ASS. REC. BY: Kenneth

REF: IFC2/ 22001671/Kf

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Tey Meng

of _____

Insured: _____

Policy No. _____

Claims No. _____

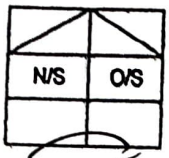
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: $57k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 4-5 days Res.: Yes or No

Lum Sum: 1-B-1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SGH 231A Yr Regn: 11, 14

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or GLA

Make: Mc E180 c.c 1595

Colour M. Silver A/C: Insured / Std / NI / NA

Sp.Reading 116811 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 1173422 2N137831

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: _____

R: 225/40R18

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	4/12/22	D.O.I.	10/12/2022

Survey held at 10.35am

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
/	

lump sum 5450, 5days

red: 3691;40%

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: ($ _____)

Survey Fee: _____

Transportation: _____ S + RS. _____ SI

Parking: _____

Others: _____

TOTAL: _____

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

Not Without Resurvey Required 4-5days

Mr Chong Choo Fah
BLK 66, #01-16
Jalan Mata Ayer 759160

Contact : 64592801 96616017

Quotation : WO000070

Date Printed : 09/02/2022
Vehicle Num. : SLH 23 A
Make/Model : M/B CLA 180
Mileage(Km) :
P.O/R.O No. :
Ref./Remark :

S/N	Quantity	Particular	Unit Price	Amount S$	
1.	1Unit	Rear Boot Cover	1,583.00	1,583.00	Rp
2.	1Unit	Rear Bumper	910.00	910.00	Rp
3.	1Unit	Rear Tail Lamp R/h	585.00	585.00	CPR
4.	1Unit	Rear Panel	790.00	790.00	R
5.	2Units	Rear Bumper Reverse Sensor	145.00	290.00	
6.	1Unit	Rear Bumper Lower Protector	178.00	178.00	Rel
7.	1Unit	Rear R/H Exhaust Silencer Box	1,058.00	1,058.00	
8.	1Unit	Rear R/H Exhaust Chrome Tip	280.00	280.00	Rel
9.	1Unit	Rear Bumper Chrome Protector	115.00	115.00	
10.	1Unit	Rear Bumper Reinforcement	480.00	480.00	
11.	1Unit	Rear Number Plate Bracket	39.00	39.00	
12.	1Unit	Rear Number Plate	88.00	88.00	} 45.00
13.	1Unit	Rear Number Plate Housing	45.00	45.00	Rel
		For Putty & Respray Painting : Rear Boot Cover Inner Spare Tyre Housing		900.00	660
		Workmanship For Replace Damaged Parts & Restraighten Body Work		1,800.00	

10%

SingDollars : Nine Thousand One Hundred Forty-One Only

E. & O.E.

Total S$: 9,141.00
==========

Terms : Cash

Customer's Signature/Co. Stamp

for TENG MENG MOTOR SERVICE

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
- To display damaged parts) 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

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 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

Date of Submission	07/02/2022 09:41 (SGT)
Date of Accident	04/02/2022 12:55 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	Y-JUNCTION BETWEEN SLE AND LENTOR EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH23A

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHONG CHOO FAH
NRIC No	SXXXX471A
Email Address	aoxinxin@gmail.com
Mobile Phone No	(Phone) +65-96616017
Alternative Phone No	+65-96616017

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
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	1595

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5124742379
Cover Note Number	-

DRIVER

Name of Driver	WANG ZHENZHEN
NRIC No	SXXXX947A

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 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' 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/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' 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