

ASS. REC. BY:

REF:

AG2/22010812/KW

Kenneth

ASSIGNMENT

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:

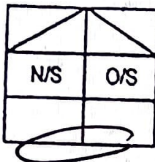
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

4-5 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:

SME 2732

Yr Regn:

12.19

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

Truck / Trailer or

Make:

MVR E200

C.C.

1991

Colour

M.D. Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

42058

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WDD2130422A 540646

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

245/408R19

R:

245/408R19

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

28/10/22

D.O.I.

1/11/2022

Survey held at

Des. 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

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS - SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

**BCC AUTOMOTIVE PTE LTD**

BLK 1 SIN MING IND. ESTATE SECTOR C
#101/103/105 SINGAPORE 575636
Tel: +65 6552 5588 Fax: +65 6552 7750
Email: enquiry@bcc.sg Website: www.bcc.sg

QUOTATION

Company / GST Reg No : 2005070632

Quotation No : **SMQ17180**

Quotation Date : **2022-10-28**

Date

Vehicle Reg No : SME273Z
Name : BUDGET DIRECT INSURANCE
Address : 1, 1, SINGAPORE, 1
Contact No :
Email :

Make & Model : MERCEDES BENZ - E200 AMG LINE
Chassis No : WDD2130422A540646
Mileage : 42058 KM
Officer-In-Charge : KARSENG
Page : 1 of 2

Not Authorized

Running B4 point

4-5 days

No	Description	Unit Price	Qty	Disc (%)	Amount	
1	BOOT LID	2350.00	1.00	10.00	2,115.00	✓
2	BOOT LOCK	450.00	1.00	10.00	450.00	X
3	BOOT CATCH	193.50	1.00	10.00	193.50	X
4	REAR BUMPER	2150.00	1.00	10.00	1,935.00	✓
5	REAR BUMPER TOW COVER	171.00	1.00	10.00	171.00	✓
6	REAR BUMPER LH BRACKET	144.00	1.00	10.00	144.00	?
7	REAR BUMPER RH BRACKET	144.00	1.00	10.00	144.00	?
8	REAR BUMPER CENTER BRACKET	328.50	1.00	10.00	328.50	?
9	REAR LOWER SPOILER	747.00	1.00	10.00	747.00	✓
10	REAR LOWER SPOILER RH EXHAUST	832.50	1.00	10.00	832.50	?
11	REAR LOWER SPOILER LH EXHAUST	832.50	1.00	10.00	832.50	?
12	REAR REVERSE SENSOR	648.00	1.00	10.00	648.00	✓
13	REAR REINFORCEMENT	747.00	1.00	10.00	747.00	?
14	REAR END PANEL OUTER	675.00	1.00	10.00	675.00	?
15	REAR END PANEL INNER	738.00	1.00	10.00	738.00	X
16	LABOUR CHARGES TO TRANSFER REAR BOOT LID WIRE HARNESS	300.00			300.00	601
17	TO PANEL BEAT ON THE AFFECTED AREA	2,000.00	1.00		2,000.00	?
18	TO SPRAY PAINT ON THE AFFECTED AREA	2,000.00	1.00		2,000.00	8001

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:

**BCC AUTOMOTIVE PTE LTD**

BLK 1 SIN MING IND. ESTATE SECTOR C
#101/103/105 SINGAPORE 575636
Tel: +65 6552 5588 Fax: +65 6552 7750
Email: enquiry@bcc.sg Website: enquiry@bcc.sg

QUOTATION

Company / GST Reg No: 2005070632

Quotation No: **SMQ17180**

Quotation Date: **2022-10-28**

Vehicle Reg No : **SME273Z**
Name : **BUDGET DIRECT INSURANCE**
Address : **1, 1, SINGAPORE, 1**
Contact No :
Email :

Make & Model : **MERCEDES BENZ E200 AMG LINE**
Chassis No : **WDD2130422A540646**
Mileage : **42058 KM**
Officer-In-Charge : **KARSEN**
Page : **2 of 2**

No	Description	Unit Price	Qty	Disc (%)	Amount
19	TO REMOVE THE REAR TRIM BOARD TO FACILITATE REPLACE THE REAR END PANEL	300.00	1.00		300.00

602

NOTE:

1. This quotation is only the estimated cost of repair. Any additional works and parts be required during the course of repair, a supplementary quote will be submitted.
2. If you decide to terminate the repair after our diagnosis, a diagnostic fee will apply according to the job performed.

Sub-Total : 15,301.00
Add GST 7% : 1,071.07
Estimated Total Amt (SGD) : **16,372.07**

CUSTOMER'S AUTHORIZATION
I agree to this quotation and hereby authorize to proceed with the above listed repairs.

CUSTOMER'S SIGNATURE _____
(& Co's Stamp, WHERE NECESSARY)

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 28/10/2022 10:33 (SGT)
Reported by Both
Date of Accident 28/10/2022 07:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information along KPE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SME273Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ADRIAN CHUA KHENG LIN
NRIC No S7736073E
Email Address ADRIANCHUA@EMAIL.COM
Mobile Phone No (Phone) +65-98899877
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E200
Variant -
Exact purpose for which vehicle was being used at time of accident -
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 5123855199

DRIVER

Name of Driver ADRIAN CHUA KHENG LIN
NRIC No S7736073E
Date Of Birth 01/12/1977
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 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.
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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

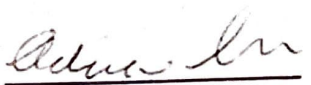
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

CITY AUTO PTE LTD

Blk 8 Sin Ming Road
#01-50/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944

(Claims Section)

Witnessed by Reporting Centre
Personnel


Policyholder's Signature / Date &
Time

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

Sketch Plan

