

CS/CTI22008554/Dcy<sup>3</sup>

## ASSIGNMENT

Estimated Cost:  
 ) / TP / WS / TP RES / OD RES / EVA / INV / MV

Inspect Vehicle No:

Workshop n/s

sured:

Policy No.

Claims No.

Insured:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its  
 repair at the time of inspection.

al. or Market Value:

JAC: Accident Report

JIA / PR Seen:

Est. Repairs:

Sum Sum:

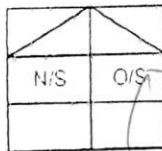
CA / REV / REP. / 24 HRS

Date:

Person Contacted

Vehicle IN / OUT

Vehicle: **SND 1883A** Reg: **Sept 2019**  
 Type: **M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /**  
 Truck / Trailer or  
 Make: **Mercedes Benz GLA180** cc: **1595**  
 Colour: **Black** A/C: **Insured / Std / NI / NA**  
 Sp Reading: **57015** T/Radio: **Insured / Std / NI / NA**  
 Eng/No: **2709 1031908912**  
 C/No: **WDC1569422J657583**  
 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: 235/50 R18**  
**R: — " —**  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or **Yokohama**  
 Front: **Rear**  
 R/Bal: **S** mm R/Bal: **S** mm  
 L/Bal: **S** mm L/Bal: **S** mm  
 D.O.A: **30/08/2022** D.O.I: **01/09/2022**  
 Survey held at: **First Exclusive AMK**  
 Des. of Damages: **Frt / Rear / O/S / N/S / U/C / Rooftop or**  
**O/S R**  
 The U/C / Chassis frame / Body Structure affected due to collision.



Date / Time

Action / Instruction

07/09/2022

**China Repairing XE 7463R**  
**Finalised L/S \$6300/- with 05 days (Red \$8,321.81/57%)**

Date/Time, File Pass to:



Preli. Report



Final Report

Date/Time, File Return to:

Days Of Repair:

Resurvey No. of Trip:

Add'l Fee:



Site Insp: \$



Interview: \$



Estimate: \$



Total Fee: \$

Survey Fee:

Transportation

Site Fee: \$

Interview

Estimate

Total Fee

# First Exclusive Motoring

31 West Cost Highway, #01-22/23/30

H/P: 8299 6103

E-Mail: sgg53auto@gmail.com

UEN: 53397331K

To: CHINA TAIPING INSURANCE SINGAPORE PTE LTD

Vehicle Number : SND1883A

Vehicle Model : MERCEDES GLA 180

Chassis Number : WDC1569422J657583

## ESTIMATED REPAIR COSTS FOR ABOVE STATED VEHICLE

### PARTS

QTY		AMOUNT
1	REAR DOOR RH <i>Dent</i>	\$ 2,142.71
1	REAR DOOR WEATHER STRIP <i>SN</i>	\$ 309.94
1	REAR DOOR WINDOW MOULDING <i>SN</i>	\$ 250.03
1	REAR DOOR BLACK PLASTIC <i>HLC</i>	\$ 89.00
1	REAR DOOR INNER TRIM BOARD <i>HH</i>	\$ 1,466.42
1	REAR DOOR WINDOW MOTOR <i>HH</i>	\$ 650.85
1	REAR DOOR WINDOW REGULATOR <i>HH</i>	\$ 752.48
2	REAR DOOR HINGE @ \$107.38 <i>HH</i>	\$ 214.76
1	REAR DOOR LOCK <i>HH</i>	\$ 379.92
1	REAR FENDER RH <i>Dent</i>	\$ 2,584.21
1	REAR FENDER ARC GARNISH RH <i>CH</i>	\$ 286.12
1	REAR FENDER INNER TRIM RH <i>HH</i>	\$ 984.69
1	REAR BUMPER <i>CH</i>	\$ 1,300.24
1	REAR BUMPER SIDE RETAINER RH <i>SN</i>	\$ 91.78
1	REAR BUMPER LOWER LID <i>CH</i>	\$ 703.36
2	REAR BUMPER SENSOR @ \$243.86 EACH <i>1 pc Dent 1 pc HH</i>	\$ 487.72
1SET	REAR BUMPER SENSOR HOLDER <i>SN</i>	\$ 120.00
1	REAR BUMPER SENSOR O-RING <i>HLC</i>	\$ 10.00

6717.15

6045.43

PARTS SUM: \$ 12,824.23  
 PARTS LESS 10%: \$ 1,282.42  
 PARTS TOTAL: \$ 11,541.81

### SPECIAL NETT ITEMS

QTY		AMOUNT
1	REAR DOOR EDGE PROTECTOR <i>HLC HH</i>	\$ 140.00
1SET	REAR DOOR INNER TRIM CLIPS <i>HH</i>	\$ 60.00
1	REAR FENDER SEALANT <i>HLC</i>	\$ 80.00
1SET	REAR FENDER ARC GARNISH CLIPS <i>HLC</i>	\$ 45.00
1SET	REAR FENDER INNER TRIM CLIPS <i>HH</i>	\$ 50.00
1SET	REAR FENDER INNER SHIELD CLIPS <i>HH</i>	\$ 40.00
1SET	REAR BUMPER CLIPS <i>HLC</i>	\$ 50.00

120.00 / 70.00

# LABOUR

S/N		AMOUNT	
1	TO REMOVE & PANEL BEAT ALL DAMAGED ABOVE PARTS & PANELS	\$ 1,000.00	700/-
2	TO RESPRAY NEW PAINTWORK FOR ALL DAMAGED AREAS	\$ 1,000.00	700/-
5	TO APPLY TUFF COAT ON ALL AFFECTED AREAS	\$ 80.00	40/-
11	TO RNR REAR BUMPER SENSOR TO FACILITATE REPAIRS	\$ 100.00	40/-
12	TO RNR ALL INTERIOR UPHOLSTERY TO FACILITATE REPAIRS	\$ 100.00	80/-
13	TO RNR REAR DOOR MECHANISM TO FACILITATE REPAIRS	\$ 200.00	60/-
17	TO CHECK & RE-FIX ALL ELECTRICAL WIRINGS	\$ 100.00	44
18	TO COMPUTERIZE DIAGNOSE FAULT CODES & CONTROL UNITS. RESET ALL MEMORIES TO FACTORY DEFAULT SETTINGS	\$ 500.00	150/-

1770.00

LABOUR & S/N TOTAL: \$ 3,080.00

GRAND TOTAL ESTIMATED REPAIR COSTS: \$ 14,621.81

01/09/2022 @ 0930h

W/A Auto

7885.43

4/5 6,300/-

2/3mm 5 days.

P Ryan

Check part prices.

2kk Auto



**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 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	31/08/2022 18:01 (SGT)
Reported by	Driver
Date of Accident	30/08/2022 18:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PASIR RIS TOWN, CHANGI VILLAGE PIE EXIT TWDS TPE(CTE/SLE)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND1883A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ONG HUI MIN AMANDA
NRIC No	SXXXX261G
Email Address	joelgabriel.sundram7@gmail.com
Mobile Phone No	(Phone) +65-90934462
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla180
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	1595

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI21V11470/VPC/R00

### DRIVER

Name of Driver	JOEL GABRIEL SUNDRAM
NRIC No	SXXXX691I
Date Of Birth	03/03/1994

Occupation	Indoor
Date Of Driving Pass	10/01/2020
Driving experience	2 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90628552
Alt. Phone Number	-
Email Address	joelgabriel.sundram7@gmail.com
Address	BLK 941 TAMPINE AVE 5
Address complement	#02-221
Postcode	520941
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Side Swipe
Weather Conditions	Clear
Road Surface	Wet

#### 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	ONG HUI MIN AMANDA
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT?T/20220831/7020

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE7463R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	JOEL GABRIEL SUNDRAM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	SND1883A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	ONG HUI MIN AMANDA
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	SND1883A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No





Describe Circumstance of the Accident

Refer to Police Report No. T/20220831/7020

Declaration

I/We declare the foregoing particulars are true to every respect



Policyholder's Signature Date & Time



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

 31/08/22

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





**SINGAPORE  
POLICE FORCE**



T/20220831/7020

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20220831/7020

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	ONG HUI MIN AMANDA		ID No. S9349261G
Related Vehicle	SND1883A (Car)		Contact No. 90934462
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	31/08/2022	Date	31/08/2022
No. of Days granted Medical Leave	05	Degree of	Serious
<b>Driver</b>			
Name	JOEL GABRIEL SUNDAM		ID No. S9407691I
Related Vehicle	SND1883A (Car)		Contact No. 90628552
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	31/08/2022	Date	31/08/2022
No. of Days granted Medical Leave	05	Degree of	Serious

## Brief Details.

On the stated date & time, I was driving my vehicle, bearing car plate number SND1883A at the above stated location. As the traffic was heavy, I was stopped stationary at the location. All of a sudden, a vehicle bearing car plate number XE7463R collided onto the rear right hand side of my vehicle. My passenger and I felt unwell after the accident and went to consult a doctor at Mount Alvernia. We were both given 5 days MC.