

ASS. REC. BY:

REF:

AG1 / 22012026/K

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

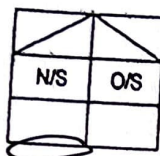
Excess:

(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:

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:

SNA 814

Yr Regn:

10, 20

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

Truck / Trailer or

Make:

MC

GLC300

c.c

1991

Colour

White

A/C:

Insured / Std / NI / NA

Sp. Reading

24008

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WIN 2533842F 804185

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / RIM or

Tyre Size:

F:

235/55R19

R:

235/50R19

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

TOYO / YOKO or

Front

R/Bal.

8

mm

Rear

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

24/11/22

D.O.I.

5/12/2022

Survey held at

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

Rear N/S

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trlp:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL


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 : **Auto & General Insurance (Singapore) Pte Ltd**  
190, Clemenceau Avenue, #03-01,  
Singapore Shopping Centre,  
Singapore 239924

Attn : Motor Claims Department  
Tel : 6221 2111  
Fax : 6725 0611

Estimate bill : TT 42 / 22 / TP / WT

Registration No : SNA8H

Make / model : MB GLC300 (253)

Mileage :

Date : 02 / 12 / 2022

**TRAFFIC ACCIDENT INVOLVING VEHICLE BEARING REGISTRATION NO: SKJ9992U AND SNA8H ALONG  
CTE ON 24 NOVEMBER 2022 AT ABOUT 1820HRS.**

1pc	Rear bumper		\$	1,619.00	✓
6pcs	Rear bumper parking sensor	(Each \$228.00)	\$	1,368.00	X
6pcs	Rear bumper parking sensor seal ring	(Each \$17.00)	\$	102.00	X
1pc	Rear bumper lip		\$	1,241.00	✓
1pc	Rear bumper lip chrome trimming (LH)		\$	324.00	?
1pc	Rear bumper lip chrome trimming (Centre)		\$	243.00	?
1pc	Rear bumper sponge		\$	216.00	?
1pc	Rear bumper frame		\$	338.00	?
	Sub A total :		\$	5,451.00	
	Less 10% discount :		\$	545.10	
	A total :		\$	4,905.90	

Remove and transfer rear bumper necessary attachment spart part items.

Remove and refit rear bumper, rear bumper parking sensors, rear bumper parking sensor seal rings, rear bumper lip, rear bumper lip chrome trimming (LH), rear bumper lip chrome trimming (Centre), rear bumper sponge, rear bumper frame.

Heat / weld / beating / pull / straighten / align rear chassis frame by Chassis Alignment 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 end panel, rear bumper, rear bumper parking sensors.

**Grand final amount :**

**\$ 6,885.90**

Tropical Tech Automobile Services

( Authorised Signature )  
William Tan



*Not Authorised  
Runway B4 paint  
2-3 days*

**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

Page 1 of 1

Acknowledged by Repairer

Signature:

Date:



## IMPORTANT NOTICE

## SKETCH PLAN

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 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 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 making 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.

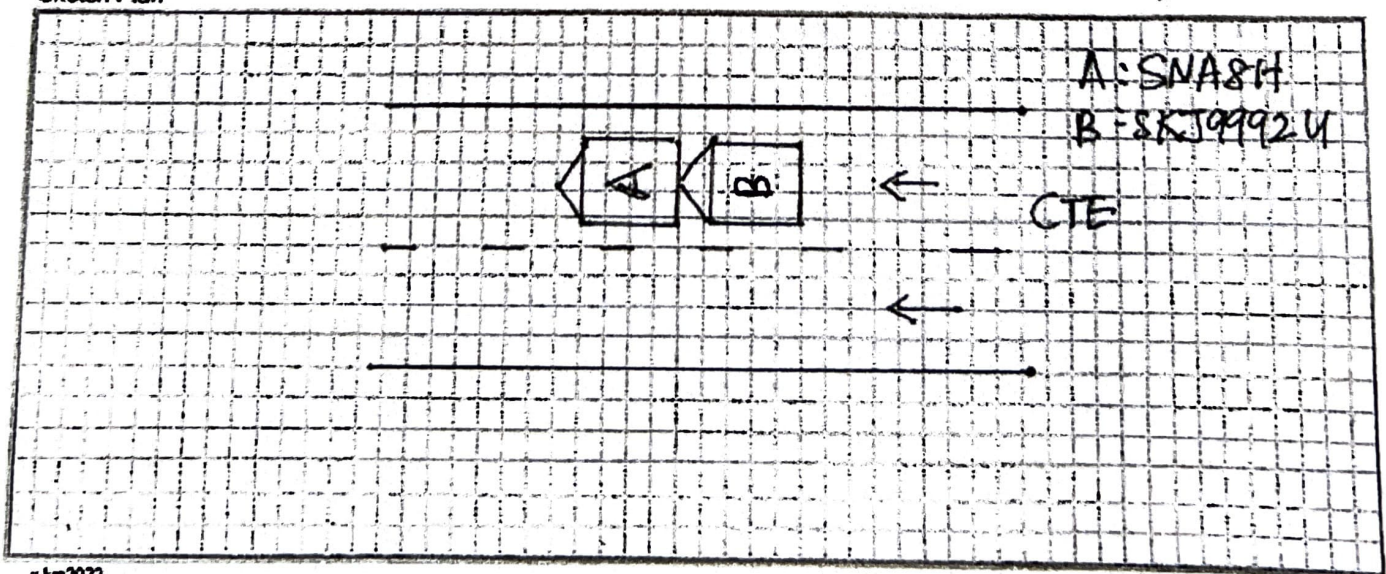
Policyholder's Signature / Date & Time

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





# 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	29/11/2022 15:53 (SGT)
Reported by	Both
Date of Accident	24/11/2022 18:20 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE SINGAPORE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA8H
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## INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOR JIUNN LONG
NRIC No	S8103926G
Email Address	rambo81biz@gmail.com
Mobile Phone No	(Phone) +65-88339999
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	GLC300
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	5131202095

## DRIVER

Name of Driver	KOR JIUNN LONG
NRIC No	S8103926G
Date Of Birth	22/01/1981
Occupation	Indoor





T/20221126/2093

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Report No. T/20221126/2093

Station Of Origin:  
N.P.C  
Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	KOR JIUNN LONG	ID No.	S8103926G
Related Vehicle	SNA8H (Car)	Contact No.	88339999
Hospital/Clinic	KILLINEY MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	25/11/2022	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LIM MENG JEE	ID No.	S6940136H
Related Vehicle	NIL	Contact No.	96200676
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

**Brief Details.**

On the above-mentioned date, time. I was driving along CTE Expressway and had just exited to Orchard Exit 6. There was heavy traffic along the exit and my car was stationary waiting for the cars in front to move off from the traffic light. When I was waiting. I felt a bump on the back of my vehicle and a sudden jerk, I exited the vehicle and saw a Honda civic collided to the back of my vehicle. I approached the driver, and we exchanged particulars, the driver had also kept apologizing to me. My vehicle's back bumper had a small crack and his vehicle front bumper alignment went off and radiator was leaking. I also felt pain on my neck area however did not call for ambulance at that point of time. There was no assault or threat that took place.

After the accident on the 25/11/2022 at about 1100hrs. I decided to see a doctor as I was feeling pain on my neck and shoulder area, I went to Killiney Medical Clinic and was given 3 days MC by the doctor.