

ASS. REC. BY:

REF:

C72/ 22003191/KV

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:

GBL 2317L

Policy No.

DMCVSNW00087842100

Claims No.

SNM22D202342/C02/TANKL

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:

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

04 days

Res.: Yes or No

Lum Sum:

1. B. 1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMH 678Z Yr Regn: 11. 16

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

Truck / Trailer or

Make:

M. E200 c.c. 1991

Colour

M. Grey A/C: Insured / Std / NI / NA

Sp. Reading

6985, T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WDD 2130422A 078932

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 245/45R18

R:

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.

4/4/12

D.O.I.

21/4/2022

Survey held at

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

N/S 191

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

12/7/22

Kenneth informed final fig \$3697 (Red 1046,28%)

Date/Time, File Pass to?

☐

Prell. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 13/7/22-typist

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S - RS. SI

Fines

Others

TOTAL

Report Format: Merimen

Lump Sum / I.B.I: (\$ 3697)

Date:

Not Notwithstanding
Running B & P

M. Benz

E200

2016

SMH678Z

WDD2130422A078932

PARTS		COST	LIST
1PC FR Bumper	mgcm	760	✓
1PC -w LH SIDE GARNISH		55	✓
2PCS -w LH outer parking sensors	pa	110X2	x
1PC -w LH SIDE Refamer.		18	✓
1PC -w LH Inner frame.		50	?
12PCS -w rivets.		5X12	✓
1PC FR LH fender		590	?
1PC LH Headlamp.		1800	✓
1PC FR LH rim 18"		570	

SMH678Z

LABOURS	COST
R & R for bumper & attachments, grille, headlamp, for LH fender & realign the same.	500 400
Putty & respray for bumper & parking sensors, for LH fender & all affected areas.	500 440
R & R for LH rim, respray & realign the same	100 600
R & R for LH rim, tyre, balance & realign the same.	50
To conduct comp wheel alignment	60 ✓
Rustproofing	30 ?

HKK 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:

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
Date of Accident 05/04/2022 17:03 (SGT)
Exact Location of Accident 04/04/2022 10:35 (SGT)
Additional Location Information Singapore
Country/State of Loss ANG MO KIO IND PARK 2
..... Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH678Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner RISHENG CONSTRUCTION & TRADE PTE LTD
Company Reg No 2XXXXX129W
Email Address rishengconst@gmail.com
Mobile Phone No (Phone) +65-91915980
Alternative Phone No (Office) +65-68037987

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E200
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
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 China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00059852100
Cover Note Number 21/05/2021 - 20/05/2022

DRIVER

Name of Driver XU CHUANBO
NRIC No SXXXX142Z

Aug 10 10 AM '55

Ang Mo Kio Ind PK 2

A: SMH 6782
(alone)

B: GBL 2317L
Yeo Wen Jie Alex (alone)
S9230505H

Vehicle No: SMH 678Z (China)
Date & Time: 04/04/2022 @ 1035 (clear/dry)

I was driving slowly towards the traffic light junction. As i saw m/van GBL 2317L protrude out, i stop to give way. However, next thing i knew was van GBL 2317L had drove out and collided onto my stopped vehicle front LH portion. No one was injured.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: (AMK)
NRIC/FIN No.:

() Claim Own Policy ☒ Claim Third Party () Reporting Only
() Claim OD/TP at other workshop (_____)