

Steve

CS/AIS22008399/E 43

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

☒ 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

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: SML 373G Yr Regn: 8/01/17Type: ☒ M. Car / ☐ M. Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make: Mercedes-Benz C180 c.c. 1595Colour: SilverA/C: ☒ Insured / ☐ Std / ☐ NI / ☐ NASp. Reading: 92693T/Radio: ☒ Insured / ☐ Std / ☐ NI / ☐ NA

Eng/No: _____

C/No: WDD2050402R255481Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModl: ☒ NII / ☒ S/Rim / ☐ STD A/Rim or

Tyre Size: _____

F: 225/50R17

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 4 mmR/Bal. 4 mmL/Bal. 4 mmL/Bal. 4 mmD.O.A. 26/8/22D.O.I. 30/8/22Survey held at CycleDes. 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
	MR-115K

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / L.B.J. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

TOTAL _____



Mercedes-Benz

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

ESTIMATE FOR SML373G

Mr Teo Eng Guan Andy

22 Bedok Garden

Singapore 469836

Mobile: +6598249631

WIP No

59244

Reg No/Reg Date

SML373G / 08/06/2017

Date In/Mileage

0

Chassis No

WDD2050402R255481

Engine No

27491030864602

Make/Model

MB/MB C 180 SEDAN (W205) "AVANTGARDE / A

Colour/Trim

027 775 Iridium Sil/ 041 101 Black/Black

Vehicle & Document Information

Account No	Terms	Date/Time Printed	CSE	Operator
CSM00128	Cash	29/08/2022/ 16:12	AQ	305 / Alan Quek Ai Lun
Description of Goods / Services	Qty	Unit Price	Disc%	Amount

M. BPNSUN

POLICY NO/ACC DATE : SP2001902660 // 26-08-2022

DRIVE IN/EXCESS : 29-08-2022 // TBA

DATE IN/DATE SURVEY:

BY/AUTHORIZED ON :

A BPILAB

USE XENTRY TO CHECK CONTROL UNITS & RESET MEMORY TO
STANDARD SETTINGS.NETT

A BPILAB

CHECK HEADLAMP WITH FOCUS ADJUSTMENT.NETT

A BPILAB

REMOVE & REPLACE FRONT BUMPER & REMOVE FRONT SUPPORT
ASSY COMPONENTS & REFINISH.

A BPIRES

RESPRAY FRONT BUMPER

M LH/F HEADLAMP

CUT

M FRT BUMPER

X R

M LH/F BUMPER BRACKET

M LH/F BASIC MOUNTING FOR BUMPER

M LH/F OUTER PARKING SENSOR

M LH/F PARKING SENSOR

M LH/F PARKING SENSOR SEAL

M FRT CROSS MEMBER

M LH/F CROSS MEMBER BRACKET

0.10

380.00

120.00

1440.00

0.07

1000.00

1.00

3443.48

00.00

3443.48

1.00

1674.18

00.00

1674.18

1.00

15.08

00.00

15.08

1.00

100.40

00.00

100.40

1.00

195.43

00.00

195.43

1.00

195.43

00.00

195.43

2.00

7.10

00.00

14.20

1.00

473.91

00.00

473.91

1.00

90.94

00.00

90.94

Alan Quek

Cycle & Carriage Industries Pte Ltd

Body Care & Repair Center

DID: 6771 4377 HP: 9186 5112 Fax: 6872 1272

Email: alan.quek@cyclecarriage.com.sg

Steve CLKK

30/8/22, 12 noon

00-M AL
EXPIR: ?

Confirmed & accepted by

P/P

M B L

3

Nett

9,143.05

7% GST on 9143.05

640.01

Total Payable

9,783.06

LKK Auto Consultants hence notify

the Repairer of the following stamp

Authorized signatory and company stamp

To resurvey before/after spray painting

Validity of this estimate is from date of quote. This is a computer generated document, no signature is required.
Estimated parts prices 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 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 (a) still account 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.
Supplies (if any) must be resurveyed and 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

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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 Actual 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	26/08/2022 11:44 (SGT)
Reported by	Both
Date of Accident	26/08/2022 07:25 (SGT)
Exact Location of Accident	Braddell Rd, Singapore
Additional Location Information	BRADDELL RD TWDS BISHAN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML373G

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO ENG GUAN ANDY
NRIC No	S1444845D
Email Address	ANDYTEO2016@GMAIL.COM
Mobile Phone No	(Phone) +65-98249631
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2001902660-01

DRIVER

Name of Driver	TEO ENG GUAN ANDY
NRIC No	S1444845D
Date Of Birth	15/08/1960
Occupation	Indoor

Date Of Driving Pass	11/04/1979
Driving experience	43 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98249631
Alt. Phone Number	-
Email Address	ANDYTEO2016@GMAIL.COM
Address	22 BEDOK GARDEN
Address complement	-
Postcode	469836
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 - Major/Minor Rd
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	MAVERICK TEO
Gender	Male

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

AS PER SKETCH PLAN ATTACHED

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

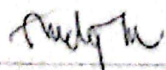
Vehicle Registration Number	SLE1636R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

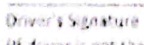
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-


SKETCH PLAN

IMPORTANT NOTICE

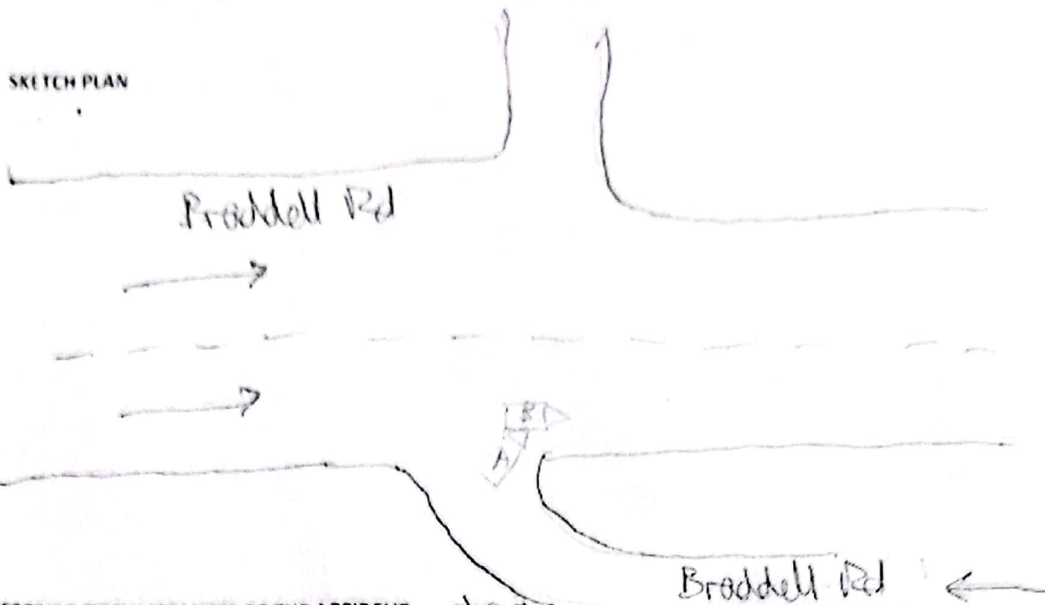
1. Please report correctly this details within the stipulated period to the relevant parties.
2. This form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The willful misrepresentation of this form by you will constitute a total and final denial of policy liability and the right of subrogation against the insurer.
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 purposes 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

about 7.25am

This morning, 26 Aug morning, I was driving along Braddell Rd & slowly down to make a U-turn after seeing the road is clear to make the turn. All of a sudden, this Honda Vezel (vehicle no. SEE1636R) hit into my front left side bumper. Both drivers slow down to stop along the stretch of bus-stop. We together with the other driver (Koh Chok Heng) inspected the condition of the damage & then exchange personal contact details.

* Kindly take note that you have 14 days to revert to Own Insurance Claim (own damage).

Claim OD / TP At Falcon-Air

Claim OD / TP Own W/shop

Reporting Only

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.