

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OO: TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop n/s _____
 of _____
 insured: **SHB 366P**
 Policy No. _____
 Claims No. **TAX/10/22/2086**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: **SNF 1019T** Yr Regn: **29/6/22**
 Type: ☒ Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /
 Truck / Trailer or _____
 Make: **Mercedes Benz C180** cc **1996**
 Colour: **Blue** A/C: ☐ Insured / ☐ Std / ☐ Nil / ☐ NA
 Sp. Reading **8241** T/Radio: ☐ Insured / ☐ Std / ☐ Nil / ☐ NA
 Eng/No: _____
 C/N: **W1K2060419R0323159**
 Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt
 Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
 Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or
 Modi: ☒ Nil / ☐ STD A/Rim or
 Tyre Size: F: **225/50R21**
 R: _____
 BS / ☒ DUN / ☐ EXNOVA / ☐ GY / ☐ FS / ☐ LIZA / ☐ MIC / ☐ OHTSU / ☐ PIR / ☐ SUMI /
 TOYO / YOKO or _____

N/S	O/S

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

Est. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Vel.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____

Front R/Bal. **4** mm R/Ral. **4** mm
 L/Bal. **4** mm L/Ral. **4** mm
 D.O.A. **27/10/22** Cycle
 Survey held at _____
 Des. of Damages: ☐ Fnt / ☐ Rear / ☐ O/S / ☐ N/S / ☐ UIC / ☐ Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time: _____ Action/Instruction
MV-230K

10/1/23 Final fig \$2489.53 confirmed by email (red 3172.86, 56%)

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

Date/Time, File Return to?

2) 10/1/23-typist

Report Format: **TP**
 Lump Sum / L.S. (\$) **\$2489.53**

Days Of Repair: **3**

Resurvey No. of Trip: **1**

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

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL



Mercedes-Benz

Cycle & Carriage
Industries Pte Limited
Authorized Dealer
Company No. 196409367N
GST Reg No. MR 8560111 X

ESTIMATE FOR SNF1019T

MS FIRST CAPITAL INSURANCE LIMITED

MOTOR CLAIM DEPARTMENT
6 RAFFLES QUAY
#21-00
SINGAPORE 048580
65073848

Vehicle & Document Information
WIP No 60569
Reg No/Reg Date SNF1019T / 29/04/2022
Date In/Mileage / 0
Chassis No W1K2060412R0323159
Engine No 254915V0032719
Make/Model MB/C 180
Colour/Trim 028 890 Cavansite B/ 041 104 Leather Sie

Account No	Terms	Date/Time Printed	CSE	Operator
WF001862	Credit	14/11/2022/ 09:23	VS	356 / Vincent Seah

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
Z REQUEST				
Customer Request				
M BPNSUN				
POLICY NO/ACC DATE : 7220047339 // 27.10.2022				
DRIVE IN/EXCESS : 27.10.2022 // TP CAR NO.: SHB366P=FIRST CAPITAL				
DATE IN/DATE SURVEY: 14.11.2022//				
DIRECT SETTLEMENT: Ana Magnaye// STRIDES AUTOMOTIVE				
M BPNSUN				15.00 ✓
SUNDRIES				
A BPILAB			0.10	380.00 ✓
USING XENTRY DIAGNOSTIC TO CHECK ON CONTROL UNIT RESET MEMORY TO IDENTIFICATION STANDARD. NETT				
A BPILAB				960 1200.00
PANEL BEAT TO REPAIR AFFECTED AREAS , REMOVE AND REPLACE WITH NEW BODY PANELS WITH REFINISH.				
A BPIRES				800 1200.00
RESPRAY ON FRONT BUMPER AND ACCIDENT AFFECTED AREA				
S BPNSUB				60.00 ✓
SUPPLY 1 SET NUMBER PLATE WITH HOUSING-NETT				
FRONT				
M FRONT BUMPER X R	1.00	1432.04	00.00	1432.04
M AIR DUCT SEGMENT	1.00	133.70	00.00	133.70
M LICENSE PLATE HOLDER	1.00	134.42	00.00	134.42
M RAD. CHROME TRIM CRH	1.00	274.53	00.00	274.53
M RAD. PROTECTIVE GRILLE	1.00	142.12	00.00	142.12
M BASE PLATE STAR	1.00	467.63	00.00	467.63
M RAD. GRILLE CARRIER	1.00	222.95	00.00	222.95

LKK Auto Consultants hence notify

the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey

• Parts used 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

Authorized signature and company stamp

Signature:

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required.

Estimated costs quoted 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 a deposit of 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 pay full amount 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.

Pandan Loop Service Center
188 Pandan Loop
Singapore 128378
Tel: 6777 8388
Fax: 6779 5383
www.mercedes-benz.com.sg



and Mercedes-Benz are trademarks of Mercedes-Benz Group AG

Page 1 of 1

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 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 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 27/10/2022 17:15 (SGT)
Reported by Both
Date of Accident 27/10/2022 02:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information JALAN BESAR
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNF1019T
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner CHEN YONGZHI
NRIC No SXXXX378C
Email Address SETH@HMINGSG.COM
Mobile Phone No (Phone) +65-90044305
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model C180
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 1496

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 7220047339

DRIVER

Name of Driver CHEN YONGZHI
NRIC No SXXXX378C
Date Of Birth 16/05/1983
Occupation Indoor

Date Of Driving Pass 03/10/2006
 Driving experience 16 YEARS
 Gender Male
 Mobile Number (Phone) +65-90044305
 Alt. Phone Number
 Email Address SETH@HMINGSG.COM
 Address BLK 14 TECK WHYE LANE #15-202
 Address complement
 Postcode 680014
 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 Hit and run / Vandalism / Damaged whilst parked
 Weather Conditions Raining
 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? No
 Was any injured conveyed to hospital by ambulance? -
 Was any other vehicle or property damaged? Yes
 Number of Passengers (Including Driver) 0
 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 -

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

ON 27/10/2022 AT ABOUT 0205HRS, VEHICLE A WAS STAIONARY ALONG JALAN BESAR ON THE RIGHT SIDE OF THE ROAD JUST IN FRONT OF SWEE CHOON SHOP. AS VEHICLE A WAS UNATTENDED AT THAT POINT OF TIME, VEHICLE A DRIVER WITNESS VEHICLE B REVERSING INTO VEHICLE A. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

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 SHB366P
 Vehicle Manufacturer Toyota
 Vehicle Model Prius
 Vehicle Variant
 Vehicle Colour
 Vehicle Category Taxi

Name of Driver	MUHAMMAD SALIM BIN ABDULLAH
NRIC No	SXXXX362C
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

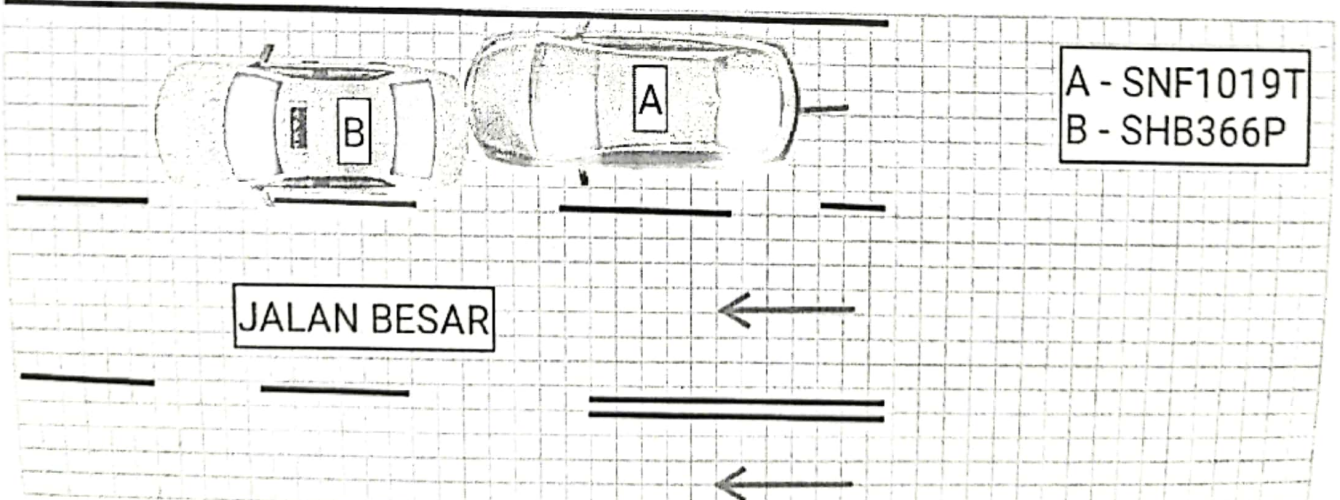
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.
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 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 27/10/2022 0250hrs

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 27/10/2022 AT ABOUT 0205HRS, VEHICLE A WAS STATIONARY ALONG JALAN BESAR ON THE RIGHT SIDE OF THE ROAD JUST INFRONT OF SWEE CHOON SHOP. AS VEHICLE A WAS UNATTENDED AT THAT POINT OF TIME, VEHICLE A DRIVER WHO WAS WALKING TOWARDS HIS VEHICLE WITNESS VEHICLE B REVERSING INTO VEHICLE A. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time 27/10/2022 0250hrs

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

Witnessed by Reporting Centre
Personnel