

ASS. REC. BY:

REF:

C12/ 22 003670 /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: GBD 5818E

Policy No. DMCVSNW00005212201

Claims No. SNM22D202513/C02/TANCHC

Sum Insured:

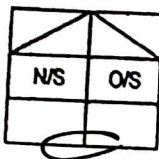
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

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 6250

C.C.

1991

Colour:

N.D.B/W

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: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NII / 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

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/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 / UIC / 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

1)



: Final Report

Date/Time, File Return to?

2) 12/5/22-typist

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. SI

Fines

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

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	<i>Bulcom</i> 2,246.20	✓
2 REAR BUMPER REVERSE SENSOR	<i>in</i> 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	<i>cm</i> 275.80	✓
	5,558.30	
	LESS : 10%	
	555.83	
		5,002.47

LABOUR CHARGES :

7 TO CHECK WIRING SYSTEM TO FACILITATE REPAIR & REFIT THE SAME	50.00	15/
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	250/
10 TO PUTTY & SPRAY PAINT ON ALL ACCIDENT DAMAGE PARTS & OTHER ACCIDENT AFFECTED AREAS	500.00	250/
	6,252.47	

*Not Authorized
The way B&P did
2 days*



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: Page 1

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. This report is prepared by the driver of the involved vehicle up to the claim process.
2. This report must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may affect insurance companies to provide policy liability.
4. The issue and occurrence of this Policy 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 lodging 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.

Consent under the Personal Data Protection Act (PDPA)

I/undersigned, as shown below, agree and consent that:

(a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data and 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 claim including the settlement of the claim and any necessary investigations relating to the claim;

(ii) investigating the accident and/or my claim;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claim (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/postal packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claim.

(collectively the "Purposes")

(b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

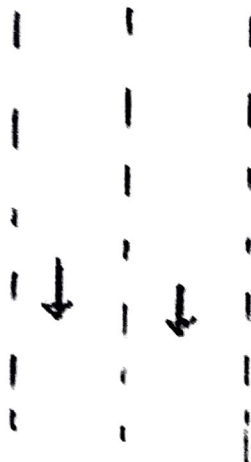
(c) my Personal Information may also be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be based outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

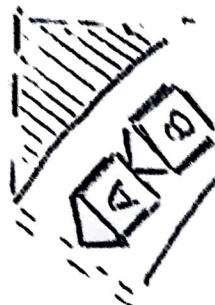

Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan



WIND DIRECTION: 29



A - SMY 8550 R
B - GBD 5818 E