

Steve

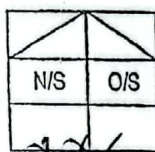
CS/CT122002143/eq3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / (IP) WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: **GBK 206S**
 Policy No. **DMCVSNW00056412101**
 Claims No. **SNM22D201589/C02/CSC**
 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: _____
 IDAG Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Turn Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **SBA 7886** Yr Regd: **17/11/21**
 Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Mercedes-Benz E200** c.c. **1991**
 Colour: **Silver** A/C: Insured / Std / Nil / NA
 Sp. Reading: **5406** T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: **WIK2130802B003984**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / SRM / STD A/Rim or
 Tyre Size: F: **245/45 R18**
 R: **11**
 BS / 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. **11/3/22** D.O.I. **21/3/22**
 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
	MV-235K
25/4/22	Steve informed final fig \$4918.94 (red 1828.45, 27%)

Default Date, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: **3**

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) 26/4/22-typist

Report Form: **Merimen**
 Lump Sum / L&L: **\$4918.94**

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$1

Photos

Office

TOTAL



Mercedes-Benz

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

ESTIMATE FOR SBA788G

CHINA TAIPING INSURANCE (S) PTE
LTD
ATTN: MOTOR CLAIM DEPARTMENT
3 ANSON ROAD #16-00
SPRINGLEAF TOWER
SINGAPORE 079909
62222366

Vehicle & Document Information

WIP No **55404**
Reg No/Reg Date **SBA788G / 17/11/2021**
Date In/Mileage **0**
Chassis No **W1K2130802B0039847**
Engine No **26492030451969**
Make/Model **MB/E 200 SEDAN**
Colour/Trim **029 922 High Tech S/ 048 804 Sienna Brow**

Account No	Terms	Date/Time Printed	CSE	Operator			
WC000668	Credit	05/03/2022/ 10:36	AQ	305 / Alan Quek Ai Lun			
Description of Goods / Services				Qty	Unit Price	Disc%	Amount

M BPSUN POLICY NO/ACC DATE : 7210137836 // 04-03-2022 DRIVE IN: 05-03-2022 // TP CAR NO: GBK206S (CHINA TAIPING INS) DATE IN/DATE SURVEY: BY/AUTHORIZED ON :					
A BPILAB	USE XENTRY TO CHECK CONTROL UNITS & RESET MEMORY TO STANDARD SETTINGS.NETT			0.10	380.00 ✓
A BPILAB	REMOVE & REPLACE REAR BUMPER & REMOVE REAR SUPPORT ASSY COMPONENTS & REFINISH.			960	1440.00
A BPIRES	RESPRAY REAR BUMPER			0.07	800 1000.00
M REAR BUMPER		1.00	2093.33	00.00	2093.33
M REAR BOTTOM PANEL		1.00	329.97	00.00	329.97
M REAR BOTTOM PANEL GARNISH		1.00	355.64	00.00	355.64
M CT/R BASIC CARRIER FOR BUMPER		1.00	110.11	00.00	110.11
M LH/R BASIC CARRIER FOR BUMPER		1.00	56.55	00.00	56.55
M RH/R BASIC CARRIER FOR BUMPER		1.00	56.55	00.00	56.55
M REAR CROSS MEMBER		1.00	925.24	00.00	925.24

Alan Quek
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
DID: 6771 4377 HP: 9186 5112 Fax: 6872 1272
Email: alan.quek@cyclecarriage.com.sg

Steve (LKK) 83218813
21/3/22, 2.00PL
m PL
PIP
By BL
3 days

LKK Auto Consultants hence notify the Repairer of the following:

Confirmed & accepted by

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- This policy is on a "Without Prejudice" basis
- No litigation to be signed

Nett 6,747.39
7% GST on 6747.39 472.32
Total Payable 7,219.71

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 renewal 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.

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



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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	07/03/2022 10:12 (SGT)
Date of Accident	04/03/2022 16:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BKE EXIT WOODLAND
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBA788G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YURI SYUKUR
NRIC No	SXXXX847B
Email Address	SUSHANEYEOH@GMAIL.COM
Mobile Phone No	(Phone) +65-96189936
Alternative Phone No	+65-96189936

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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	1991

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210137836
Cover Note Number	-

DRIVER

Name of Driver	YURI SYUKUR
NRIC No	SXXXX847B

Date Of Birth	12/08/1961
Occupation	Indoor
Date Of Driving Pass	03/06/1980
Driving experience	41 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96189936
Alt. Phone Number	+65-96189936
Email Address	SUSHANEYEOH@GMAIL.COM
Address	1 SIGLAP ROAD #05-10
Address complement	-
Postcode	448906
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?	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
Reasons for not uploading a video of the accident	REFER TO CSE AQ
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK206S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	IBRAHIM BIN HASHIM
NRIC No	SXXX959H
Contact Number	(Phone) +65-94515286

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 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:

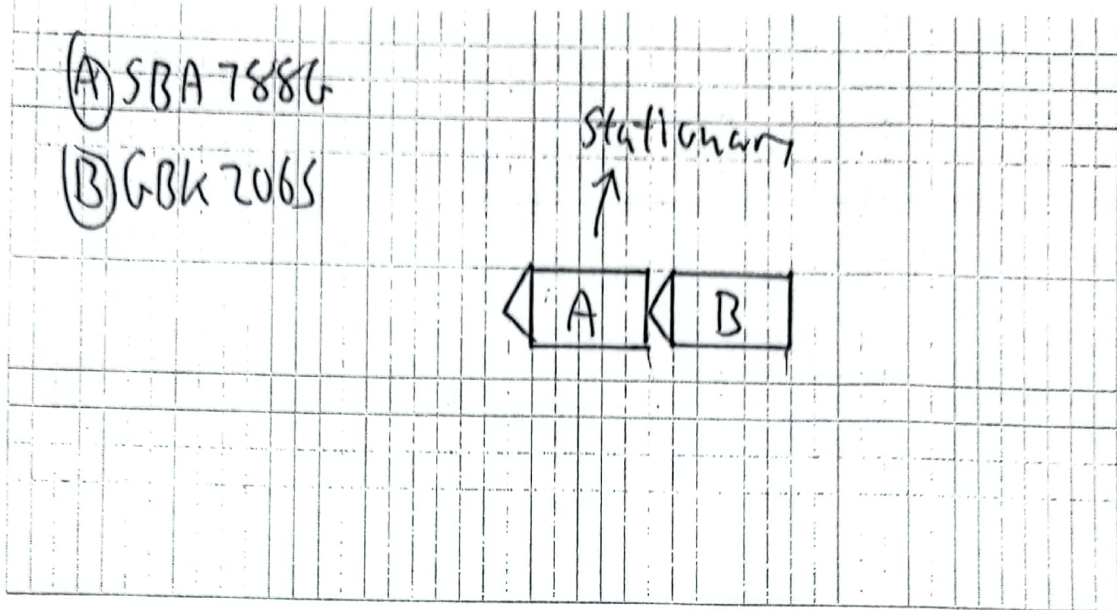
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

Reporting Centre Personnel's
Name: Alan Glick

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- ① 'A' vehicle in stationary position.
- ② All of a sudden 'B' vehicle collided my rear.
- ③ We exchange particulars

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

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

05/03/22
Reporting Centre Personnel's
Name: Alan Quirk