ASS. REC. BY: Kenneth

REF: C12/ 22 003670 lkv

ASSIGNMENT

From: ______ Date: ______

Estimated Cost: ______

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

To Inspect Vehicle No: ______

at Workshop m/s Cheng Cheong

of ______

Insured: GBD 5818E 952F

Policy No. DMCVSNW00005212201

Claims No. SNM22D202513/C02/TANCHC

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 Rport: ______ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 1.81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SMY 8550R Yr Regn: 03, 17

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

Make: Mer E250 (A) c.c 1991

Colour: M.D. Blue A/C: Insured / Std / NI / NA

Sp.Reading: 112980 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: WDD 2130 452:A 162718

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or ______

Brake: Inorder / Jammed / Leaked / Burnt or ______

Modi: 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 R/Bal. 7 mm L/Bal. 7 mm

Rear R/Bal. 7 mm L/Bal. 7 mm

D.O.A. 11/4/22 D.O.I. 25/4/2022

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
12/5/22	Kenneth informed final fig ~~$3065.24 (Red 3187.23, 50%)~~

Date/Time, File Pass to? ☐ : Prell. Report ☐ : Final Report

1) ______

Date/Time, File Return to?

2) 12/5/22-typist

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ ______) ☐ : Interview ($ ______) ☐ Tech Invs ($ ______) ☐ Weekend ($ ______)

Survey Fee: ______

Transportation: ___$ + RS.___SI

Photos ______

Others ______

TOTAL ______

Report Format : Merimen

~~Lump Sum~~ / I.B.I: ($ 3065.24)

CHEONG CHEONG MOTOR SERVICE PTE LTD

BLK 5032 ANG MO KIO IND. PARK 2 #01-293 SINGAPORE 569535
TEL : 6481 4152 FAX : 6481 4157
e-mail : c2msvc@singnet.com.sg

Our Ref : 0575/04/2022

Page : 1
Date : 20/04/2022

M/S : CHINA TAIPING INSURANCE SINGAPORE PTE LTD
3 ANSON ROAD #15-00
SPRING LEAF TOWER
SINGAPORE 079909

ACCIDENT REPAIR ON : SMY 8550 R - MERCEDES E250
CHASSIS NO :
DATE OF ACCIDENT :11/04/2022

APPENDED BELOW ARE THE ESTIMATED COST OF REPAIR & PARTS TO BE REPLACED :-

REPLACEMENT OF PARTS		**S$**	**S$**
1	REAR BUMPER	Buelcm 2,246.20	
2	REAR BUMPER REVERSE SENSOR	Sm 1,180.00	X
3	REAR BUMPER REINFORCEMENT	775.00	↑
4	REAR BUMPER SPONGE	295.00	↑
5	REAR BUMPER LOWER GARNISH	786.30	↑
6	REAR BUMPER LOWER GARNISH CHROME	CM 275.80	
		5,558.30	
	LESS : 10%	555.83	
			5,002.47

LABOUR CHARGES :

7	TO CHECK WIRING SYSTEM TO FACILITATE REAPAIR & REFIT THE SAME	50.00	1SL
8	TO RESENT & PROGRAM ON THE RESTRAINT SYSTEM	200.00	↑
9	TO REMOVE, RENEW & REFIT ALL ACCIDENT DAMAGE PARTS & STRAIGHTEN ALL ACCIDENT DAMAGE AREAS & FIT THE ABOVE SAME	500.00	2SL
10	TO PUTTY & SPRAY PAINT ON ALL ACCIDENT DAMAGE PARTS & OTHER ACCIDENT AFFECTED AREAS	500.00	2SL
		6,252.47	

Not Included
Resurvey B4 paint
2 days

CHEONG CHEONG MOTOR SERVICE PTE LTD

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:

SC1K224C0005 / ComfortDelGro Engineering Pte Ltd [579701]
ENTRY DATE & TIME: 12/04/2022 15:14 (SGT)
SUBMITTED BY: Rohani
VERSION: 1 (12/04/2022 15:14 (SGT))

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	12/04/2022 15:14 (SGT)
Date of Accident	11/04/2022 11:30 (SGT)
Exact Location of Accident	Woodlands Industrial Park E9, Singapore
Additional Location Information	SLIP ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY8550R

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BAVANI D/O BALACHANDRAN
NRIC No	S7717952F
Email Address	bavanipl@singnet.com.sg
Mobile Phone No	(Phone) +65-97377051
Alternative Phone No	+65-97823759

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
Variant	-
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	2000

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A300542167 QMY
Cover Note Number	-

DRIVER

Name of Driver	PRAPAHARAN S/O LETCHUMANAN
NRIC No	S7079510H

IMPORTANT NOTICE

1. Please report promptly the details of the accident to speed up the claims process.
2. This Report 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.
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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.

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 claim 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.

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan