

## 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. SNM22D202026C02  
 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: \_\_\_\_\_  
 :DAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est Repairs: 5 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: SKM8026A Yr Regn: 17/1/22  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Mercedes-Benz E300 Lcc 1991  
 Colour: Black A/C: Insured / Std / Nil / NA  
 Sp. Reading: 7270 T/Radio: Insured / Std / Nil / NA  
 Eng/No: \_\_\_\_\_  
 C/No: WJ82130532B009131  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Modl: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 175/35R19  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_  
 Front  
 R/Bal. 5 mm R/Bal. 5 mm  
 L/Bal. 5 mm L/Bal. 5 mm  
 D.O.A. 13/3/22 D.O.I. 10/5/22  
 Survey held at Cycle  
 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-278K

31/05/22@11.54am revised to Chee So Chow by email.

Steve Finalize \$8317.57 (P/P. before GST). 5 days (Red \$1040, 11%)

Date/Time, File Pass to?

☐ : Prell. ReportDays Of Repair: 5

16/06 Typist

☐ : Final ReportResurvey No. of Trip: 1

Date/Time, File Return to?

Survey Fee:

2)

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Report Format: MER-TPLump Sum / L.B.F. (\$ 8317.57)





Mercedes-Benz

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

# ESTIMATE FOR SKM8026A

Wong Ching Heng

Blk 409 Woodlands Street 41  
#12-99  
Singapore 730409

## Vehicle & Document Information

WIP No 55753  
Reg No/Reg Date SKM8026A / 17/01/2022  
Date In/Mileage 0  
Chassis No W1K2130532B0091318  
Engine No 27492032001110  
Make/Model MB/E 300 e SEDAN  
Colour/Trim 028 831 Graphite Gr/ 042 214 Rough Leath

Account No	Terms	Date/Time Printed	CSE	Operator
WCV47510	CRDVCH	24/03/2022/ 09:20	YK	395 / Yik Chan Hoe

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
Z REQUEST Customer Request M BPNSUN POLICY NO/ACC DATE : 7220003847 // 23/03/2022 DRIVE IN/EXCESS : 23/03/2022 // TP VEH NO YQ4321L CHINA TAIPING DATE IN/DATE SURVEY: BY/AUTHORIZED ON :				
A BPILAB PANEL BEATING TO REPAIR AFFECTED AREAS, REMOVE AND REPLACE WITH NEW BODY PANELS WITH REFINISH				960 1200.00
A BPIRES RESPRAY BONNET AND FRONT BUMPER				1600 2400.00
A BPILAB USING XENTRY SYSTEM TO CHECK CONTROL UNITS, RESET SYSTEM TO STANDARD SETTINGS. NETT			0.10	380.00
A BPILAB CHECK HEADLAMP WITH FOCUS ADJUSTMENT. NETT				120.00
M LEFT HEADLAMP UNIT	1.00	3538.41	00.00	3538.41
M FRONT BUMPER	1.00	1600.95	00.00	1600.95
M FRONT AIR DUCT SEGMENT	1.00	141.17	00.00	141.17
M FRONT BUMPER LOWER CHROME TRIM	1.00	188.52	00.00	188.52
M LEFT FRONT BASIC CARRIER FOR BUMPER	1.00	68.83	00.00	68.83

Yik Chan Hoe  
Cycle & Carriage Industries Pte Ltd  
Body Care & Repair Center  
DID: 6771 4353 HP: 9186 5109 Fax: 6872 1272  
Email: chanhoe.yik@cyclecarriage.com.sg

Confirmed & accepted by

LKK Auto Consultants hence notify  
the Repairer of the following:

- To resurvey before/after spray painting

Authorized signatory and company stamp  
No display damaged parts during resurvey  
Parts prices are subject to confirmation

7% GST on Net 9,637.88  
9637.88 674.65

Total Payable 10,312.53

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.

Acknowledged by Repairer

Signature:

Date:

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	23/03/2022 17:15 (SGT)
Date of Accident	23/03/2022 13:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	219 KALLANG BAHRU
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM8026A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WONG CHING HENG
NRIC No	SXXXX900E
Email Address	WONGFUB@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-91879926
Alternative Phone No	+65-91879926

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E300
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	2000

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7220003847
Cover Note Number	-

### DRIVER

Name of Driver	WONG CHING HENG
NRIC No	SXXXX900E



Date Of Birth	22/01/1956
Occupation	Indoor
Date Of Driving Pass	07/01/1977
Driving experience	45 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91879926
Alt. Phone Number	+65-91879926
Email Address	WONGFUB@YAHOO.COM.SG
Address	409 WOODLANDS ST 41 #12-99
Address complement	-
Postcode	730409
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)	0
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?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ4321L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## 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 above
  - (ii) for complying with requirements under any regulations, laws or court orders.

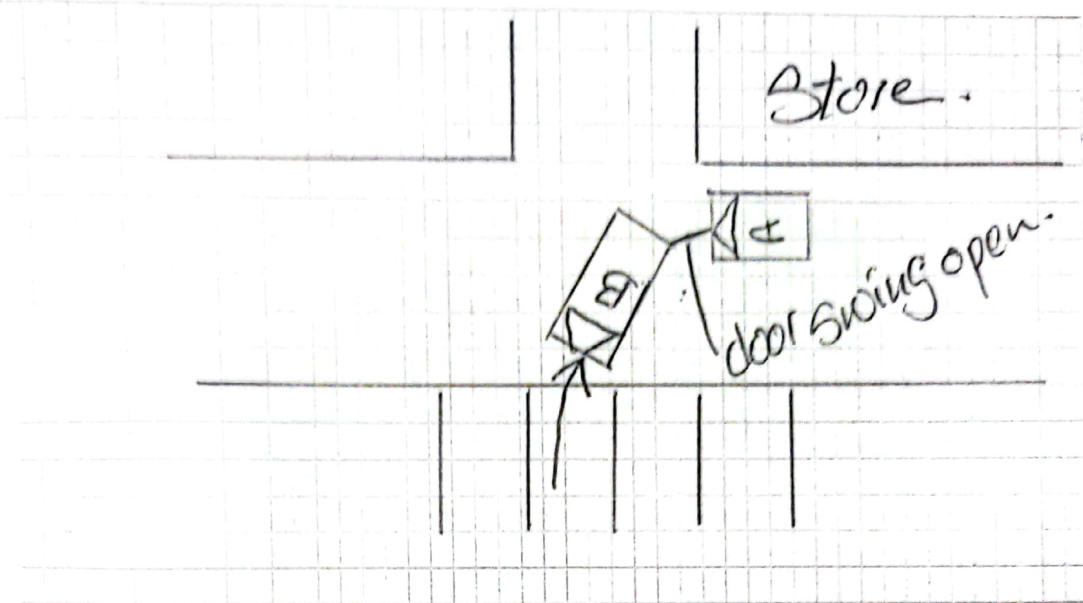
Policyholder's Signature  
Date & Time

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

Reporting Centre Personnel's  
Name:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

my car was parked outside my store, Car B (lorry) reversed out from a parking and the rear swing door of the lorry swing open and hit the front of 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)

*[Handwritten signature]*

Policyholder's Signature

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time

**Yik Chan Hoo**  
Cycle & Carriage Industries Pte Ltd  
Body Care & Repair Center  
DID: 6771 4353 HP: 9186 5109 Fax: 6872 1272  
Email: [chanhoo.yik@cyclecarriage.com.sg](mailto:chanhoo.yik@cyclecarriage.com.sg)  
Reporting Centre Personnel's  
Name: