ASS. REC. BY: | REF: LPC / 22002337/kg

f Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ Optima

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: 50

(Client's Record)

Make of Veh: _____

Kia

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 01 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

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

Veh No: SGV 3288T Yr Regn: 08, 17

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

Make: Mer E350 c.c 1991

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

Sp.Reading 68076 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2130502A 251923

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: 245/40R19

R: 275/35R19

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

Front		Rear	
R/Bal.	3 mm	R/Bal.	5 mm
L/Bal.	3 mm	L/Bal.	5 mm
D.O.A.	11/3/22	D.O.I.	15/3/2022

Survey held at ✓

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
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: ___$ + RS.___SI

Parking _____

Others _____

TOTAL _____

Report Format :

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

Hc

OPTIMA WERKZ™ SINGAPORE

OPTIMA WERKZ PTE LTD
Co. Reg. No. 201212455W
www.ow.sg /OptimaWerkz /OptimaWerkz

Date: 14.03.2022
Vehicle No: SGV3288T
Model: MERCEDES BENZ E350E
Chassis: WDD2130502A251923
Reg.Year: 2017

Not Applicable
Rubbing After Paint
1 day

Third Party Insurer: LONPAC
Third Party Veh No: GBF3285U
Date of Accident: 11.03.2022
Estimator: Victor
Surveyor:

ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S$	AMOUNT S$
1	REAR BUMPER	1		$2,250.00
2D	REAR BUMPER LOWER BUMPER	1		$445.00
3	REAR BUMPER LOWER CHROME MOULDING	1		$365.00
4	REAR BUMPER REVERSE SENSOR	2	$220.00	$440.00
5	REAR BUMPER REFLECTOR LH	1		$65.00
6	REAR EXHAUST TIP CHROME LH	1		$190.00
7	REAR EXHAUST TIP CHROME RH	1		$190.00
8	REAR REINFORCEMENT	1		$600.00
9	END PANEL	1		$750.00
10	END PANEL TOP COVER	1		$140.00
			SUB TOTAL	$5,435.00
			LESS 10%	-$543.50
			PARTS TOTAL	$4,891.50

NO.	SPECIAL NETT	QTY	UNIT S$	AMOUNT S$
1	REAR BUMPER CLIPS	1		$100.00
2	REAR END PANEL JOINT SEALANT	1		$120.00
3	REAR BUMPER CHROME MOULDING CLIPS	1		$40.00
4	END PANEL TOP COVER CLIPS	1		$50.00
			S/N TOTAL	$310.00

LABOUR CHARGES:

LABOUR CHARGES TO REMOVE,REPLACE,REFIX,REPAIR & READJUST ACCIDENT AREA. $700.00 801

LABOUR CHARGES TO SUPPLY PAINT (SPECIAL COLOUR) ACCIDENT AREA. (Matt Grey) $700.00 250

LABOUR CHARGES TO REMOVE & REPLACE REAR BUMPER REVERSE SENSOR. $120.00

TO TUFF COAT AND UNDERSEAL MATERIAL. $120.00

TO CHECK WIRING & ELECTRICAL SYSTEM & ETC. $100.00

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:

LABOUR TOTAL	$1,740.00
TOTAL	$6,941.50

Head office
6 Kung Chong Road Singapore 159143
Tel: (+65) 6472 1313 | Fax: (+65) 6472 2112

Branch
9A Serangoon North Ave 5 Singapore 554860
Tel: (+65) 6484 9919 | Fax: (+65) 6481 1993

Branch (Motor Insurance Claims)
Blk 2 Ang Mo Kio Ind. Park 2A #01-05 Singapore 568047
Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011

OW™

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This report shall 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 report 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 stored digitally by the insurers of the GIA Motor Claims 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	14/03/2022 13:35 (SGT)
Date of Accident	11/03/2022 13:25 (SGT)
Exact Location of Accident	Gambas Ave, Singapore
Additional Location Information	SLIP RD FROM GAMBAS AVE TO WOODLANDS AVE 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV3288T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG GUAT HOON
NRIC No	SXXXX499F
Email Address	JUNYI@KAISHO.COM.SG
Mobile Phone No	(Phone) +65-83396053
Alternative Phone No	+65-86132978

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E350
Variant	E350E AMG LINE SALOON AUTO
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	1991

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01009900
Cover Note Number	25/08/2021 - 24/08/2022

DRIVER

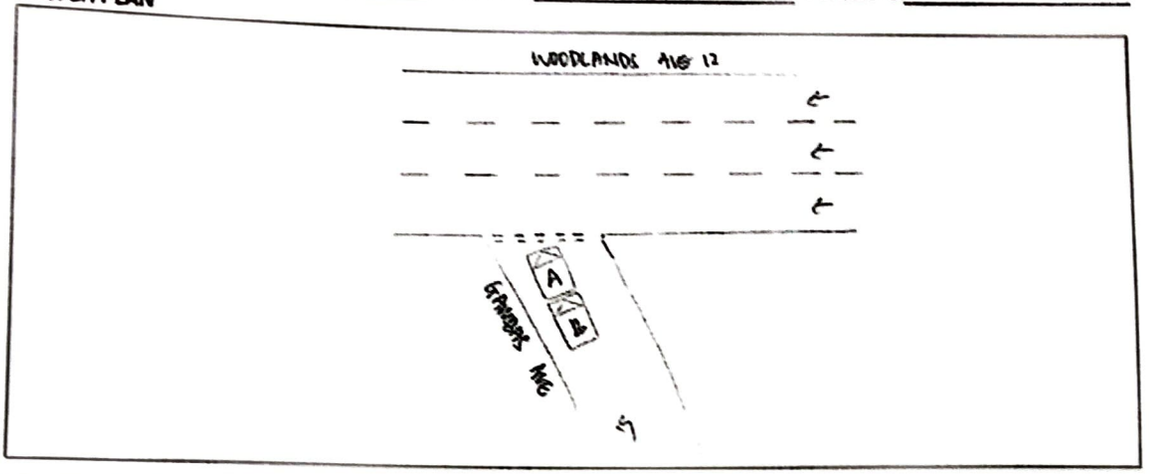
Name of Driver	TAY BOON LOI
NRIC No	SXXXX746I

SKETCH PLAN #2

Date of accident: 11/02/2022 Time: 13:25 HRS Location: SLIP ROAD OF GAMBAS AVE TOWARDS WOODLANDS AVE 12

My Vehicle A: SGV3288T Vehicle B: GBF3285U Vehicle C:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 11/02/2022 @ 13:25 HOURS, I WAS TRAVELLING ALONG SLIP ROAD OF GAMBAS AVE WANTED TO TURN LEFT TO WOODLANDS AVE 12. I STOPPED BEFORE THE STOP LINE FOR VEHICLES TO PASS. SUDDENLY VEHICLE B: GBF3285U CAME FROM BEHIND AND COLLIDED INTO MY VEHICLE A: SGV3288T REAR PORTION CAUSING DAMAGE. WE BOTH EXCHANGED OUR PARTICULARS.

☐ Claim OD/TP at Ah Lim Motor ☑ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop : OPTIMA MOTOR PTE LTD

Email address : KATHLYN-CHIO@OM-SG

& myself :

Email address : JIAYI@KAICHO-COM-SG / EMMA@KAICHO-COM-SG

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature
Date & Time: 12/3/22 11:25

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12/3/22 11:25

Reporting Centre Personnel's Signature
Name: ZILA
NRIC/FIN No.:

COMPLETED 14 MAR 2022

AH LIM MOTOR COMPANY