

ASS. REC. BY: TaufikREF: CS/FCI22000550/Tigfs.

ASSIGNMENT

CoE 2029 March

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. D22000165MFCV

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: \$70k.

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 6 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS W

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKH3527K - Yr Regn: 2009, Sep.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz C200 c.c 1796.Colour: Black A/C: Insured / Std / NI / NASp. Reading: 134183. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD20404124319757Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre Size: F: 235/35R19

R: _____

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

TOYO / YOKO or Rotella

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 12/1/22. e12pmSurvey held at XinyunDes. 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

30/03/22 @ 11.22am revised to FCI by email.

Taufik offer LS \$7800, 6 days. wksp noted the amount. (Red \$20444.06, 72%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 30/03 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$Rep. Format: TPLump Sum / LS: 7800



Xin Yun Auto Private Limited

辛运汽车服务有限公司

Tel: 6634 0858 Email: xinyunauto1@gmail.com

Blk 8 Kaki Bukit Avenue 4 #05-23 Premier Singapore 415875

SKG3527K Mercedes C200

No	Qty	Parts Description	Estimated Parts Price
1	1	Rear bumper	\$ 1,500.00 <i>de✓</i>
2	2	Bumper bracket	\$ 240.00 <i>de✓</i>
3	2	Bumper inside both soundproof	\$ 180.00 <i>X</i>
4	1	Bumper silver lining /chrome	\$ 280.00 <i>dis✓</i>
5	1	On top reinforcement top trim/ internal moulding	\$ 225.00 <i>de✓</i>
6	1	<i>Rear end panel</i>	\$ 850.00 <i>bt✓</i>
7	1	Bumper lower carrier <i>reinforcement</i>	\$ 450.00 <i>bt✓</i>
8	1	Bumper tow cover	\$ 85.00 <i>X</i>
9	1	Tailgate rubber garnish	\$ 330.00 <i>int✓</i>
10	1	Mercedes emblem	\$ 125.00 <i>rec✓</i>
11	1	Tailgate assy	\$ 2,200.00 <i>bt✓</i>
12	1	Tailgate lock	\$ 325.00 <i>bt✓</i>
13	1	Warning triangle bracket holder	\$ 105.00 <i>X</i>
14	1	Rear tailgate release handle	\$ 125.50 <i>X</i>
15	1	Tailgate middle chrome /light housing chrome	\$ 285.00 <i>cut✓</i>
16	1	Tailgate top cover trim with light	\$ 325.00 <i>Cna✓</i>
17	1	Rear end top garnish trim	\$ 265.00 <i>de✓</i>
18	1	CLA200 Logo	\$ 98.56 <i>rec✓</i>
19	1	Tailgate light right	\$ 780.00 <i>X</i>
20	1	Tailgate light left	\$ 780.00 <i>X</i>
21	1	Rear light left	\$ 980.00 <i>X n.n.</i>
22	1	Rear light right	\$ 980.00 <i>cut✓</i>
23	2	Rear light support bracket left	\$ 200.00 <i>X</i>
24	2	Rear light support bracket right	\$ 125.00 <i>X</i>
25	2	Sensor cable	\$ 650.00 <i>X</i>
26	2	Tailgate side cover trim L shape	\$ 200.00 <i>de✓</i>
27	1	Exhaust heat shield	\$ 95.00 <i>X</i>
28	1	Accident impact module	\$ 900.00 <i>cut✓</i>
29	1	Seatbelt driver	\$ 950.00 <i>cut✓</i>
30	1	Seatbelt passenger	\$ 950.00 <i>cut✓</i>
31	1	Driver airbag	\$ 1,500.00 <i>X</i>
32	1	Passenger seat airbag	\$ 1,500.00 <i>X</i>
33	1	Number plate light	\$ 80.00 <i>X</i>
		Parts sub-total	\$ 18,664.06
			<u>\$ 18,664.06</u>



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SMG3527K Mercedes C200

			Estimated Parts Price	
No	Qty	Parts Description		
<u>Special Nett Items</u>				
1	12	Bumper clips	\$	60.00 3one✓
2	10	Lower cover clips	\$	60.00 X
3	10	Tailgate trim clips	\$	80.00 2over✓
4	10	Insulator clips	\$	40.00 Xnn
5	6	Tailgate seal clips	\$	50.00 Xnn
6	8	Support panel garnish clips	\$	60.00 Xnn
7	1	Number plate with cashing	\$	80.00 X
8	1	Programming / Coding	\$	500.00 2over✓
9	4	Sensor	\$	600.00 X
10	1	Winscreen seals	\$	60.00 X
11	1	Reverse camera	\$	200.00 X
<u>Special Nett Items</u>			\$	1,790.00



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SMG3527K Mercedes C200

No	Description	Labour Charges
1	Labour for panel beating, cut, weld, straighten the affected area	\$ 2,500.00 700.
2	To putty and spray painting front portion.	\$ 2,500.00 700
3	To check wiring and focus rear headlamp.	\$ 80.00 30
4	To apply anti rust proofing to front affected area.	\$ 200.00 30
5	To remove and install front undercarriage parts to assist the repair	\$ 150.00 Xnn
6	To balance rear wheel.	\$ 80.00 Xnn
7	To conduct wheel alignment.	\$ 120.00 Xnn
8	To remove and install ^{rear bootlid} front bonnet lock mechanism assy.	\$ 80.00 60
9	To remove and install rear bumper sensor.	\$ 80.00 30.
10	To conduct chassis alignment.	\$ 200.00 Xnn
11	To remove and install windscreen	\$ 150.00 Xnn
12	To remove and install driver and passenger airbags	\$ 250.00 100
13	To redo the 2 seat leather cover for driver and passenger seat	\$ 400.00 Xnn.
14	To remove and install accident module	\$ 250.00 7
15	To remove and install passenger seatbelt	\$ 350.00 100
16	Ceremic coating for behind area	\$ 400.00 X
	Labour sub-total	\$ 7,790.00

Tanfah 97495749
 WP 17/1/22 @ 12pm
 U/s Resurvey after repair
 tanfah@lkkauto.com.
 6 days

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	14/01/2022 15:36 (SGT)
Date of Accident	13/01/2022 18:20 (SGT)
Exact Location of Accident	Montreal Link, Singapore 752106
Additional Location Information	ALONG SEMBAWANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKG3527K

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMMAD ALFI BIN MOHAMMAD ROSDHI
NRIC No	S9016455D
Email Address	afierosdhi@gmail.com
Mobile Phone No	(Phone) +65-88478404
Alternative Phone No	(Home) +65-88478404

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C200k
Variant	KOMPRESSOR
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	1796

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5122646187
Cover Note Number	-

DRIVER

Name of Driver	MOHAMMAD ALFI BIN MOHAMMAD ROSDHI
NRIC No	S9016455D

Date Of Birth	18/05/1990
Occupation	Outdoor
Date Of Driving Pass	04/01/2010
Driving experience	12 YEARS
Gender	Male
Mobile Number	(Phone) +65-88478404
Alt. Phone Number	(Home) +65-88478404
Email Address	afierosdhi@gmail.com
Address	BLK 366B SEMBAWANG CRESCENT #15-199
Address complement	-
Postcode	752366
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	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHIN YING LOONG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT

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

Vehicle Registration Number	GBE7691J
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LEE TAI KIT
NRIC No	S2661969F
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1


Name of injured person	MOHAMMAD ALFI BIN MOHAMMAD ROSDHI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKG3527K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


SKETCH PLAN


IMPORTANT NOTICE

VEHICLE NO:
DATE OF ACCIDENT:

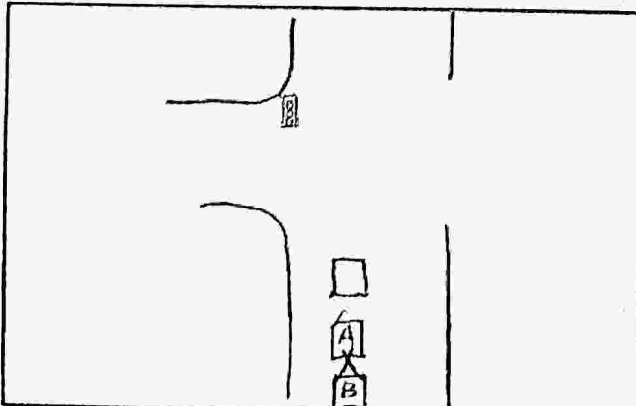
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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/mail 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.

X 
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

Sketch Plan

	<p>A: SKE3527K</p> <p>B: GBE7691J</p>
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Describe Circumstances of the Accident **VEHICLE NO:**

DATE OF ACCIDENT:

Please refer to police report.

Declaration NOTE: DO NOT THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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

X 

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel