No: Mercedes

时间 (日/夜)

Time (day/night): Day

联络号码

Contact No: 97665055

由

Location: 8 mng Teck Park

到

To: Autocare 04-10

银额

Cash \$ 80/-

其他

Others: _____

经手人

Authorised By: _____

Tow Truck

Driver Name: A4DZ

- ☐ Jump Start/Changing of battery
- ☐ Tyre Replacement
- ☒ Accident Breakdown
- ☐ Multi/Basement
- ☐ With Load/Cargo Box
- ☐ King Dolly
- ☐ Transport Charge
- ☐ Low Body Kit
- ☐ Door Opening Service
- ☐ Crane Up/Winch Out
- ☐ Collect Doc/Key
- ☐ Repo
- ☐ Woodlands and Tuas Checkpoint

注意: 本公司对所拖之车辆, 在进行中如有任何损失或破坏, 一概由车主自行负责。

Note: Vehicle is towed at owner's risk. The company accepts no responsibility for damages or other misdemeanour to your vehicle whilst being towed.

E. & O. E.

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	05/01/2022 15:52 (SGT)
Date of Accident	04/01/2022 15:11 (SGT)
Exact Location of Accident	Ewart Park, Singapore
Additional Location Information	JUNCTION OF EWART PARK / HOLLAND ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML9873X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	QUEK KHAI HOCK DIXION
NRIC No	S7527632Z
Email Address	dixongk@yahoo.com
Mobile Phone No	(Phone) +65-94572979
Alternative Phone No	+65-94572979

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1597

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5110308001-01
Cover Note Number	-

DRIVER

Name of Driver	WEE JIE WAN JOCELYN
NRIC No	S7931159F



Date Of Birth	10/10/1979
Occupation	Outdoor
Date Of Driving Pass	02/05/2019
Driving experience	2 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97665055
Alt. Phone Number	-
Email Address	jocelyn.wee@gmail.com
Address	28 THOMLINSON ROAD
Address complement	#11-30
Postcode	247854
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Raining
Road Surface	Wet

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

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1


Vehicle Registration Number	SKM6855L
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM BENG KEE
NRIC No	S0115751E
Contact Number	(Phone) +65-98154518
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

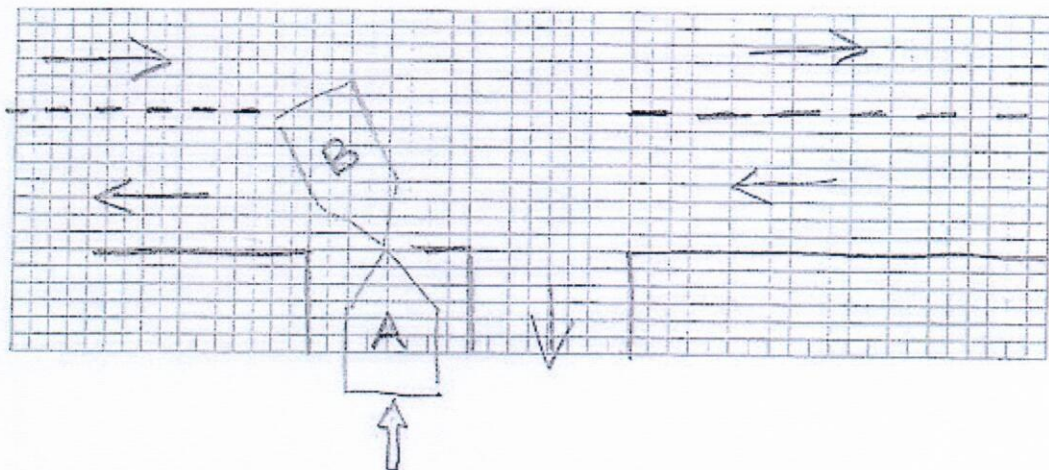
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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. 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' law yers/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/small 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Accident location : Junction of Ewart Park and Old Holland Road

As I was driving out of Ewart Park I came to the junction and stopped. I saw an oncoming SS00 (SKM 6855L) driving recklessly and drove head on into my vehicle (SML 9873X). I was in my lane, stationary and she bulldozed her way and pushed my vehicle half a car length's backwards.

Please refer to the in car camera footage.

☐ Claim OD ☐ Claim Third Party ☒ Claim OD/TP at other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop :

Email address :

Myself email :

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

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

Policyholders Signature / Date & Time

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

Witnessed by Reporting Centre Personnel