

A.S.S. REC. BY:

Steve

REF:

CS/EA122001776/EF3

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: GBK 8356P

Policy No. _____

Claims No. DM22HO00276/MT

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: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SJE 19C Yr Regn: 27/8/15

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

Truck / Trailer or

Make: Mercedes-Benz CLA 180 c.c. 1595

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: 48947 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD1173422N246847

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: 215/40R17

R: 17

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

TOYO / YOKO or .

Front

Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 22/2/22 D.O.I. 8/3/22

Survey held at Cycle & carriage

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
	MY-70X
14/3/22	Final fig \$4238.86 confirmed by email (Red 4719.15, 52%)

Date/Time, File Pass to?

☐

: Preli. Report

☐

: Final Report

Date/Time, File Return to?

2) 21/3/22-typist

Report Format: TP

Lump Sum / L.B.F. (\$4238.86)

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL



Mercedes-Benz

Cycle & Carriage
Industries Pte Limited
Authorised Dealer
Company No. 196400367W
GST Reg No. MR-8500111-X

ESTIMATE FOR SJE19C

EQ INSURANCE COMPANY LIMITED

MOTOR CLAIM DEPARTMENT
5 MAXWELL ROAD #17-00
TOWER BLOCK, MND COMPLEX
SINGAPORE 069110
62239433

WIP No
Reg No/Reg Date
Date In/Mileage
Chassis No
Engine No
Make/Model
Colour/Trim

Vehicle & Document Information

55177
SJE19C / 27/08/2015
SJE19C
WDD1173422N246847
27091030721540
MB/CLA 180 (C117) "URBAN"
021 191 Cosmos Blac/ 041 151-Leather Twi

Account No	Terms	Date/Time Printed	CSE	Operator	Qty	Unit Price	Disc%	Amount
WE000058	Credit	22/02/2022/ 17:48	K0	301 / Kerlyn Ong				
Description of Goods / Services					Qty	Unit Price	Disc%	Amount

Z REQUEST

Customer Request

M BPNSUN

POLICY NO/ACC DATE : 2100426457-06 // 22/02/2022

DRIVE IN/EXCESS : 22/02/2022 // GBK8356P - EQ

DATE IN/DATE SURVEY:

BY/AUTHORIZED ON :

A BPILAB

DISASSEMBLE AND REPLACE ATTACHED DAMAGED PARTS & REFINISH.

A BPIRES

RESPRAY FRONT BUMPER & RH/ FRONT FENDER

A BPILAB

USING XENTRY DIAGNOSTIC TO CHECK ON CONTROL UNIT RESET MEMORY TO IDENTIFICATION STANDARD. NETT

A BPILAB

TO REMOVE, REPLACE HEADLAMP WITH FOCUS. NETT

M FRONT BUMPER

M FRONT BUMPER COMPANY SIGN

M SPACER RING

M RH/ FRONT BUMPER LOWER GRILLE

M RH/ HEADLAMP

1.00	1431.91	00.00	1431.91
1.00	63.99	00.00	63.99
1.00	6.97	00.00	6.97
1.00	49.10	00.00	49.10
1.00	2646.06	00.00	2646.06

960 1920.00

800 1800.00

0.10 380.00

? 120.00

Kerlyn Ong Kai Li

DID : 6771 4420 HP : 9186 5113

Email : kerlyn.ong@cyclecarriage.com.sg

Cycle & Carriage Industries Pte Ltd

Customer Service Centre - Pandan Loop

Steve (LKK)

8/3/22, 11.30am

W PL

PIP

M PL M

Confirmed & accepted by

3 dys

Nett 8,418.03

7% GST on 8418.03 589.26

Total Payable 9,007.29

LKK Auto Consultants hence notify the Repairer of the following:

To resurvey before/after spray painting

Authorized signatory and company stamp

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required. Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for removal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.

Acknowledged by Repairer

Signature:

Date:

and Mercedes-Benz are trademarks of Mercedes-Benz Group AG

Pandan Loop Service Center
188 Pandan Loop
Singapore 128378
Tel: 6777 8388
Fax: 6779 5383
www.mercedes-benz.com.sg

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	22/02/2022 16:31 (SGT)
Date of Accident	22/02/2022 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	STAR VISTA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE19C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE WENDY H.
NRIC No	SXXXX252D
Email Address	WENDY.TINGX@GMAIL.COM
Mobile Phone No	(Phone) +65-91916140
Alternative Phone No	+65-91916140

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100426457-06
Cover Note Number	-

DRIVER

Name of Driver	LEE WENDY H.
NRIC No	SXXXX252D

Date Of Birth	05/09/1987
Occupation	Indoor
Date Of Driving Pass	15/09/2006
Driving experience	15 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91916140
Alt. Phone Number	+65-91916140
Email Address	WENDY.TINGX@GMAIL.COM
Address	1 WEST COAST WALK #01-02
Address complement	-
Postcode	127158
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	ROLAND CAMPBELL
Gender	Male

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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK8356P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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.
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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time 22/02/2022 1525

Driver's Signature

(If driver is not the policyholder)

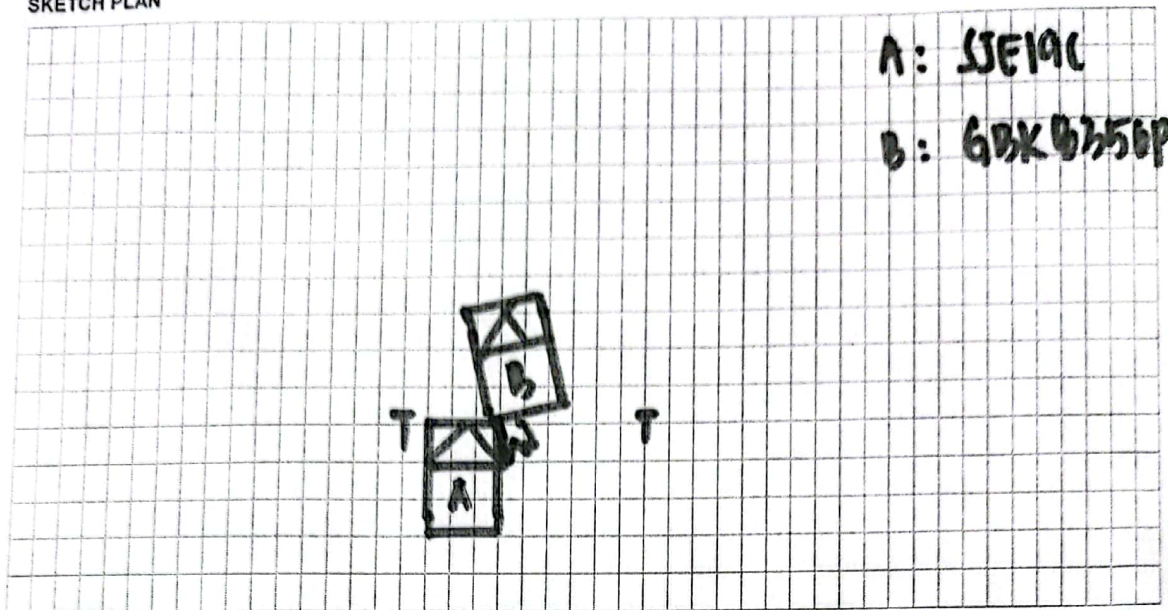
Date & Time

Kerlyn Ong Kai Li
DID : 6771 4420 HP : 9186 5113
Email : kerlyn.ong@cyclocarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop

Reporting Centre Personnel's

Name: KERLYN

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I PARKED MY CAR (SJE19C) AT STAR VISTA BASEMENT CARPARK. MY CAR ENGINE WAS STILL ON WHEN VEHICLE B (GBK8356P) SUDDENLY REVERSED HER VAN DID NOT NOTICE MY CAR AND HAD COLLIDED ONTO MY CAR.

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)


Policyholder's Signature

Date & Time 22/02/2022 1525

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

Kerlyn Ong Kai Li
DID : 6771 4420 HP : 9186 5113
Reporting Centre Personnel's
Email : kerlyn.ong@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Panau Loop