ASS. REC. BY: Kenneth | REF: CTZ/ 22003859 1K vy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s KKH in

of _____

Insured: PC 3142Z

Policy No. DMB1SNW00006622101

Claims No. SNM22D202036/C02/TANKW

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: 06 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SLA 9988R Yr Regn: 02, 16

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

Make: Mr E250 c.c 1991

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

Sp.Reading 124316 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2120362B 241397

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 245/45ZR18

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Falken

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	23/3/22	D.O.I.	26/4/2022

Survey held at _____

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

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

Date / Time	Action / Instruction
1/11/22	Lump Sum $5650 confirmed by email (red 7917.10, 58%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 1/11/22-typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ - RS. _____ SI

Parking: _____

Others: _____

TOTAL: _____

Report Format : Merimen

Lump Sum / ~~I.B.I.~~: ($ 5650)

LKK

Not Authorise
Ulkay &
Resurvey After Paint
6days

金興(棠)汽車私人有限公司

K. KIM HIN AUTO PTE LTD
160 Sin Ming Drive #02-18/19/20
Sin Ming AutoCity
Singapore 575722
Tel: 6452 7018 (5 Lines) Fax: 6458 3895

No. : 32327

Vehicle Insured : PC 3142 Z
Accident Date : 23-Mar-2022

Date : 25-Apr-2022

Our Ref : 021787 (CHINA) / QUEK

SYSTEMATIC AIRCONDITIONING PTE LTD
29 Senoko Way
Singapore 758059

ESTIMATED COST OF REPAIR FOR MERCEDES BENZ E250 1991cc (2016) SLA9998P

1 pc	rear bumper		2,015.00	
1 pc	rear bumper lower trim		340.00	
1 pc	rear bumper parking sensor outer - LH		210.00	
6 pcs	rear bumper parking sensor seals	@ S$ 9.00	54.00	
1 pc	rear bumper side bracket - LH		48.00	
1 pc	rear bumper side air grille - LH		75.00	
1 pc	rear bumper lower chrome		335.00	
1 pc	rear bumper exhaust chrome		330.00	
1 pc	rear bumper radar sensor - LH		1,220.00	
1 pc	rear bumper lower reinforcement		21.00	
1 pc	rear bumper centre bracket		210.00	
1 pc	rear bumper side bracket taillamp - LH		70.00	
1 pc	rear bumper centre carrier		85.00	
10 pcs	rear bumper rivets	@ S$ 6.00	60.00	
1 pc	LH rear exhaust heat shield		135.00	
1 pc	LH rear exhaust muffler		1,465.00	
1 pc	rear fender - LH		2,640.00	
1 pc	rear fender inner shield - LH		215.00	
8 pcs	rear fender inner shield clips	@ S$ 7.00	56.00	
1 pc	rear windscreen glass moulding c/w glass		1,475.00	
1 pc	taillamp - LH		760.00	
			11,819.00	
		Less 10% :	-1,181.90	
				10,637.10

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:

Con't Page 2 ...

金興(龔)汽車私人有限公司
K. KIM HIN AUTO PTE LTD
160 Sin Ming Drive #02-18/19/20
Sin Ming AutoCity
Singapore 575722
Tel: 6452 7018 (5 Lines) Fax: 6458 3895

Vehicle Insured : PC 3142 Z
Our Ref : 021787

No. : 32327

1 pc rear windscreen glass sealant	40.00 sn
1 pc rear windscreen glass damping seal	20.00 sn
1 pc rear windscreen glass solar film	380.00 sn
To remove, cut out damaged parts, panel beating, welding, align, refix and to renew affected parts.	1,200.00
To remove and refit rear upholstery trimming, roof lining, seats, speaker board in order to facilitate repairing works	180.00
To remove and refit rear windscreen glass and conduct water leak test	120.00
To remove and renew exhaust silencer box	80.00
To putty and respray on affected portions.	800.00
To apply undersealing	80.00
To focus taillamps. To check rear wiring and lighting operation.	30.00
Total :	S$13,567.10

Singapore Dollars Thirteen Thousand Five Hundred and Sixty Seven and Cents Ten Only

Note: Amount quoted above is subject to prevailing GST at time of tax invoice.

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 witholding 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	24/03/2022 19:06 (SGT)
Date of Accident	23/03/2022 10:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIONEER CIRCLE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA9998P

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SYSTEMATIC AIRCONDITIONING PTE LTD
Company Reg No	1XXXXX703G
Email Address	HOSENGKEN@GMAIL.COM
Mobile Phone No	(Phone) +65-97398871
Alternative Phone No	+65-97398871

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
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	Commercial vehicle
Transmission	Auto
CC	1991

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	HO SENG KEN
NRIC No	SXXXX344J

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 **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. 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 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 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,

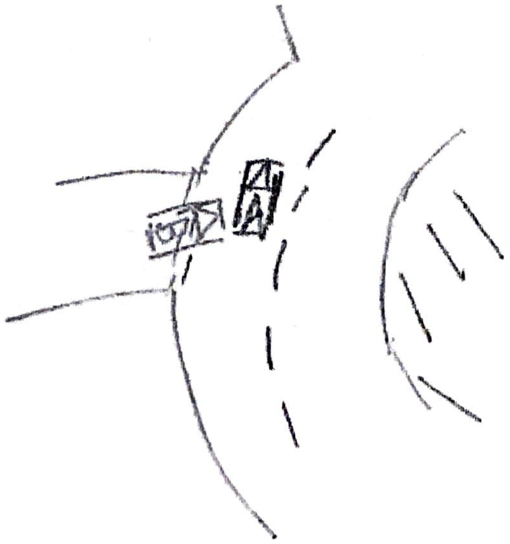
(collectively the "**Purposes**")

(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.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
[signature]	[signature] 23/3 @ 440pm	[signature] K. KIM HIN AUTO PTE LTD TEL: 6452 7012

Sketch Plan



A : SLA 9998 P
B : PC 3142 Z