

ASS. REC. BY:

REF:

AIS/220093641kp

ASSIGNMENT

Kenneth

From:

Date:

Estimated Cost:

OD/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:

2pm

(Policy Condition)

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

Bal. or Market Value:

8190k

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:

1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SFE 4177P

Yr Regn:

02, 21

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

Truck / Trailer or

(A)

Wagon

Make:

Mer GUB200

c.c

1332

Colour:

White

A/C:

Insured / Std / NI / NA

Sp. Reading

21441

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WIN 24768 72W 051211

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD / Rlm or

Tyre Size:

F:

R:

235/55R18

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

16/9/22

D.O.I.

23/9/2022

Survey held at

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

Prell. Report

☐

Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation

S - RS. SI

Factors

Others

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

TOTAL

Report Format :

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



FALCON-AIR

FALCON-AIR AUTO SERVICES PTE LTD
Co. Reg. No.: 199501140D
GST Reg. No.: 199501140D

TAN KWANG MING
C/O 176 SIN MING DRIVE #01-06/07
SIN MING AUTOCARE 575721

Attention : Motor Claim Department
Contact : 98484686

Not Authorized
Mummy B & pain
2-3 days

Estimate : ES012475

Date : 23/09/2022
Vehicle Num. : SFZ 4177P
Make/Model : MERCEDES GLB200 SPORT-2020/2021
Chassis/Eng# : W1N2476872W051211
Accident Date : 16/09/2022
Claim No. :
Reference : TP - MSIG AGT ALLIANZ (SM)
Policy No. : W1N2476872W051211

| S/N | Quantity | Particular | Unit Price | Amount S\$ |
|-----|----------|------------|------------|------------|
|-----|----------|------------|------------|------------|

LIST ITEMS :

- | | | |
|----|------|------------------------|
| 1. | 1 PC | REAR BUMPER TOP CHROME |
| 2. | 1 PC | REAR BUMPER TOP |
| 3. | 1 PC | REAR BUMPER LOWER |
| 4. | 1 PC | REAR BUMPER CHROME |
| 5. | 1 PC | REAR BUMPER DIFFUSER |
| 6. | 1 PC | REAR BUMPER TOP BEAM |
| 7. | 1 PC | REAR BUMPER LOWER |

List Total S\$:
10.00% Discount S\$:

| | | |
|-------|-----------------|---|
| Bu | 190.00 | ✓ |
| | 1,050.00 | ✓ |
| CM | 580.00 | ✓ |
| Od/ur | 880.00 | ✓ |
| | 350.00 | ✓ |
| | 160.00 | ✓ |
| | 200.00 | ✓ |
| | 3,410.00 | |
| | 341.00 | |
| | 3,069.00 | |

SPECIAL NETT ITEMS :

- | | | |
|----|-------|------------------|
| 1. | 1 SET | REVERSE SENSOR |
| 2. | 1 SET | REAR BUMPER CLIP |
| 3. | 1 SET | RIVET |

Special Nett Total S\$:

| | | |
|----|---------------|---|
| mi | 250.00 | ✓ |
| na | 80.00 | ✓ |
| | 60.00 | ✓ |
| | 390.00 | |

LABOUR :
TO REFIT REVERSE SENSOR ONTO NEW BUMPER

50.00 ✓

CONTINUE / ...

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:

FALCON | AIR AUTO SERVICES PTE LTD
(a subsidiary of Falcon-Air Holdings Pte Ltd)

Head Office : Blk 176 Sin Ming Drive #01-06/07/13, #05-17 Sin Ming Autocare S(575721) Tel: 6452-0880 / 6458-0880 Fax: 6454-7862
Branches : Tampines St 93 Blk 9006 #01-200 S(528840) Tel: 6789-7997 Fax: 6788-7997 • No 8 Pandan Loop (Blk 1/Blk K) S(128226) Tel: 6779-5665 Fax: 6779-1110
Website: www.falconair.com.sg Email: email@falconair.com.sg



FALCON - AIR

FALCON - AIR AUTO SERVICES PTE LTD

Co. Reg. No.: 199501140D
GST Reg. No.: 199501140D

TAN KWANG MING
C/O 176 SIN MIG DRIVE #01-06/07
SIN MING AUTOCARE 575721

Attention : Motor Claim Department
Contact : 98484686

Estimate : ES012475

Date : 23/09/2022
Vehicle Num. : SFZ 4177P
Make/Model : MERCEDES GLB200 SPORT-2020/2021
Chassis/Eng# : W1N2476872W051211
Accident Date : 16/09/2022
Claim No. :
Reference : TP - MSIG AGT ALLIANZ (SM)
Policy No. : W1N2476872W051211

| S/N | Quantity | Particular | Unit Price | Amount S\$ |
|-----|----------|--|------------|------------|
| | | TO REPAIR INNER PANEL INCLUDING REPLACEMENT OF PARTS | | 450.00 |
| | | TO SPRAY REAR BUMPER, INNER PANEL | | 450.00 |
| | | Labour Total S\$: | | 950.00 |

2501
2501

E. & O.E.

Total S\$: 4,409.00

for FALCON AIR AUTO SERVICES PTE LTD

The quotation was prepared from visual inspection. Further materials and labour charges may be required when repair commences. We will advise you accordingly.

FALCON - AIR AUTO SERVICES PTE LTD
(a subsidiary of Falcon-Air Holdings Pte Ltd)

Head Office : Blk 176 Sin Ming Drive #01-06/07/13, #05-17 Sin Ming Autocare S(575721) Tel: 6452-0880 / 6458-0880 Fax: 6454-7862

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Website: www.falconair.com.sg Email: email@falconair.com.sg

SF0F229H0002 / FALCON AIR AUTO SERVICES PTE LTD [575721]
ENTRY DATE & TIME: 17/09/2022 12:48 (SGT)
SUBMITTED BY: Jacqueline Ng
VERSION: 1 (17/09/2022 12:48 (SGT))

SINGA

NOTICE
must be correct
provided

accept
ording.
be for
this
of

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 | 17/09/2022 12:48 (SGT) |
| Reported by | Both |
| Date of Accident | 16/09/2022 22:07 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | CTE TOWARDS AMK |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFZ4177P

INSURED/POLICYHOLDER

| | |
|--------------------------|-----------------------|
| Is company? | No |
| Name Of Registered Owner | TAN KWANG MING |
| NRIC No | SXXXX156J |
| Email Address | DANNYKM.TAN@GMAIL.COM |
| Mobile Phone No | (Phone) +65-98484686 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mercedes |
| Model | GLB200 |
| 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 | 1332 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------------------|
| Name of Insurance Company | MSIG Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | A 300534439 QMX |

DRIVER

| | |
|----------------|----------------|
| Name of Driver | TAN KWANG MING |
| NRIC No | SXXXX156J |
| Date Of Birth | 13/06/1972 |
| Occupation | Indoor |

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 Actual 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 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

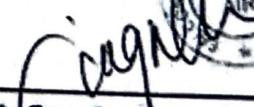
8. Consent under the Personal Data Protection Act (PDPA)

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

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


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

Sketch Plan

CTE Towara Ang Mo Kio Near Bradell Rd Exit.
Lane 1.



A: SFZ 4177P

B: SKT 7352C