

ASS. REC. BY:

REF: CT2 / 220070461kv

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

mbm

of

Insured: SLE 7085R

Policy No. DMPCSNW00135352100

Claims No. SNM22D203099/C02

Sum Insured:

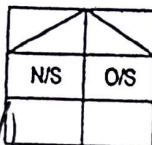
Excess:

(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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

1.81 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMZ 8328k Yr Regn: 05, 19

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

Truck / Trailer or

Make:

Toyota Alphard

c.c.

2493

Colour

M.P. White

A/C:

Insured / Std / NI / NA

Sp. Reading

65804

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

AYH30

0078258

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size:

F:

235/50R18

R:

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

TOYO / YOKO or

Front

R/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

3/5/22

Rear

R/Bal.

8

mm

L/Bal.

8

mm

D.O.I.

26/9/2022

Survey held at

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

N/S Rear

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

Date / Time

Action / Instruction

30/9/22

Kenneth informed final fig \$1751.25 (red 3311.25, 65%)

Data/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Data/Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trip: 1

2) 30/9/22-typist

Report Format: Merimen

Lump Sum / I.B.I: (\$ 1751.25)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S - RS, SI

P. Ins

Others

TOTAL

MBM WHEELPOWER PTE. LTD.



YOUR REF.: SLE7085R

OUR REF.: SML8328K

TO: CHINA TAIPING

CC: MOTOR CLAIMS DEPARTMENT

FAX:

ESTIMATE FOR VEHICLE NO.: SML8328K

DATE: 13/9/2022
FROM: Lee Shirley
FAX: 64525333
CONTACT: 86865188
MAKE & MODEL: TOYOTA ALPHARD HYBRID 7-SEATER 2.5X CVT
CHASSIS NO.: AYH300078258
ENGINE NO.: 2ARJ250179
YEAR MADE: 2019
ACCIDENT DATE: 3 May 2022

*Not Wholesaler
Resurvey B&Pain
2 days*

NO.	DESCRIPTION	PART NO.	QTY.	LIST PRICE
1	REAR BUMPER		1	\$ 1,900.00 ✓
2	REAR BUMPER SIDE RETAINER LH		1	\$ 130.00 X
3	REAR BUMPER SENSOR		2	\$ 720.00 X
4	REAR BUMPER CLIP		10	\$ 50.00
5	REAR BUMPER SIDE PANEL		1	\$ 310.00 X
TOTAL:				\$ 3,110.00
LESS 30%:				(933.00)
PARTS TOTAL:				\$ 2,177.00

LABOUR

TO REMOVE, REFIT & REPAIR AFFECTED DAMAGED PARTS, INCLUDING TO KNOCK-OUT, WELD & STRAIGHTEN ON THE AFFECTED PARTS	\$ 1,200.00
TO CHECK & RECONNECT ALL NECESSARY WIRING	\$ 200.00 X
TO REMOVE & REFIT ALL SENSOR	\$ 250.00
TO APPLY ANTI RUST COATING	\$ 80.00 X
TO SPRAY PAINT ON THE AFFECTED AREAS	\$ 1,000.00
TOTAL:	\$ 4,907.00
7% GST:	\$ 343.49
GRAND TOTAL:	\$ 5,250.49

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:

MBM WHEELPOWER PTE. LTD.

160 SIN MING DRIVE, #06-02

SIN MING AUTOCITY

6262 8888 f 6452 5333

COMPANY REG. NO : 200204110W



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	06/05/2022 18:03 (SGT)
Date of Accident	03/05/2022 15:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SHELL STATION (1 YISHUN ST 11)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML8328K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	EE CHONG LEE
NRIC No	SXXXX271J
Email Address	eecl1964@gmail.com
Mobile Phone No	(Phone) +65-90675271
Alternative Phone No	+65-90675271

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALPHARD HYBRID 7-SEATER 2.5X CVT
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	2493

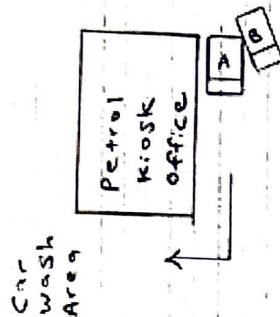
INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SP2000208262
Cover Note Number	16/05/21 - 15/05/22

DRIVER

Name of Driver	EE CHONG LEE
NRIC No	SXXXX271J





A: SML8328K

B: SLE7085R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DOA: 3/5/22 15:20

Refer Police Report

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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:

(YS) ang 6/5/22
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

() Claim Own Policy (/) Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()