

ASS. REC. BY:

REF: FCZ/22010284/K

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/s Topical

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

11an

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: 895k

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SKX 9929E Yr Regn: 01, 16

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

Truck / Traller or _____

Make: Mer C200 c.c. 1991

Colour: M.P White A/C: Insured / Std / NI / NA

Sp. Reading: 39762 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 20 504 22R 112556

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modf: Nil / 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 Continental

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 12/10/22 D.O.I. 9/11/2022

Survey held at _____

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prell. Report

: Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation

_____ \$ - RS. SI

Paints

Others

TOTAL

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Report Format :

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

Tropical Tech Automobile Services

BLK 5032 ANG MO KIO AVENUE 3 #01-303 INDUSTRIAL PARK 2 SINGAPORE 569535

TEL : 6481 7773 / 6481 1403 FAX : 6484 4978

E-mail : tsac303@singnet.com.sg

M / s : **MS First Capital Insurance Ltd**
6, Raffles Quay, #21-00,
Singapore 048580

Attn : **Motor Claims Department**
Tel : 65073848
Fax : 65073849

Not Not harm
11 Day @
Meaning After Paint
3 days

Estimate bill : TT 36 / 22 / TP / WT
Registration No : SKX9929E
Make / model : MB C200 (205)

Mileage : _____ Date : 15 / 10 / 2022

TRAFFIC ACCIDENT INVOLVING VEHICLE BEARING REGISTRATION NO: SBJ21M AND SKX9929E ALONG EVANS ROAD ON 12 OCTOBER 2022 AT ABOUT 1305HRS.

1pc	Rear tail lamp (RH)	\$	<i>CM</i>	998.00	✓
1pc	Rear tail lamp lower bracket (RH)	\$		135.00	✓
1pc	Rear bumper	\$	<i>Bu</i>	1,699.00	✓
1pc	Rear bumper parktronic sensor (RH, Outer)	\$		270.00	✓
1pc	Rear bumper towing cover	\$	<i>in</i>	95.00	X
1pc	Rear bumper lip	\$	<i>in</i>	351.00	X
1pc	Rear bumper side retainer (RH)	\$	<i>BIT</i>	95.00	✓
	Sub total :	\$		3,643.00	
	Less 10% discount :	\$		364.30	
	A total amount :	\$		3,278.70	

Remove and transfer rear bumper necessary attachment spart part items.

Remove and refit rear tail lamp (RH), rear tail lamp lower bracket (RH), rear bumper, rear bumper parktronic sensor (RH, Outer), rear bumper towig cover, rear bumper lip, rear bumper side retainer (RH).

Panel / beating rear RH fender, heat / weld / beating / pull / straighten / align rear chassis frame by Chassis Aligment jack.

Diagnostic and reset rear bumper parktronic sensor fault error by HHT

To check and refit rear tail lamp wiring harness.

Under coating on rear damaged portion.

Putty / primer application, spray painting rear RH fender, rear bumper, rear bumper parktronic sensor (RH, Outer, rear bumper towing cover (Pearl White).

Grand final amount :

300
\$ 900.00
60
\$ 100.00
20
\$ 80.00
200
\$ 200.00 X
400
\$ 1,000.00
\$ 5,558.70

Tropical Tech Automobile Services

[Handwritten Signature]


(Authorised Signature)
William Tan

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.

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed to 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 rescind 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 placement 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 vehicles involved in this accident; (a) insurer(s) who have insured vehicles 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 transfer of correspondence/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 vehicles 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 the lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

13/10/2022
0930HRS

Policyholder's Signature / Date & Time

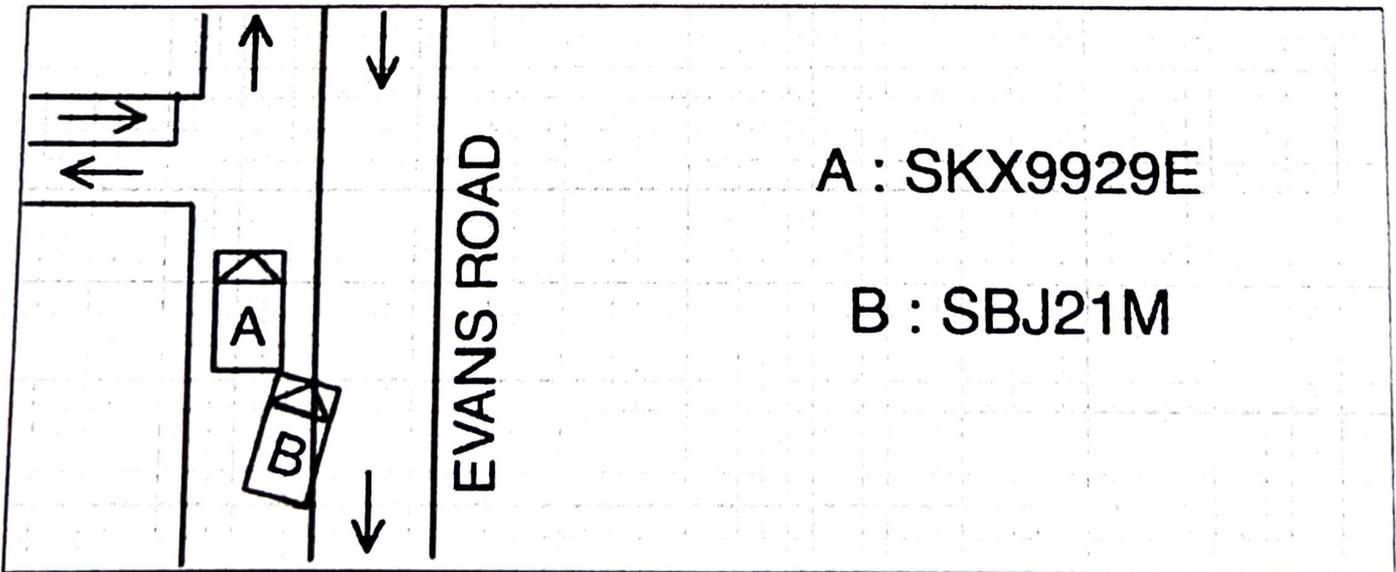
Driver's Signature / (If not the policyholder) Date & Time

13/10/2022
0930HRS

Witnessed by Reporting Centre Personnel (Name and KR CID card)

SUMAN SUKUMAR
S990968

Sketch Plan



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	13/10/2022 09:29 (SGT)
Reported by	Driver
Date of Accident	12/10/2022 13:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EVANS ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX9929E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NGIAM TONG TAU
NRIC No	S1090355F
Email Address	ngiamtongtau@gmail.com
Mobile Phone No	(Phone) +65-90100612
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C200
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	2000

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5076965140-06

DRIVER

Name of Driver	NINA LU SOO HIA
NRIC No	S0279570A
Date Of Birth	04/06/1946
Occupation	Indoor