

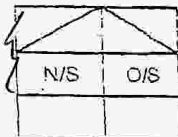
AE.S. REC:BY: Toupin REF: CS/CT122011638/Tup3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / VS / 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: \$86k
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Veh No: SKZ8652Z Yr Regn: 2008/ Feb.
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Mercedes Benz C180 C.C. 1796
 Colour: Red A/C: Insured / Std / NI / NA
 Sp. Reading: 12 4860 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WDD2040462A 08 7779
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 225/45 R17
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front: _____ Rear: _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.L. 21/11/22
 Survey held at Rijust
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S Frt
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time File Pass 10? ☐ Preli. Report
 Date/Time File Return 10? ☐ Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weighing (\$ _____)

Repair Formset: _____

Lum Sum / L. Bal. Pp. _____

BIFROST AUTO PTE LTD

8 KAKI BUKIT AVE 4, PREMIER @ KAKI BUKIT

#01-49 SINGAPORE 415875

Tel: +65 64524457

Fax: +65 64524584

Company Reg No: 201929175W

Repair Estimate

Vehicle number: SKZ8652Z

Make & Model: Mercedes Benz C180

Chassis number: WDD2040462A87779

Date of survey:

Name of surveyor:

Contacts:

No.	Description of spare parts	Qty	Amount S\$
1	Front bumper	1	\$ <i>de</i> 1,496.00
2	Front bumper RH chrome moulding	1	\$ <i>x</i> 156.00
3	Front bumper LH chrome moulding	1	\$ <i>x</i> 156.00
4	Front bumper LH fog lamp	1	\$ <i>x</i> 498.00
5	Front bumper LH fog lamp cover	1	\$ <i>x</i> 84.00
6	Front bumper LH fog lamp cover chrome	1	\$ <i>x</i> 101.00
7	Front bumper LH side retainer	1	\$ <i>x</i> 43.00
8	Front bumper RH side retainer	1	\$ <i>x</i> 43.00
9	LH headlamp assy	1	\$ <i>x</i> 2,020.00
10	LH front fender	1	\$ <i>bt</i> 891.00
11	LH front fender emblem	1	\$ <i>re</i> 72.00
12	LH front fender splash shield (front)	1	\$ <i>x</i> 188.00
13	LH front fender splash shield (rear)	1	\$ <i>x</i> 156.00
14	LH front shock absorber	1	\$ <i>x</i> 732.00
15	LH front lower arm	1	\$ <i>x</i> 641.00
16	LH front knuckle arm	1	\$ <i>f</i> 1,140.00
17	LH front wheel bearing	1	\$ <i>x</i> 485.00
18	LH front wheel hub	1	\$ <i>x</i> 381.00
19	LH front upper arm	1	\$ <i>x</i> 742.00
20	LH front tie rod end	1	\$ <i>x</i> 156.00
21	Steering rack and pinion	1	\$ <i>x</i> 2,745.00
22	LH side mirror assy	1	\$ <i>x</i> 1,353.00
23	LH side mirror assy cover	1	\$ <i>x</i> 236.00
24	LH front door	1	\$ <i>x</i> 2,578.00
25	LH front door upper chrome moulding	1	\$ <i>x</i> 165.00
26	LH front door weatherstrip	1	\$ <i>x</i> 285.00
27	LH front door lock	1	\$ <i>x</i> 405.00
28	LH front door inner trim board	1	\$ <i>x</i> 1,231.00
29	LH front door lower rubber seal	1	\$ <i>x</i> 62.00
30	LH front door frame black garnish	1	\$ <i>x</i> 77.00
31	LH front door frame side black garnish	1	\$ <i>x</i> 54.00
32	LH side rocker panel spoiler	1	\$ <i>x</i> 708.00

1 For LH mirror *int*

	\$	20,080.00
Parts less 10%	\$	2,008.00
Total	\$	18,072.00

No.	Special Nett Items	Qty	Amount S\$

1	Front bumper clips	1set	\$ 300 80.00
2	Front LH tyre	1	\$ X 650.00
3	Brake fluid	1	\$ X 80.00
4	LH front fender splash shield clips (front)	1set	\$ X 60.00
5	LH front fender splash shield clips (rear)	1set	\$ X 60.00
6	LH front door inner trim board clips	1set	\$ X 70.00
		Total:	\$ 1,000.00

No.	Labour and painting	Amount S\$
1	Labour charges to remove, check, replace and reinstall damages bodyparts. To panel beating, cut/weld and realign all affected panels and areas	\$ 300 1,200.00
2	Spray painting on affected areas and panels	\$ 450 1,000.00
3	Check wiring and lighting system on affected areas	\$ X 80.00
4	Apply rust coating chemical on affected areas and panels	\$ 30 60.00
5	Refocus and adjust headlamps assy	\$ X 80.00
6	Test drive and adjust wheel alignment system	\$ 80 180.00
7	Remove and replace front undercarriage parts to assist repair	\$ X 480.00
8	Remove and replace LH front door inner mechanism to new door	\$ X 180.00
9	Reset and diagnose fault code and control unit after repair	\$ X 450.00
		Total: \$ 3,710.00

Agreed Amount: _____ (Part by Part / Lump sum)
Working days: _____

Spare Parts: \$ 18,072.00
Special Nett: \$ 1,000.00
Labour: \$ 3,710.00

Total Amount: \$ 22,782.00

Tanpin 97495749
wp 21/11/22 @ 1245:
L/S passing after repair
Tanpin @ 16:00 on
03 days
- To check consistency of accident
- To check part prices

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	15/11/2022 17:35 (SGT)
Reported by	Both
Date of Accident	14/11/2022 18:33 (SGT)
Exact Location of Accident	400 Orchard Rd, Singapore 238875
Additional Location Information	ORCHARD TOWER CARPARK LEVEL 3 SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ8652Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KRYSTAL LEE MIAO ZHI
NRIC No	S9307351G
Email Address	KRYSTALLMZ@GMAIL.COM
Mobile Phone No	(Phone) +65-43868266
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180k
Variant	MERCEDES BENZ / C180K
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	1796

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA606461/1

DRIVER

Name of Driver	KRYSTAL LEE MIAO ZHI
NRIC No	S9307351G
Date Of Birth	25/02/1993
Occupation	Indoor

Date Of Driving Pass	16/01/2013
Driving experience	9 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93869266
Alt. Phone Number	-
Email Address	KRYSTALLMZ@GMAIL.COM
Address	APT BLK 659B JURONG WEST STREET 65 #13-309
Address complement	-
Postcode	642659
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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

REFER TO ATTACHED
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD
TEL 67415336

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	SJL1996M
Vehicle Manufacturer	Honda
Vehicle Model	Stream
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	LEE SENG KIM
NRIC No	S0606998C
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNA4284A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-


DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SND5803E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-


SKETCH PLAN

IMPORTANT NOTICE

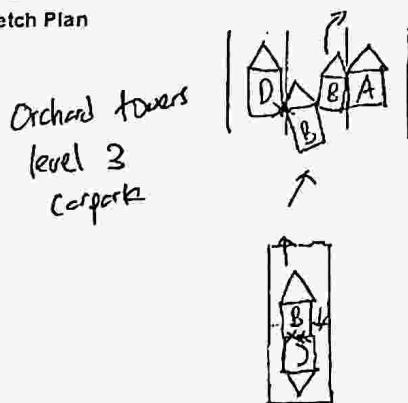
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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


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


Witnessed by Reporting Centre Personnel

Sketch Plan




A- SKZ 8652Z
B- SJL 1996M
C- SNA 428AA
D- SND 5803E

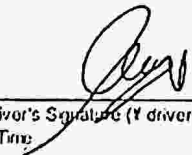
Describe Circumstances of the Accident

On the stated date and time, My vehicle was parked stationary in the lot on the stated location. When I was walking back to my vehicle, I realised damage on my vehicle and Owner of Vehicle D informed me that VRN 55L 1996 M had collided onto my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

> Back to OneMotoring

MV: \$86K.

CC: 1796

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

351G

Vehicle Details

Vehicle No.:

SKZ8652Z

Vehicle to be Exported:

Yes

Intended Deregistration Date:

18 Nov 2022

Vehicle Make:

MERCEDES BENZ

Vehicle Model:

C180K

Primary Colour:

Red

Manufacturing Year:

2007

Engine No.:

27195230987971

Chassis No.:

WDD2040462A087779

Maximum Power Output:

115.0 kW (154 bhp)

Open Market Value:

\$35,656.00

Original Registration Date:

29 Feb 2008

First Registration Date:

29 Feb 2008

Transfer Count:

2

Actual ARF Paid:

\$39,222.00

Intended PARF Rebate Details

PARF Eligibility:

Forfeited

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

30 Nov 2027

COE Category:

B - Car (1601cc & above)

COE Period(Years):

10

PQP Paid:

\$50,168.00

COE Rebate Amount:

\$25,251.00

Total Rebate Amount:

\$25,251.00

The information contained herein is correct as at 17 Nov 2022

OK