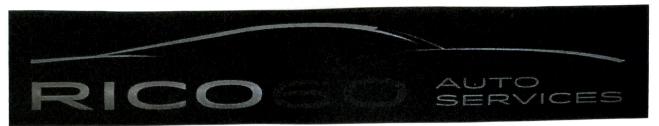
ASS. FEG. BY: W. MER.	A16
A COLUMN TO SERVICE AND ADDRESS OF THE SECURITY OF THE SECURIT	SIGNMENT
Estimated Cost: DD TP WS / TP RES / OD RES / EVA / INV / MV	Veh No: SJK 88-28A Yr Regn: Apr 2019 Type: M.Car-J M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
To Inspect Vehicle No: at Workshop m/s 2 2 C G G Awdo	Colour A/C: Insured / Std / NI / NA Sp.Reading 28684 T/Radio: Insured / Std / NI / NA
nsured: Policy No. Claims No.	Eng/No: C/No: WD12 20 422 A 58 6 30 9 Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: In order / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inocer / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD (Bim or
	Tyre Size: F: 245/45/18
·(Policy Condition)	R:
Remark: The veh had commenced its N/S O/	BS / DUN / EXNOVA / GY / FS / LIZA / MIC OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
al. or Market Value:	Front Rear
DAC Accident Rport: Consistent? : Yes or No	R/Bal.
SIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm L/Bal. 6 mm
st. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 28-03-21
um Sum: % 3 Val.: Yes or No	Survey held at Sh
A / REV / REP. / 24 HRS Vehicle: IN / 0	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
ate: Person Contacted:	The OIC / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
ale/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
ale/Time, File Return to?	Transportation:
Add	Fee:: Site Insp
	: Interview (\$) Photos
च् _र रुक्त विकास ।	:Tech. Invo C 1 Omes:
unit from / Walter	Mariani 1



Rico 60 Auto Services Pte Ltd Blk 8 , Kaki Bukit Avenue 4 , #02-24 Premier @ Kaki Bukit Singapore 415875

Email: claims@rico60.com Tel: 6286 6060 Fax: 6286 7060

TO: AIG

Vehicle No : SJK 8828 A
Make & Model: MERCEDES E200 213
DATE: 25/3/2021

RICO Office Use Only

Parts -%	
SN	
Labour	
TOTAL	
LUMSUM	
ERV	103K

	DATE: 25/3/2021	WE WANTED TO THE STATE OF THE S		(1) (2) (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		
No.	DESCRIPTION - PARTS	QTY	U	NIT PRICE		PRICE
1	FRONT BUMPER / AM	1	\$	1,450.00	\$	1,450.00
	FRONT BUMPER SIDE BRACKET X	2	\$	154.00	\$	308.00
	FRONT BUMPER TOP RUBBER X	1	\$	120.00	\$	120.00
	FRONT BUMPER SIDE RAIL RH	1	\$	85.00	\$	85.00
	FRONT BUMPER REINFORCEMENT X	1	\$	639.00	\$	639.00
_	FRONT BUMPER SPONGE X	1	\$	345.00	\$	345.00
	FRONT BUMPER FOGLAMP COVER RH	1	\$	317.00	\$	317.00
	FRONT BUMPER SENSOR RH / DM	2	\$	297.00	\$	594.00
	HEADLAMP RH / CM	1	\$	3,689.00	\$	3,689.00
	HEADLAMP BRACKET RH X /V/V	1	\$	255.40	\$	255.40
	FRONT FENDER RH	1	\$	1,224.00	\$	1,224.00
	FRONT FENDER INNER SHIELD RH	1	\$	354.00	\$	354.00
	FRONT ABSORBER RH X	1	\$	890.00	\$	890.00
		1	\$	900.00	\$	900.00
	FRONT LOWER ARM RH	1	\$	760.00	\$	760.00
	FRONT CONTROL ARM RH	1	\$	695.00	\$	695.00
	FRONT AJUST ARM RH	1	\$	645.00	\$	645.00
10	FRONT KNUCKLE ARM RH	1	\$	1,375.00	\$	1,375.00
10	FRONT WHEEL BEARING RH	1	\$	600.00	\$	600.00
	FRONT ORIGINAL RIM RH 7	1	\$	1,665.00	\$	1,665.00
20	FRONT ORIGINAL KIM KIT					
		,				
				Subtotal:	\$	16,910.40
				Less 10%	\$	1,691.04
		Parts Total :		\$	15,219.36	
-						

				1 (3)	
SPECIAL NETT	QTY	UN	IT PRICE		PRICE
1 FRONT BUMPER CLIPS / MC	1	\$	60.00	\$	60.00
2 FRONT BUMPER LOWER COVER CLIPS X	1	\$	60.00	\$	60.00
3 FRONT FENDER INNER SHIELD CLIPS / MCL	1	\$	60.00	\$	60.00
4 FRONT TYRE RH X NN	1	\$	550.00	\$	550.00
, , , , ,					
	SPECIAL NETT		\$	730.00	
LABOUR					PRICE
PANEL BEATING, REMOVAL AND REPLACING PARTS	\$	1,200.00			
	\$	1,000.00			
TO SPRAY PAINT AFFECTED AREA ADJUST AND FOCUS FRONT LED ADAPTIVE LIGHTING SYSTEM.					
PERFORM HEADLAMP ADJUSTMENT TO POSITION	,00,0			\$	250.00
ONDUCT WATER LEAKAGE ON WELDING JOINT AREA.				\$	100.00
		-EN	\//ITH	\$	600.00
RESET AND PROGRAMMING EPS VEHICLE STABILIT ON-BOARD DIAGNOSTIC COMPUTER.	1 3131		•	Ψ	000.00
ON-BOARD BIACHOOTIC COMPONENT				\$	600.00
DISMENTLE AND REPLACE FRONT UNDER-CARRIAG	SE COM	1P01	NENTS.	Ψ	
WHEEL ALIGNMENT.					200.00 €
REPROGRAM AND CODING HEADLAMP				\$	650.00 \nearrow
REPROGRAMIAND CODING HEADERINI					
	LA	BOU	R TOTAL	\$	4,600.00
	Total	Parts	Cost	\$	15,949.36
			ur Cost	\$	4,600.00
	Total	Repa	ir Cost	\$	20,549.36

APPROVED DETAILS
NO. OF WORKING DAYS
PART BY PART OR LUMP SUM
DATE & TIME OF SURVEY
SURVEYED BY
CONTACT NUMBER
FAX NUMBER

5 Days. US After repair plotos Ene Dione 8288082 29/3/21

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:



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding of material facts may allow insurance companies to repudiate
- 4. This issues and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- b. Any false reportance or time corn by insurance companies is not an admission of policy liability on the part of the insurance companies.

 b. Any false reporting may be referred to the Police for investigation.

 b. This report will be forwarded by the insurance 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 this kolgenierit 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 **Exact Location of Accident** Additional Location Information Country/State of Loss

23/03/2021 21:46 (SGT) 20/03/2021 22:15 (SGT) Singapore **BLOCK 335 SMITH STREET MSCP** Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJK8828A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No

ENVIRON ENGINEERING SERVICES 53112167D environ.engineering@outlook.com (Phone) +65-83188979 +65-83188979

VEHICLE PARTICULARS

Manufacturer

Model

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? Vehicle Category Transmission

CC

Mercedes

E200

Private use

No - Claiming third party

Private car Auto

2000

MISLIFIANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number

Cover Note Number

NTUC Income Insurance Co-operative Ltd

Comprehensive

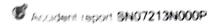
No

5118676588

CANVER.

Name of Driver MRMC No

SHERILYN TEE YAN PING \$9240540.1



Date Of Birth

Occupation

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No. Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

31/10/1992 Indoor

13/05/2013

7 YEARS AND 10 MONTHS

Female

(Phone) +65-83188979

environ.engineering@outlook.com

APT BLK 788 CHOA CHU KANG NORTH 6

680788

No

Employee

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions

Road Surface

Collided into Parked Vehicle

Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

Dry

No

2

No

Yes

0

No

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

No

No

CIRCUMSTANCES OF ACCIDENT

Please refer to sketch plan

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver NRIC No

Contact Number

Address

SMN9983B

Private car

LIEW XIN CHANG

S8219321I

(Phone) +65-92200301

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

SKETCH PLAN

IMPORTANT NOTICE

- 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
- 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.
- 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.
- 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.
- 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:
 - 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:
 - 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:

23/03/2021

1550 hx

Reporting Centre Personnel's Signature

Name FLY, 241 LOCK

NRIC/FIN No : 5991882

SKETCH PLAN

BIK 335 Smith Street MSCP

A: SJK8828A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I parked my vehicle at Block 335 Smith Street multi storey
carpark. When I return to pick up my vehicle, I notice
a paper on my windscreen and damage on my fam bumper.
Other party (SMN 9983B) left a note mentioning he collided
onto my parked vehicle.

DECLARATION

I/We declare the foregoing particulars are true in g

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time: 23/03/7021

1550 hx

Reporting Centre Personnel's Signature Name Eugene LOCK NRIC/FIN No. 1993