

ASS. REC. BY:

REF:

C12/ 22006940/Kv

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured: GBC 802M

Policy No. DMCVSNW00045142201

Claims No. SNM22D204335/C02

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:

2-3 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:

E 559D

Yr Regn:

03, 16

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

Truck / Trailer or

Make:

Mc E200

c.c

1991

Colour

M. Gray

A/C:

Insured / Std / NI / NA

Sp. Reading

80352

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WDD 212 0342B 299076

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

245/40ZR18

265/35ZR18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

R/Bal.

L/Bal.

L/Bal.

D.O.A.

D.O.I.

Survey held at

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

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

Date / Time

Action / Instruction

18/8/22

Informed Winni LS \$2500 (red 9988.70, 79%)

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format : Merimen

Lump Sum / +B.t: (\$ 2500)

Yee Auto Pte Ltd

160 Sin Ming Dr #02-17 / #07-12 Sin Ming Autocity Singapore 575722
 TEL: 6457 5768 FAX: 6252 8459 Email: yeeautopteLtd@gmail.com
 GST:201719251W RCB NO:201719251W

M/S : China Taiping Insurance (Singapore) Pte Ltd
 3 Anson Road
 #16-00 Springleaf Tower
 Singapore 079909

Estimate No: ES2200040
 Date: 21 Jul 2022

ATTN: Motor Claim Department

Not Withorn
1/1 by &
Recovery After Rain
2-3 days

Policy No:
 Veh Reg No: E559D
 Make/Model: MERCEDES BEN E200
 SEDAN EDITION E (R18
 LED SR)
 Chassis No: WDD2120342B299076
 Engine No: 27492030564255
 Reg. Date: 24/03/2016

Your Ref No: -
 Claim Type: Third Party
 Accident Date: 15/06/2022
 TP Veh Reg No: GBC802M

Estimate Repair Cost to Vehicle No :E559D

Description	U/Price	Quantity	List Price S\$	Amount S\$
Net Price				
1 REAR REVERSE SENSOR WIRE	395.00	1 SET	395.00 X	
2 REVERSE SENSOR CENTRE - LH	465.00	1 PC	465.00 X	
3 REVERSE SENSOR CENTRE - RH	465.00	1 PC	465.00 X	
			1,325.00	1,325.00
Spare Parts				
4 REAR BOOT LID	2,630.00	1 PC	2,630.00 X	
5 REAR BOOT LID CHROME MOULDING	380.00	1 PC	380.00 X	
6 REAR BOOT LID EMBLEM - 7G-TRONIC	120.00	1 PC	120.00 X	
7 REAR BOOT LID MERCEDES STAR	120.00	1 PC	120.00 X	
8 REAR BOOT LID WEATHERSTRIP	265.00	1 PC	265.00 X	
9 REAR BUMPER	2,080.00	1 PC	2,080.00	
10 REAR BUMPER BOTTOM BRACKET - LH	85.00	1 PC	85.00 ?	
11 REAR BUMPER BOTTOM BRACKET - RH	85.00	1 PC	85.00 ?	
12 REAR BUMPER CLIPS	80.00	1 SET	80.00	
13 REAR BUMPER INNER GARNISH	350.00	1 PC	350.00 ?	
14 REAR BUMPER INNER IMPACT BRACKET	62.00	1 PC	62.00 ?	
15 REAR BUMPER LOWER GARNISH	285.00	1 PC	285.00	
16 REAR BUMPER LOWER GARNISH CHROME MOULDING	295.10	1 PC	295.10 ?	
17 REAR BUMPER OUTER IMPACT BRACKET	62.00	1 PC	62.00 ?	
18 REAR BUMPER REINFORCEMENT	764.50	1 PC	764.50 ?	
19 REAR END PANEL	610.10	1 PC	610.10 X	
20 REAR END PANEL GARNISH	240.00	1 PC	240.00 X	
			8,513.70	8,513.70
Labour				
21 TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY.	1,000.00	1 JOB	1,000.00	300/
22 TO PUTTY, APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION.	1,000.00	1 JOB	1,000.00	250/
23 TO APPLY RUST- PROOFING ON REPAIRED, REPLACED PANEL.	200.00	1 JOB	200.00 X	
24 COMPUTER DIAGNOSTIC	350.00	1 JOB	350.00 X	
25 TO CHECK WIRING FUNCTIONS.	100.00	1 JOB	100.00	15/
			2,650.00	2,650.00

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Yee Auto Pte Ltd

160 Sin Ming Dr #02-17 / #07-12 Sin Ming Autocity Singapore 575722
TEL: 6457 5768 FAX: 6252 8459 Email: yeeautopteltd@gmail.com
GST:201719251W RCB NO:201719251W

M/S : China Taiping Insurance (Singapore) Pte Ltd
3 Anson Road
#16-00 Springleaf Tower
Singapore 079909

ATTN: Motor Claim Department

Your Ref No: -
Claim Type: Third Party
Accident Date: 15/06/2022
TP Veh Reg No: GBC802M

Estimate No: ES2200040
Date: 21 Jul 2022
Policy No:
Veh Reg No: E559D
Make/Model: MERCEDES BEN E200
SEDAN EDITION E (R18
LED SR)
Chassis No: WDD2120342B299076
Engine No: 27492030564255
Reg. Date: 24/03/2016

Estimate Repair Cost to Vehicle No :E559D

Description	U/Price	Quantity	List Price	Amount
			SS	SS
			Total	SS 12,488.70
			Add GST @ 7%	874.21
			Total Amount Payable	SS 13,362.91

TOTAL: SINGAPORE DOLLAR THIRTEEN THOUSAND THREE HUNDRED SIXTY TWO AND CENTS NINETY ONE ONLY

For Yee Auto Pte Ltd


AUTHORISED SIGNATURE

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:

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 21/06/2022 15:47 (SGT)
Date of Accident 15/06/2022 15:30 (SGT)
Exact Location of Accident 10 Braddell Rd, Singapore 359899
Additional Location Information OPEN SPACE CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number E559D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NEO SWEE HOCK
NRIC No S1553618G
Email Address limsh_jenny@yahoo.com.sg
Mobile Phone No (Phone) +65-96207531
Alternative Phone No (Home) +65-96207531

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E200
Variant SEDAN EDITION E (R18 LED SR)
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? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1991

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5121034889-01
Cover Note Number -

DRIVER

Name of Driver NEO SWEE HOCK
NRIC No S1553618G

IMPORTANT NOTICE

SKETCH PLAN

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:

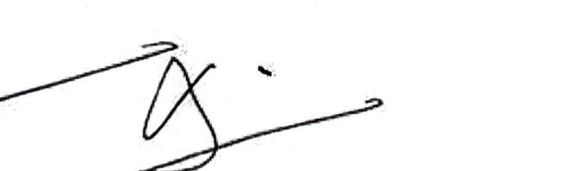
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

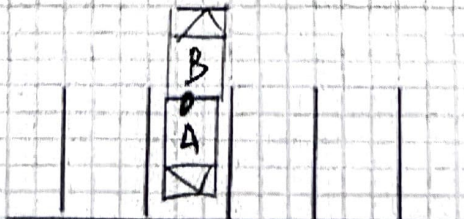

Policyholder's Signature / Date & Time


Driver's Signature (If driver is not the policyholder) / Date & Time
21/06/2022, 15:24 PM


Witnessed by Reporting Centre Personnel



Sketch Plan



DA: 15/06/2022,
15:30 PM.

A: E 559D

B: GBC 802M.