

Steve

CS/CTI 2200 3475/43 Eny3

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. _____

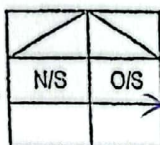
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 3 days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SNC 8314K Yr Regn: 19/11/21Type: M.Cap / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes-Benz GLA180 c.c. 1332Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 6107 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WIN 247784 25337037Gen. 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

Tyre Size: F: 235/55R18R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 8/14/22 D.O.I. 25/4/22Survey held at Cycle & CarriageDes. 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
	<u>MV-195K</u>
	16/08/22 Steve confirmed final fig: \$1660 and 3 days
	(red, \$1160, 41%)

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 31) 22/08/22☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) _____

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

Survey Fee: _____

Transportation: _____

\$ + RS. \$ _____

Photos _____

Others _____

TOTAL

Report Format: tp-merimenLump Sum / I.B.F. (\$ 1660)



Mercedes-Benz

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

ESTIMATE FOR SNC8314K

CHINA TAIPING INSURANCE (S) PTE
LTD
ATTN: MOTOR CLAIM DEPARTMENT
3 ANSON ROAD #16-00
SPRINGLEAF TOWER
SINGAPORE 079909
62222366

Vehicle & Document Information
WIP No 56167
Reg No/Reg Date SNC8314K / 19/11/2021
Date In/Mileage / 0
Chassis No W1N2477842J3370375
Engine No 28291480689304
Make/Model MB/GLA 180
Colour/Trim 027 787 Mountain Gt/ 041 101 ARTICO Blac

Account No	Terms	Date/Time Printed	CSE	Operator
WC000668	Credit	13/04/2022/ 12:56	AQ	305 / Alan Quek Ai Lun
Description of Goods / Services				
Qty	Unit Price	Disc%	Amount	

M BPNSUN

POLICY NO/ACC DATE : 7210140177 // 08-04-2022
DRIVE IN: 13-04-2022 // TP CAR NO: SKW1260H (CHINA TAIPING INS)
DATE IN/DATE SURVEY:
BY/AUTHORIZED ON :

A BPILAB

USE XENTRY TO CHECK CONTROL UNITS & RESET MEMORY TO
STANDARD SETTINGS.NETT

A BPILAB

REPAIR REAR RIGHT DOOR SHELL

A BPIRES

RESPRAY REAR RIGHT DOOR

0.10 380.00

480 1440.00

0.07 800 1000.00

ESTIMATE

Steve (LKK)

25/4/22, 3:30pm

WZ RL

3 JN

PIP

AK MY

Alan Quek

Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center

DID: 6771 4377 HP: 9186 5112 Fax: 6872 1272
Email: alan.quek@cyclecarriage.com.sg

Confirmed & accepted by

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey

Authorized signatory and company stamp

- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis

7% GST on 2820.00
Total Payable 3,017.40

Validity of this estimate is 14 days from date of issue. 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	13/04/2022 13:19 (SGT)
Date of Accident	08/04/2022 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	STILL ROAD TOWARDS UBI BEFORE LANGSAT RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC8314K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SPRIGGS GRAHAM MICHAEL
NRIC No	SXXXX159A
Email Address	SPRIGGSGM@GMAIL.COM
Mobile Phone No	(Phone) +65-90361998
Alternative Phone No	+65-90361998

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla180
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	1332

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210140177
Cover Note Number	-

DRIVER

Name of Driver	SPRIGGS GRAHAM MICHAEL
NRIC No	SXXXX159A

Date Of Birth	16/09/1964
Occupation	Indoor
Date Of Driving Pass	10/03/2016
Driving experience	6 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90361998
Alt. Phone Number	+65-90361998
Email Address	SPRIGGSGM@GMAIL.COM
Address	327 UBI AVE 1 #12-661
Address complement	-
Postcode	400327
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	Side Swipe
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	MacPherson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007449999
Alt. Police Station Phone No	(Fax) +65-65476366
Police Station Address	Blk 54 Pipit Road #01-82/84 Singapore 370054
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND ATTACHED DOCUMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	REFER TO CSE AQ
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW1260H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CONNIE LOW YEN FUN
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 re-evaluate 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.

John Spry

Policyholder's Signature

Date & Time

13/4/2022 12:48

Driver's Signature

(If driver is not the policyholder)

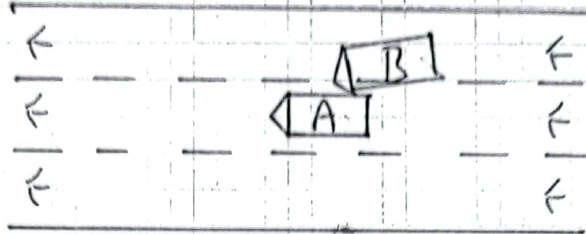
Date & Time

Reporting Centre Personnel's

Name: *Alan Quek*

13/04/22

SKETCH PLAN



(A) SNC 8314K

(B) SKW 1260H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving in the middle lane. As I was doing so, I felt a bump as the vehicle B hit me on the driver's side. There was no warning given by the Third-Party, in terms of the horn and I was unable to avoid the collision.

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)

Graham Spigg

Policyholder's Signature

Date & Time

13/4/2022 12:48

Driver's Signature

(If driver is not the policyholder)

Date & Time

Alan Ghosh 13/04/22

Reporting Centre Personnel's

Name: Alan Ghosh