

ASS. REG. BY:

REF:

CT2/ 220038591K

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:

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:

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:

M. 8250

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: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

245/45ER18

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 / UIC / Rooftop or

N/S Rear

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

) \$ - RS. \$

) Fines

) Others

TOTAL

Report Format:

Lump Sum / I.B.I: (\$

金興(發)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

LKK
Not Resurvey
11 Day &
Resurvey After Paint
6 days

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

No. : 32327

Date : 25-Apr-2022

Our Ref : 021787 (CHINA) / QUEK

PAGE : 1

SYSTEMATIC AIRCONDITIONING PTE LTD
29 Senoko Way
Singapore 758059

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

1 pc rear bumper		R ₁ 2,015.00	✓
1 pc rear bumper lower trim		Sm 340.00	X
1 pc rear bumper parking sensor		Mr 210.00	✓
outer - LH			
6 pcs rear bumper parking sensor	@ S\$ 9.00	Mc 54.00	✓
seals			
1 pc rear bumper side bracket - LH		Dit 48.00	✓
1 pc rear bumper side air grille		75.00	7
- LH			
1 pc rear bumper lower chrome		h 335.00	X
1 pc rear bumper exhaust chrome		h 330.00	X
1 pc rear bumper radar sensor - LH		1,220.00	?
1 pc rear bumper lower		n 21.00	X
reinforcement			
1 pc rear bumper centre bracket		h 210.00	X
1 pc rear bumper side bracket		70.00	?
taillamp - LH			
1 pc rear bumper centre carrier		Sm 85.00	X
10 pcs rear bumper rivets	@ S\$ 6.00	Mc 60.00	✓
1 pc LH rear exhaust heat shield		n 135.00	X
1 pc LH rear exhaust muffler		n 1,465.00	X
1 pc rear fender - LH		R ₁ 2,640.00	✓
1 pc rear fender inner shield - LH		215.00	7
8 pcs rear fender inner shield clips	@ S\$ 7.00	56.00	7
1 pc rear windscreen glass moulding		1,475.00	7
c/w glass			
1 pc taillamp - LH		CM 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 ...

Vehicle Insured : PC 3142 Z
 Our Ref : 021787

Page : 2
 No. : 32327

1 pc rear windscreen glass sealant
 1 pc rear windscreen glass damping
 seal
 1 pc rear windscreen glass solar
 film

nu 40.00 sn *—*
nu 20.00 sn *—*
 380.00 sn *?*

To remove, cut out damaged parts,
 panel beating, welding, align,
 refix and to renew affected parts.

1,200.00 *700*

To remove and refit rear upholstery
 trimming, roof lining, seats,
 speaker board in order to
 facilitate repairing works

180.00 *100*

To remove and refit rear windscreen
 glass and conduct water leak test

120.00 *✓*

To remove and renew exhaust
 silencer box

nu 80.00 *X*

To putty and respray on affected
 portions.

800.00 *500*

To apply undersealing

80.00 *30*

To focus taillamps. To check rear
 wiring and lighting operation.

30.00 *20*

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 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 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:

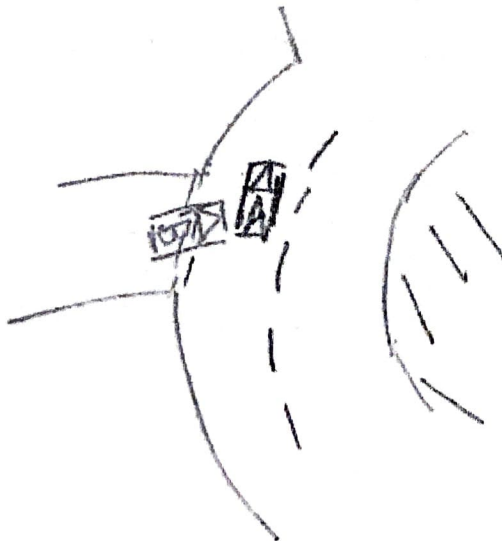
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/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' law yers/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 law yers/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



A: SLA 9998 P
B: PC 3142 Z