

Steve

CS/CTI 2201032/ECY3

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.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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: XE 6892S Yr Regn: 1/12/21

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes-Benz AYOC 640 11906Colour: White A/C: Insured / Std / NI / NASp. Reading: 23862 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WIT96401470518495Gen. Cond: Good / Fair / Poor / BurntSteering: Inop / Jammed / Leaked / Burnt orBrake: Inop / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/80R225R: 1

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

Front

Rear

R/Bal. 4 mm R/Bal. 4 mmL/Bal. 4 mm L/Bal. 4 mmD.O.A. 15/5/22 D.O.I. 30/6/22Survey held at Cycle

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

Front LH

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

Date / Time Action / Instruction

MP-170k

13/09/2022 Finalised final fig \$9,616.18 ; 4 days with Philip.

(Red. \$4,607.53 ; 32%)

Date/Time, File Pass to?

☐ : Preli. Report☒ : Final Report

Date/Time, File Return to?

2)

Report Format:

TP

Lump Sum 18.1 \$9,616.18Days Of Repair: 4

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + 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 XE6892S

CHINA TAIPING INSURANCE (S) PTE LTD
ATTN: MOTOR CLAIM DEPARTMENT
3 ANSON ROAD #16-00
SPRINGLEAF TOWER
SINGAPORE 079909
62222366

Vehicle & Document Information

WIP No 56191
Reg No/Reg Date XE6892S / 01/12/2021
Date In/Mileage / 1468
Chassis No W1T964014205184953
Engine No 936912C0233468
Make/Model MBCV/Arocs 2630 6X4 3900
Colour/Trim 914 Arctic White / NA NOT APPLICABLE

Account No	Terms	Date/Time Printed	CSE	Operator
WC000668	Credit	01/06/2022/ 11:39	PC	610 / Philip Cheong

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
A 00940101 TO REMOVE & REPAIR FRONT BUMPER, FRONT BUMPER CENTRE GRILLE FRONT STEP CENTRE GARNISH, FRONT HEADLAMP, FRONT STEP PANEL BRACKET, BALE FRONT CABIN PUMP/BRACKET REINFORCEMENT END COVER END COVER AND FRONT STEP LOWER GARNISH BRACKET				4560.00
A 00940101 TO REMOVE & REFIT WIRE, LIGHTING AND OIL PIPE				450.00
A 00940101 TO PUTTY & SPRAY PAINTING				1980.00
M END CAP - <i>Angkor Bumper end cap LH</i>	2.00	41.78	00.00	83.56
M CARRIER - <i>MIS (Step time bracket LH)</i>	1.00	612.60	00.00	612.60
M STEP PLATE - <i>OR (Step Plate)</i>	1.00	860.05	00.00	860.05
M BRACKET - <i>OR (Step Plate)</i>	1.00	255.27	00.00	255.27
M BRACKET - <i>OR (Step Plate)</i>	1.00	231.93	00.00	231.93
M STEP PLATE - <i>OR (Step Plate)</i>	1.00	45.83	00.00	45.83
M ENTRANCE - <i>X</i>	1.00	622.63	00.00	622.63
M FRONT FOG LAMP - <i>IN</i>	1.00	547.46	00.00	547.46
M COVER FRAME - <i>OR (Headlamp guard) Small</i>	1.00	144.19	00.00	144.19
M BUMPER, FRONT - <i>CUT (Headlamp guard big)</i>	1.00	733.11	00.00	733.11
M BRACKET - <i>OR (Headlamp bracket outer)</i>	1.00	188.89	00.00	188.89
M FACING - <i>MIS (Headlamp back cover)</i>	1.00	75.83	00.00	75.83
M FRONT SPOILER - <i>OR (LH lower)</i>	1.00	343.98	00.00	343.98
M LAMP UNIT - <i>OR (Headlamp)</i>	1.00	1143.84	00.00	1143.84
M EXPANSION RIVET - <i>NTC</i>	2.00	3.90	00.00	7.80

Steven CLKK
30/6/22, 11:00

OD-NLW
EXCEPT - ?
PP
H BL Y

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

Third party survey is on a "Without Prejudice" basis

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:

4 45
Nett 12,886.97
7% GST on 12886.97 902.09
Total Payable 13,789.06

Pandan Gardens MBCV Customer Service Center
209 Pandan Gardens
Singapore 609339
Tel: (65) 67714389
Fax: (65) 67756310
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	25/05/2022 16:24 (SGT)
Date of Accident	15/05/2022 13:30 (SGT)
Exact Location of Accident	21 Marsiling Ln, Singapore 730021
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE6892S
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ALBA W&H SMART CITY PTE. LTD.
Company Reg No	2XXXXX124E
Email Address	firhan@Alba-wh.sg
Mobile Phone No	(Phone) +65-64508160
Alternative Phone No	(Office) +65-64508160

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	AROCS 2630 6X4 3900 (AUTO,ABS)
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	7698

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	-
Cover Note Number	60204848

DRIVER

Name of Driver	MOHAMMED JABBAR BIN ABDUL WAHID
NRIC No	SXXXX505H

Date Of Birth	15/07/1975
Occupation	Outdoor
Date Of Driving Pass	08/01/1997
Driving experience	25 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89068660
Alt. Phone Number	-
Email Address	firhan@Alba-wh.sg
Address	APT BLK 455 SEGAR ROAD #07-107
Address complement	-
Postcode	670455
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collided into Pedestrian
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	1
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

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 reputate 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:

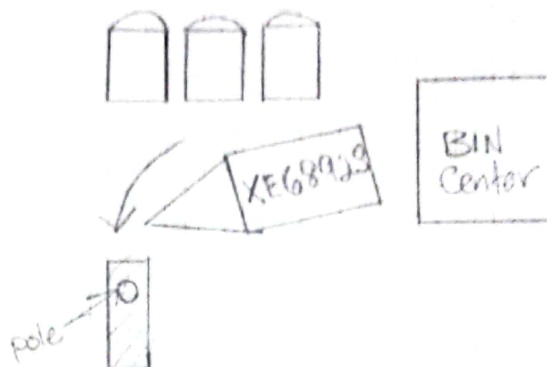
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 Signature
Name
NRIC/FIN No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/5/2022 at about 1330hrs, our driver Mohamed Jabbar was collecting a compactor from 21 Marsiling
Lane bin centre to throw the waste at Senoko IP. The place was full with delivery vans and lorries.
As the space was full with deliveries vans and lorries. As the space is quite constraint, there's 2 vehicles
parking near the bin centre. One of the driver was washing his lorry. After he loaded the compactor in his truck,
he told the driver to move as he need space turn out but the driver refused. As he don't want to make a dispute
he try to move out slowly and making a few 3 point turn. While he was reversing, he can't see the pole in the
middle of the road and the truck bumper hit the pole. There's damaged on the truck but the pole no damage
After the incident he had informed our DO regarding what happen and he proceed as per normal.

DECLARATION

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

Policyholder's Signature _____
Date & Time _____

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

Reporting Centre Personnel's Signature
Name: _____
NRIC / FIN No. _____



IMAGES #4

