

ASS. REC. BY:

REF:

072/ 22 001806/KT

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:

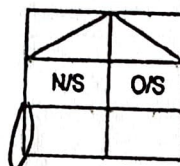
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMU 6264B

Yr Regn:

03, 13

Type:

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

Truck / Trailer or

Make:

Mer C180

c.c

1395

Colour

M. Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

67272

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WDD 20 40312A 812780

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Rlm or

Tyre Size:

F:

R:

225/45R17

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

TOYO / YOKO or

Front

Rear

R/Bal.

7 mm

R/Bal.

7

mm

L/Bal.

7 mm

L/Bal.

7

mm

D.O.A.

13/2/22

D.O.I.

25/2/2022

Survey held at

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

N/S Rec

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

25/2 11:15 @ 1500h

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Report Format :

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



# ACCORD AUTO SERVICES PTE LTD

10 Ang Mo Kio Industrial Park 2A

#03-11 AMK Autopoint Singapore 568047

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

*Not Authorized  
61 Lm & 150dp  
Paying After Paym  
2 day,*

## ESTIMATE

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

3 ANSON ROAD #15-11

SPRINGLEAF TOWER

SINGAPORE 079909

ATTN: ACCIDENT CLAIMS DEPARTMENT

DATE :

21.02.2022

VEHICLE NO :

SMU6264B

VEH MAKE/MODEL :

MERC C180

YOM :

2012

CHASSIS NO :

WDD2040312A812780

DATE OF ACCIDENT :

13.02.2022

NO	QTY	DESCRIPTION	AMOUNT \$
		<b>LISTT PRICE:-</b>	
1	1	REAR BUMPER <i>1450</i>	\$ <i>Bulom</i> 1,530.00 ✓
2	1	REAR BUMPER SIDE RETAINER LH * LONG	\$ <i>me</i> 58.60 —
3	1	REAR BUMPER SIDE RETAINER LH *SHORT	\$ <i>me</i> 90.00 —
4	1	REAR LAMP LH	\$ <i>12</i> 603.00 X
5	1	REAR LAMP LOWER BRACKET LH	\$ <i>12</i> 75.60 X
6	1	REAR FENDER LH	\$ <i>12</i> 2,124.00 X
7	1	REAR FENDER SHIELD	\$ <i>12</i> 207.00 X
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
TOTAL - LIST ITEM			\$ 4,688.20
LESS 10%			\$ 468.82
TOTAL			\$ 4,219.38

**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:

# ACCORD AUTO SERVICES PTE LTD

10 Ang Mo Kio Industrial Park 2A

#03-11 AMK Autopoint Singapore 568047

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

## ESTIMATE

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD  
3 ANSON ROAD #15-11  
SPRINGLEAF TOWER  
SINGAPORE 079909  
ATTN: ACCIDENT CLAIMS DEPARTMENT

DATE : 21.02.2022  
VEHICLE NO : SMU6264B  
VEH MAKE/MODEL : MERC C180  
YOM : 2012  
CHASSIS NO : WDD2040312A812780  
DATE OF ACCIDENT : 13.02.2022

NO	QTY	DESCRIPTION	AMOUNT \$
		<b>SPECIAL NETT ITEMS:-</b>	
1	SET	REAR BUMPER CLIPS	\$ 45.00
2	SET	REAR LH FENDER INNER SHIELD CLIPS	\$ 35.00
3			
4			
		<b>Total - SN Item</b>	\$ 80.00
		<b>Labour Charges:-</b>	
1		SPRAY PAINT ON ALL AFFECTED AREA	\$ 1,000.00
2		LABOUR REMOVE/REFIX ACCIDENT DAMAGE PARTS TO KNOCK, JACK, CUT WELD AND REALIGN ACCIDENT AFFECTED AREA	\$ 1,000.00
3		TO CHECK WIRING SYSTEM & LIGHT	\$ 120.00
		TO APPLY ANTI RUST TREATMENT	\$ 120.00
5			
6			
7			
8			
9			
10			
		<b>Total - L/C</b>	\$ 2,240.00
		<b>Sub-Total</b>	\$ 6,539.38
		<b>7% GST</b>	\$ 457.76
		<b>Total</b>	\$ 6,997.14



## 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	14/02/2022 14:01 (SGT)
Date of Accident	13/02/2022 15:00 (SGT)
Exact Location of Accident	28 Jansen Rd, Singapore 548431
Additional Location Information	Along Jansen Road & Ee Teow Leng Road
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU6264B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Wee Kheng Hin Richard
NRIC No	SXXXX300F
Email Address	weerichard03@gmail.com
Mobile Phone No	(Phone) +65-94875178
Alternative Phone No	+65-94875178

### 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	1800

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01012327
Cover Note Number	-

### DRIVER

Name of Driver	Wee Jun Hui Ryan
NRIC No	SXXXX914C

## SKETCH PLAN

Veh A: SMU 626413  
Veh B: 6BK 90155

### 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.
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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.

\*\*I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

