

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent?: Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SK2 6339S Yr Regn: 10/11/16Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes-Benz S320 c.c. 2996Colour: Black A/C: Insured / Std / NI / NASp. Reading: 108687 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD2221672A79176Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/45R19R: 17BS / 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. 10/5/22 D.O.I. 19/5/22Survey held at Cycle & Carriage

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

Front RH

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

Date / Time Action / Instruction

MIV-189K

Date/Time, File Pass to?

☐: Prel. Report

Days Of Repair: _____

1) _____
Date/Time, File Return to?☐: Final Report

Resurvey No. of Trip: _____

Survey Fee: _____

2) _____

Add Fee: ☐: Site Insp (\$ _____)Transportation: _____
S + RS. SI

Report Format: _____

☐: Interview (\$ _____)

Photos

Lump Sum / I.B.E. (\$) _____

☐: Tech. Invs (\$ _____)

Others

☐: Weekend (\$ _____)

TOTAL



Mercedes-Benz

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

ESTIMATE FOR SKZ6339S

INDIA INTERNATIONAL INSURANCE P/L

ATTN: MOTOR CLAIM DEPARTMENT
64 CECIL STREET
#04/#05 IOB BUILDING
SINGAPORE 049711
63476100

Vehicle & Document Information
WIP No 56836
Reg No/Reg Date SKZ6339S / 10/11/2016
Date In/Mileage 0
Chassis No WDD2221622A291776
Engine No 27682430462089
Make/Model MB/MB S 320 L SEDAN (V222)
Colour/Trim 021 183 Magnetite B/ 048 801 Black

Account No	Terms	Date/Time Printed	CSE	Operator
WI000576	Credit	17/05/2022/ 10:15		305 / Alan Quek Ai Lun
Description of Goods / Services	Qty	Unit Price	Disc%	Amount

M BPNSUN
POLICY NO/ACC DATE : DMPCSNW00201692102 / 14-05-2022
DRIVE IN: 17-05-2022 // TP CAR NO: SMW8236J (INDIA INTERNATIONAL INS)
DATE IN/DATE SURVEY:
BY/AUTHORIZED ON :

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

A BPILAB
CHECK HEADLAMP WITH FOCUS ADJUSTMENT.NETT

A BPILAB
REMOVE & REPLACE FRONT BUMPER & REMOVE FRONT SUPPORT
ASSY COMPONENTS & REFINISH.

A BPIRES
RESPRAY FRONT BUMPER & FRONT RIGHT FENDER

M RH/F HEADLAMP

M FRT BUMPER

M RH/F BOTTOM GRILLE

M RH/F BOTTOM GRILLE GARNISH

M RH/F PARKING SENSOR

M RH/F PARKING SENSOR SEAL

M RH/F BASIC MOUNTING FOR BUMPER

M RH/F BUMPER BRACKET

480.00 ✓

120.00 ✓

960 1440.00

0.02 1600 2000.00

1.00 6141.81 00.00 6141.81

1.00 1987.00 00.00 1987.00

1.00 145.48 00.00 145.48

1.00 120.79 00.00 120.79

1.00 191.59 00.00 191.59

1.00 6.97 00.00 6.97

1.00 321.37 00.00 321.37

1.00 14.98 00.00 14.98

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

Stev CLKK

19/5/22, 2.30pm

wrl PL

5 days

PIP

My Btl Sy

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

Nett 12,969.99

7% GST on 12969.99 907.90

Total Payable 13,877.89

Validity of this estimate is 14 days from date of quote. 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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Page 1 of 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	17/05/2022 13:43 (SGT)
Date of Accident	14/05/2022 17:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 101 CLEMENTI STREET 14 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ6339S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOH LAY CHEN
Passport No/FIN	SXXXX280F
Email Address	LOH.HAZEL@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-92233772
Alternative Phone No	+65-92233772

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	S320
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	2996

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00201692102
Cover Note Number	-

DRIVER

Name of Driver	LOH LAY KHENG
NRIC No	SXXXX280F

Date Of Birth	22/10/1985
Occupation	Indoor
Date Of Driving Pass	22/10/2007
Driving experience	14 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93221688
Alt. Phone Number	-
Email Address	LOH.HAZEL@YAHOO.COM.SG
Address	BLK 113 CLEMENTI STREET 13 #03-27
Address complement	-
Postcode	120113
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMW8236J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MANSEKI
Contact Number	(Phone) +65-98425200
Address	-
Address complement	-

SKETCH PLAN

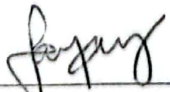
IMPORTANT NOTICE

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 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)

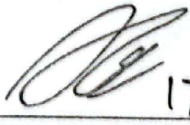
I understand, acknowledge, agree and consent that:

- (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.

Policyholder's Signature
Date & Time



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



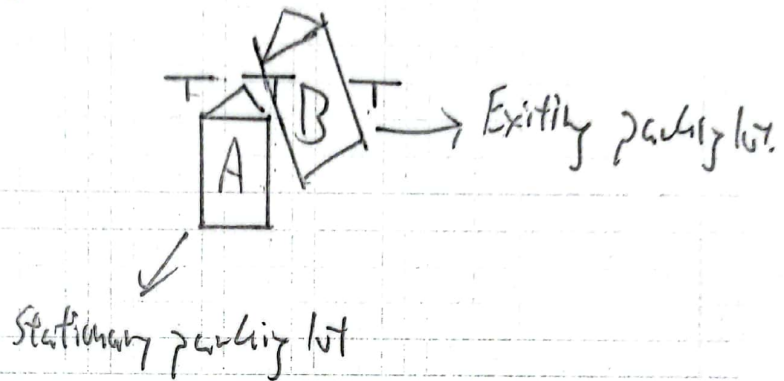
Reporting Centre Personnel's
Name: Alan Goh

17/05/22

SKETCH PLAN

(A) SKZ 6339S

(B) SMW 8236J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- ① (A) vehicle park stationary in parking lot.
- ② (B) vehicle exiting parking lot and collided (A) vehicle front right side.
- ③ (B) vehicle left a note on my windshiled that she hit my car. She left her contact number too.
- ④ I call (B) driver and agree to claim through insurance.

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)

Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's
Name: Alan Smith

17/05/21