

ACIS REC BY: Toughin

REF:

CS/CT1220073371Trys

ASSIGNMENT

From: _____ Date: _____

Estimated cost: _____

OD / TP / IS / 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: \$68K

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: SBQ 128C Yr Regn: 2014 Dec

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

Truck / Trailer or

Make: Mercedes Benz C200 c.c. 1991

Colour: Silver A/C: Insured / Std / NI / NA

Sp. Reading: 143633 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD2050428F046620

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/45R18

R: 1

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

TOYO / YOKO or

Front R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. _____ D.O.I. 11/8/22

Survey held at SEW

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

Front o/s

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

Date/Time	Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1) _____
Date/Time, File Return to?

☐ : Final Report

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL

Rep. Format: _____
Lump Sum / L.B. (\$ _____)

J.E.W Motor Pte Ltd

60 Jalan Lam Huat #03-72, Carros Center Singapore 737869

SJE : _____
 Date of Survey : _____
 Date of ReSurvey: _____
 Contacts : _____

Vehicle Nos : **SBQ 128C**
 Made : Mercedes Benz
 Model : C200
 Chassis No : _____

* AGREED Cost Of Repair and Repair Day/s with SJE *

Amount: _____

Working Day: _____

Nos.	PARTS	Qty	Unit S\$	TOTAL S\$
1	Front Bumper	1	\$ 1,674.18	\$ <i>df</i> 1,674.18
2	Front Bumper Basic Mounting RH	1	\$ 85.01	\$ <i>df</i> 85.01
3	Front Bumper Grille RH	1	\$ 61.35	\$ <i>X</i> 61.35
4	Front Bumper Grille Centre	1	\$ 125.09	\$ <i>X</i> 125.09
5	Front Bumper Lower Trim Moulding	1	\$ 178.68	\$ <i>X</i> 178.68
6	Front Bumper Sponge	1	\$ 154.81	\$ <i>X</i> 154.81
7	Front Bumper Reinforcement	1	\$ 420.14	\$ <i>X</i> 420.14
8	Front Bumper Side Distance Sensor RH	1	\$ 172.07	\$ <i>rw</i> 172.07
9	Front Bumper Distance Sensor	<i>2</i>	\$ 172.07	\$ <i>rw</i> 688.28
10	Front Bumper PTS Spacer Ring	6	\$ 6.42	\$ <i>rw</i> 38.52
11	Front PTS Electrical Wiring Harness	1	\$ 148.55	\$ <i>X</i> 148.55
12	Front Headlamp Assembly RH	1	\$ 3,443.48	\$ <i>rw</i> 3,443.48
13	Front Headlamp Assembly LH	1	\$ 3,443.48	\$ <i>X</i> 3,443.48
14	Radiator Grille Air Duct	1	\$ 128.30	\$ <i>X</i> 128.30
15	Radiator Grille Trim	1	\$ 209.42	\$ <i>X</i> 209.42
16	Radiator Grille Ornamental Molding RH	1	\$ 77.31	\$ <i>X</i> 77.31
17	Radiator Grille Ornamental Molding LH	1	\$ 77.31	\$ <i>X</i> 77.31
18	Radiator Grille Mercedes Star Carrier	1	\$ 72.06	\$ <i>X</i> 72.06
19	Radiator Grille Mercedes Star	1	\$ 135.19	\$ <i>X</i> 135.19
20	Front Bonnet	1	\$ 2,155.25	\$ <i>X</i> 2,155.25
21	Front Bonnet Emblem	1	\$ 87.83	\$ <i>X</i> 87.83
22	Front Support Panel	1	\$ 782.43	\$ <i>X</i> 782.43
23	Front Support Panel Console	1	\$ 258.24	\$ <i>X</i> 258.24
24	Front Fender RH <i>aluminium</i>	1	\$ 970.46	\$ <i>ht</i> 970.46
25	Front Fender Liner RH	1	\$ 136.18	\$ <i>X</i> 136.18
Parts Sub Total :				\$ 15,723.62
10% Discount				\$ 1,572.36
PARTS TOTAL :				\$ 14,151.26

Nos.	SPECIAL NETT	Qty	Unit S\$	TOTAL S\$
1	Front Number Plate	1	\$ 50.00	\$ <i>X</i> 50.00
2	Front Bumper Clips - Set	1	\$ 50.00	\$ <i>30 new</i> 50.00

3	Front Bumper Grille Centre Clips - Set	1	\$	30.00	\$	X	30.00
4	Front Bumper Grille RH Clips - Set	1	\$	20.00	\$	X	20.00
5	Radiator Grille Assembly Clips - Set	1	\$	50.00	\$	X	50.00
6	Front Bonnet Insulator Clips - Set	1	\$	50.00	\$	X	50.00
7	Front Fender Liner RH Clips - Set	1	\$	40.00	\$	X	40.00
8	Front Bonnet Sealant	1	\$	150.00	\$	X	150.00
9	Front Fender RH Sealant	1	\$	150.00	\$	X	150.00
10	Radiator Coolant	1	\$	120.00	\$	X	120.00
SPECIAL NETT TOTAL :						\$	710.00

Nos.	LABOUR	TOTAL \$
1	To Panel Beat, Remove & Refix Parts	\$ 400 1,600.00
2	To Spray Paint Affected Areas	\$ 450 1,200.00
3	Wiring & Bulb Check	\$ 30 100.00
4	To apply anti rust on affected parts	\$ 20 120.00
5	To Remove & Refix Aircon Condenser & Top Up Gas	\$ X 150.00
6	To Remove & Refix Radiator & Conduct Pressure Test	\$ X 150.00
7	To Remove & Refix Front Headlamp with Focus Adjustment	\$ X 250.00
8	To Conduct Water Leak Test	\$ X 100.00
9	To Send for Diagnostic and Reset Control Unit. Programming & Calibration	\$ X 480.00
LABOUR TOTAL :		\$ 4,150.00

Taufik 97495749
 WP 1/5 Repair after repair
 11/8/22 5pm
 03 days

Taufik Elkhauto.wm.

To check consistency of accident
 To check part price

PARTS TOTAL : \$ 14,151.26
 SPECIAL NETT TOTAL : \$ 710.00
 LABOUR TOTAL : \$ 4,150.00
 GRAND TOTAL : \$ 19,011.26

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:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 649F

Vehicle Details

Vehicle No.: SBQ128C
Vehicle to be Exported: Yes
Intended Deregistration Date: 12 Aug 2022
Vehicle Make: MERCEDES BENZ
Vehicle Model: C200 AUTO
Primary Colour: Silver
Manufacturing Year: 2014
Engine No.: 27492030214993
Chassis No.: WDD2050422F046620
Maximum Power Output: 135.0 kW (181 bhp)
Open Market Value: \$36,836.00
Original Registration Date: 31 Dec 2014
First Registration Date: 31 Dec 2014
Transfer Count: 1
Actual ARF Paid: \$33,571.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 30 Dec 2024
PARF Rebate Amount: \$20,142.00

Intended COE Rebate Details

COE Expiry Date: 30 Dec 2024
COE Category: E - Open Category
COE Period(Years): 10
QP Paid: \$73,900.00
COE Rebate Amount: \$17,360.00
Total Rebate Amount: \$37,502.00

The information contained herein is correct as at 11 Aug 2022

OK

Date of Accident : 29/7/22 Accident Time: 1915 (24-HR-Format)
 Accident Place : Bayfront Ave Outside Marina Bay Sands
 Vehicle No. (Car Plate No.) : 8BQ28C Make/Model: Mercedes C200
 Insurance Company : Direct Asia Policy No: MT/00702116
 Owner or Company Name /IC No. : Zheng Shun Hong Jameslee / S8101649F
 Owner or Company Contact No. : 91813341 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : AS ABOVE
 DRIVER'S Date Of Birth : 16/01/1981 DRIVER'S License Pass Date 27/7/2021
 Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others:
 DRIVER'S Address : Blk 347 Woodlands Ave 3 #02-109 S730347
 DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : jameslee group@gmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 1

Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
 Any Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

Vehicle. No: <u>SNB 8278 ↓</u>	Vehicle. No: _____
Vehicle Make \Model: <u>Honda Shuttle</u>	Vehicle Make \Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* **NEW – Passenger's name & gender:**

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 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;

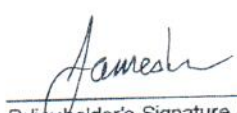
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

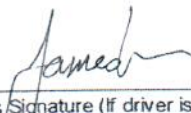
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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

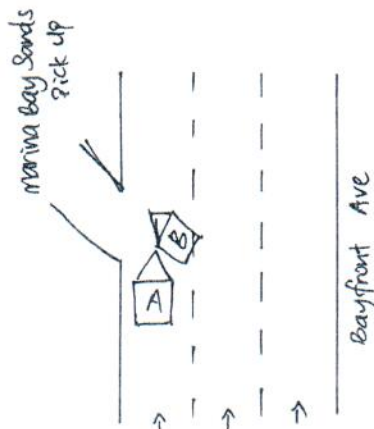
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes


Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A : 8BQ 128C
Vehicle B : 5NB 8278L

Describe Circumstances of the Accident

On the stated date and time, I vehicle A was
traveling straight at the stated location. Out of a
sudden, vehicle B cut into my lane from my
right and collided onto my vehicle front right
portion. My vehicle will be repaired at J.E.W Auto Re Ltd.

James

Declaration

We declare the foregoing particulars are true in every respect

James
Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel