

Steve

CS/SMP 77 005854/Env3

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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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: SMM 8770K Yr Regn: 26/10/17  
 Type: ☒ M. Car / ☐ M. Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /  
 Truck / Trailer or  
 Make: Mercedes-Benz c.c. 1991  
 Colour: Grey A/C: ☐ Insured / ☐ Std / ☐ NI / ☐ NA  
 Sp. Reading: 52894 T/Radio: ☐ Insured / ☐ Std / ☐ NI / ☐ NA  
 Eng/No: \_\_\_\_\_  
 C/No: WDD 213 042 2A 322 786  
 Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt  
 Steering: ☐ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or  
 Brake: ☐ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or  
 Modl: ☐ Nil / ☐ S/Rim / ☐ STD A/Rim or  
 Tyre Size: F: 275/352R19  
 R: 71

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

Front Rear  
 R/Bal. 5 mm R/Bal. 5 mm  
 L/Bal. 5 mm L/Bal. 5 mm  
 D.O.A. 10/6/17 D.O.I. 1/8/17  
 Survey held at Cycle  
 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

MV-145K

Date/Time, File Pass to?

☐ : Prel. Report  
☐ : Final Report

1) \_\_\_\_\_  
 Date/Time, File Return to?

2) \_\_\_\_\_

Report Formet: \_\_\_\_\_

Lump Sum / L.B.H. (%) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)  
☐ : Interview (\$ \_\_\_\_\_)  
☐ : Tech. Invs (\$ \_\_\_\_\_)  
☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\$ + RS. \$1

Photos

Others

TOTAL





Mercedes-Benz

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

# ESTIMATE FOR SMM8770K

SOMPO INSURANCE SINGAPORE PTE LTD

MOTOR CLAIM DEPARTMENT  
50 Raffles Place #03-03  
Singapore Land Tower  
Singapore 048623  
64616555

Vehicle & Document Information  
WIP No 57554  
Reg No/Reg Date SMM8770K / 26/10/2017  
Date In/Mileage / 0  
Chassis No WDD2130422A322786  
Engine No 27492031189877  
Make/Model MB/MB E 200 2.0 SEDAN (W213) "EXCLUSIVE/  
Colour/Trim 029 997 Kallaitte Gr/ 048 814 Leather Cap

Account No	Terms	Date/Time Printed	CSE	Operator
WT009122	Credit	15/06/2022/ 11:27		301 / Kerlyn Ong

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
Z REQUEST Customer Request M BPNSUN POLICY NO/ACC DATE : 1900162701-02 // 14/06/2022 DRIVE IN/TP VEHICLE NO. : 15/06/2022 // SGU2378D - SOMPO DATE IN/DATE SURVEY: BY/AUTHORIZED ON :				
A BPILAB DISASSEMBLE AND REPLACE ATTACHED DAMAGED PARTS & REFINISH.				960 1920.00
A BPIRES RESpray REAR BUMPER				800 1200.00
A BPILAB USING XENTRY DIAGNOSTIC TO CHECK ON CONTROL UNIT RESET MEMORY TO IDENTIFICATION STANDARD. NETT			0.10	380.00
A BPILAB CHECK REAR LIGHTING SYSTEM AND WATER TEST FOR ANY LEAKAGE. NETT				120.00
M REAR BUMPER	1.00	1565.55	00.00	1565.55
M REAR BUMPER LOWER TRIM	1.00	336.57	00.00	336.57
M REAR BUMPER CHROME MOULDING	1.00	362.74	00.00	362.74
M REAR BUMPER BRACKET	1.00	82.93	00.00	82.93
M REAR DISTANCE SENSOR	2.00	195.43	00.00	390.86
M SPACER RING	2.00	7.10	00.00	14.20
M LH/ REAR BUMPER SIDE STABILITY	1.00	100.71	00.00	100.71
M RH/ REAR BUMPER SIDE STABILITY	1.00	100.18	00.00	100.18
M LH/ TAIL PIPE COVER	1.00	432.23	00.00	432.23
M LH/ TAIL PIPE COVER BRACKET	1.00	71.09	00.00	71.09
M LH/ REAR BUMPER CHROME MOULDING	1.00	152.14	00.00	152.14
M RH/ REAR BUMPER CHROME MOULDING	1.00	152.14	00.00	152.14
M CTR/ BASIC MOUNTING FOR BUMPER	1.00	134.29	00.00	134.29
M REAR CROSS MEMBER	1.00	943.74	00.00	943.74

Confirmed & accepted by

Kerlyn Ong Kai Li

DID : 6771 4420 HP : 9186 5113

Email : kerlyn.ong@cyclecarriage.com.sg

Cycle & Carriage Industries Pte Ltd

Customer Service Centre - Pandan Loop

3 45 Net 8,459.37  
7% GST on 8459.37 592.16

Total Payable 9,051.53

LKK Auto Consultants hence notify

the Authorized signatory and company stamp

To resurvey before after spray painting

To replace damaged parts during resurvey

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,

third party surveyor will 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

Neologal modification (e.g. no 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

removal of the windscreen

is subject to final approval from Insurance Company

Acknowledged by Repairer



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Pandan Loop Service Center  
188 Pandan Loop  
Singapore 128378  
Tel: 6777 8388  
Fax: 6779 5383  
www.mercedes-benz.com.sg

## 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	14/06/2022 17:11 (SGT)
Date of Accident	14/06/2022 14:25 (SGT)
Exact Location of Accident	Pandan Valley, Singapore
Additional Location Information	PANDAN VALLEY AT PEDESTRIAN CROSSING
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM8770K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM CHWEE GUAN ERIC
NRIC No	SXXXX469B
Email Address	ELCG3@YAHOO.COM
Mobile Phone No	(Phone) +65-91517823
Alternative Phone No	+65-91517823

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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	1991

### INSURANCE COMPANY

Name of Insurance Company	AIIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900162701-02
Cover Note Number	-

### DRIVER

Name of Driver	LIM CHWEE GUAN ERIC
NRIC No	SXXXX469B

Accident report SC1A226E0004

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Date Of Birth	05/12/1943
Occupation	Indoor
Date Of Driving Pass	09/03/1964
Driving experience	58 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91517823
Alt. Phone Number	+65-91517823
Email Address	ELCG3@YAHOO.COM
Address	3 PINE GROVE #02-02
Address complement	-
Postcode	597590
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collision - Head to Rear
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	LIM NGEN OON DOREEN
Gender	Female

#### 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 ATTACHMENT

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGU2378 ✓ D
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car



## 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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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

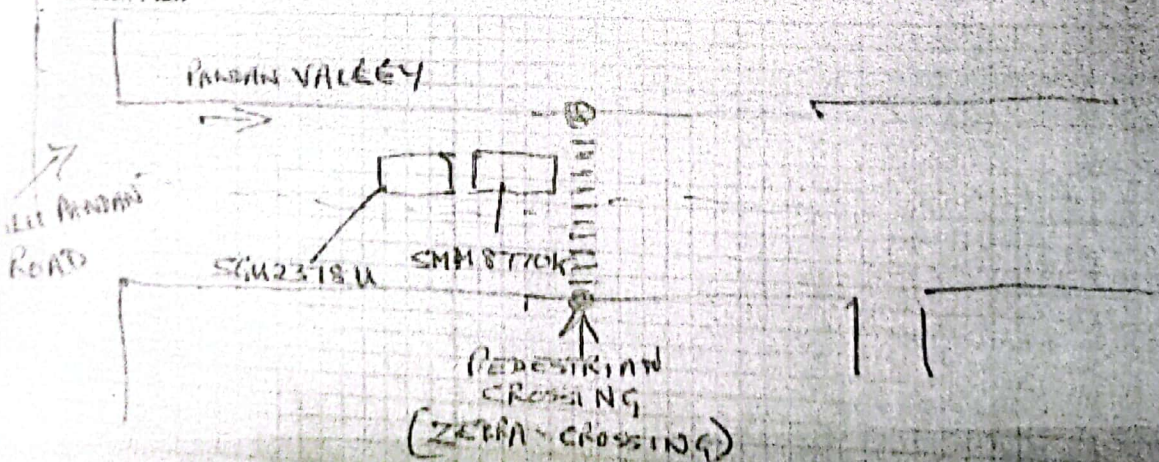
14/06/22

1603hrs

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

Witnessed by Reporting Centre Personnel

Sketch Plan






### Circumstances of the Accident

stopped vehicle at yellow crossing for  
pedestrian to cross.  
Car was stationary for at least 15<sup>10</sup> seconds  
was hit from behind by the driver (M-10)  
of car SGU 2378 U.  
Accident happened at 1425 hrs when road  
was dry and bright.

### Declaration

I/We declare the foregoing particulars are true in every respect.

  
14/06/22  
1606 hrs

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel