

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop mis \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: FBS 5563K  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SFM 8878S Yr Regn: 15/3/17  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Mercedes-Benz C180 c.c. 1595  
 Colour: Black A/C: Insured / Std / Nil / NA  
 Sp. Reading: 174171 T/Radio: Insured / Std / Nil / NA  
 Eng/No: \_\_\_\_\_  
 C/No: WDD 205040 2R 250 731  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Tyre Size: F: 225/50R17  
 R: 17  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_  
 Front Rear  
 R/Bal. 4 mm R/Bal. 4 mm  
 L/Bal. 4 mm L/Bal. 4 mm  
 D.O.A. 3/3/22 D.O.I. 30/3/22  
 Survey held at Cycle & Carriage  
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or  
Rear RH  
 The UIC / Chassis frame / Body Structure affected due to collision.

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Report: \_\_\_\_\_ 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

Date / Time	Action / Instruction
	<u>MV-109K</u>
<u>11/4/22</u>	<u>Steve informed final fig \$3604.94 (red 4262.77, 54%)</u>

Date/Time, File Pass to?  : Preli. Report  
 : Final Report

Days Of Repair: 3  
 Resurvey No. of Trip: \_\_\_\_\_

2) 13/4/22-typist  
 Report Format: TP  
 Lump Sum / L.S.F. \$3604.94

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

Survey Fee:	
Transportation:	
\$ + P.S. SI	
Photos	
Others	
TOTAL	

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:



Mercedes-Benz

*M R*

*PIP*

*My Bel by  
3 dgs*

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

*Steer (LKK) 30/3/22, 11:39 am*

**ESTIMATE FOR SFM8878S**

EQ INSURANCE COMPANY LIMITED

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

WIP No **55402**  
Reg No/Reg Date **SFM8878S / 15/03/2017**  
Date In/Mileage **1 / 0**  
Chassis No **WDD2050402R250731**  
Engine No **27491030852978**  
Make/Model **MB/MB C 180 SEDAN (W205) "AVANTGARDE / A**  
Colour/Trim **021 197 Obsidian B1/ 041 115 SilkBeige/E**

Account No	Terms	Date/Time Printed	CSE	Operator
WE000058	Credit	07/03/2022/ 08:38	K0	301 / Kerlyn Ong

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
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Z REQUEST

Customer Request

M BPNSUN

POLICY NO/ACC DATE : 2100503662-04 // 03/03/2022

DRIVE IN/EXCESS : 04/03/2022 // FBS5563K -

DATE IN/DATE SURVEY:

BY/AUTHORIZED ON :

A BPILAB

DISASSEMBLE AND REPLACE ATTACHED DAMAGED PARTS & REFINISH.

A BPIRES

RESPRAY REAR BUMPER & RH/ REAR FENDER

A BPILAB

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

A BPILAB

CHECK REAR LIGHTING SYSTEM AND WATER TEST FOR ANY LEAKAGE. NETT

M REAR BUMPER *X R*

1.00 1853.52 00.00 1853.52

M REAR BUMPER LOWER TRIM *CUT*

1.00 252.57 00.00 252.57

M REAR BUMPER CHROME MOULDING *TR*

1.00 288.63 00.00 288.63

M LH/ REAR BUMPER BRACKET

1.00 40.46 00.00 40.46

M RH/ REAR BUMPER BRACKET

1.00 41.25 00.00 41.25

M REAR DISTANCE SENSOR

1.00 191.59 00.00 191.59

M SPACER RING *RC*

1.00 6.97 00.00 6.97

M RH/ REAR BUMPER SIDE STABILITY

1.00 68.07 00.00 68.07

M RH/ BASIC MOUNTING FOR BUMPER

1.00 68.83 00.00 68.83

M RH/ TOP BASIC MOUNTING FOR BUMPER

1.00 39.05 00.00 39.05

M RH/ REAR LAMP COMBINATION *BR*

1.00 796.77 00.00 796.77

**ESTIMATE**

*960* 1920.00  
*800* 1800.00  
0.10 380.00 ✓  
120.00 ✓

**Kerlyn Ong Kai Li**  
DID : 6771 4420 HP : 9115 5113  
Email : kerlyn.ong@cyclecarriage.com.sg  
Cycle & Carriage Industries Pte Ltd  
Customer Service Centre - Pandan Loop

Confirmed & accepted by

Nett **7,867.71**  
7% GST on **7867.71** **550.74**  
**Total Payable 8,418.45**

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

## 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 Authorized 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	04/03/2022 17:31 (SGT)
Date of Accident	03/03/2022 20:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JCT JLN KEMBANGAN AND SIMS AVE EAST
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SFM8878S

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SUI TING TING
NRIC No	SXXXX424D
Email Address	TOPCOMMERCIAL@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96746366
Alternative Phone No	+65-96746366

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	2100503662-04
Cover Note Number	-

#### DRIVER

Name of Driver	LOW BOON SONG
NRIC No	SXXXX099A

Date Of Birth	23/08/1955
Occupation	Indoor
Date Of Driving Pass	11/03/2005
Driving experience	17 YEARS
Gender	Male
Mobile Number	(Phone) +65-96746366
Alt. Phone Number	-
Email Address	LOUISLOW_93@HOTMAIL.COM
Address	123 LOR J TELOK KURAU
Address complement	-
Postcode	425950
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Raining
Road Surface	Wet

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	LOUIS LOW BING XIN
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	FBS5563K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

## SKETCH PLAN

### IMPORTANT NOTICE

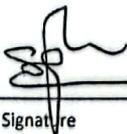
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material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

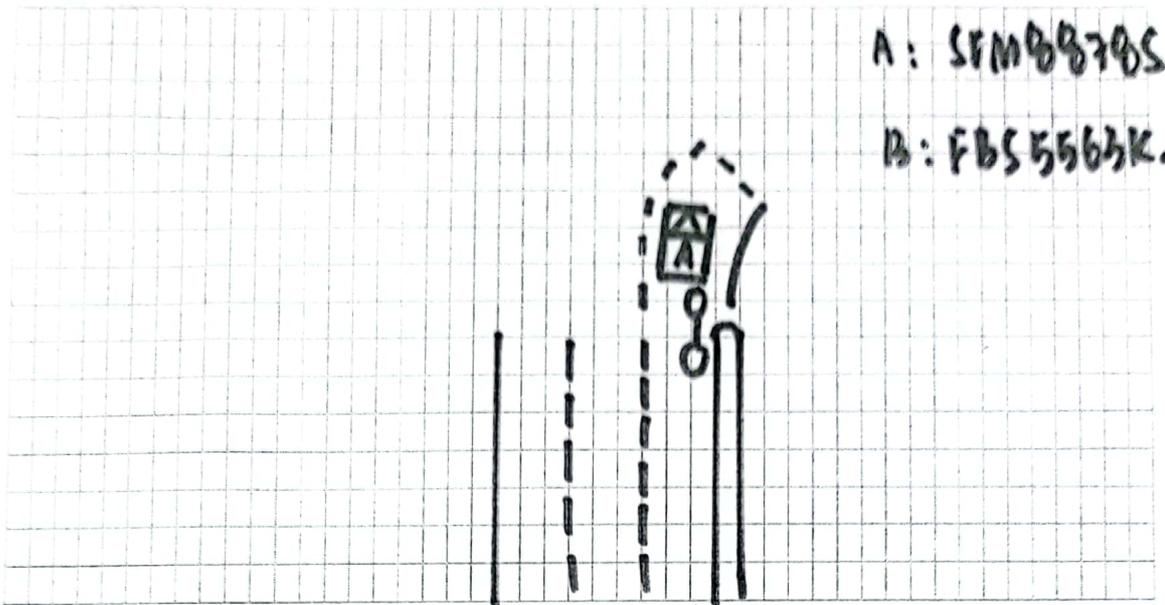
**Kerlyn Ong Kai Li**  
Mobile: 9771 4420 HP: 9186 5113  
Email: kerlyn.ong@cyclecarriage.com.sg  
Cycle & Carriage Industries Pte Ltd  
Customer Service Centre - Pandan Loop

\_\_\_\_\_  
Policyholder's Signature  
Date & Time

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time 04/03/2022 1620

\_\_\_\_\_  
Reporting Centre Personnel's  
Name: KERLYN

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING MY CAR (SFM8878S) ALONG JLN KEMBANGAN TOWARD SIMS AVE EAST. I STOPPED MY CAR (SFM8878S) AT THE EXTREME RIGHT LANE AS THERE WAS ONCOMING VEHICLES.

I STOPPED MY CAR (SFM8878S) FOR AWHILE, VEHICLE B (FBS5563K) CAME FROM THE REAR DID NOT MANAGE TO STOP ON TIME AND COLLIDED ONTO MY REAR PORTION.

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 pollyholder)  
Date & Time 04/03/2022 1620

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