

ASS. REC. BY:

REF:

FC2/220120421kw

SN08

C

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 ~~66~~ 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:

SKN1213

Yr Regn:

09, 14

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

Truck / Trailer or

Make:

Mercedes P350

c.c

2987

Colour

N. Black

A/C:

Insured / Std / NI / NA

Sp. Reading

534446

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WDD 2221322A 086453

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

245/50R18

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal.

R/Bal.

L/Bal.

L/Bal.

D.O.A.

D.O.A.

Survey held at

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1 Est not ready

24/5 L1 Rm @ 3450L Carw 30/5/23 @ 04 days (Red # 7,039.00 / 67%)

Date/Time, File Pass to?

30/05/2023

1) Typist

Date/Time, File Return to?

2)



: Prel. Report



: Final Report

Days Of Repair:

4

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S - RS. \$

Fees

Others

TOTAL

Report Format: TP

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

45 \$3,450.00

[➤ Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:

Company

Owner ID:

869G

Vehicle Details

Vehicle No.:

SKN1213S

Vehicle to be Exported:

Yes

Intended Deregistration Date:

01 Dec 2022

Vehicle Make:

MERCEDES BENZ

Vehicle Model:

S350 BT L (R18 LED)

Primary Colour:

Blue

Manufacturing Year:

2014

Engine No.:

64286141585924

Chassis No.:

WDD2221322A086453

Maximum Power Output:

190.0 kW (254 bhp)

Open Market Value:

\$94,906.00

Original Registration Date:

03 Sep 2014

First Registration Date:

03 Sep 2014

Transfer Count:

0

Actual ARF Paid:

\$137,831.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

02 Sep 2024

PARF Rebate Amount:

\$75,807.00

Intended COE Rebate Details

COE Expiry Date:

02 Sep 2024

COE Category:

B - Car above 1600cc or 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$67,304.00

COE Rebate Amount:

\$11,796.00

Total Rebate Amount:**\$87,603.00**

The information contained herein is correct as at 01 Dec 2022

OK

Not Authorized
L1 Bump & 3450/r
Resurvey After Paint
4 days

VEHICLE NO: SKN1213S

MODEL: MERCEDES BENZ S350 BT

CHASSIS NO: WDD2221322A086453

DESCRIPTION	REPAIRER'S ESTIMATE(\$)
<u>PARTS (LIST ITEMS)</u>	
REAR TAIL LAMP RHS <i>988.00</i>	<i>CM</i> \$ 1,050.00 ✓
REAR TAIL LAMP LOWER BRACKET RHS	\$ <i>Pr</i> 140.00 ✓
REAR BUMPER	<i>Bu</i> \$ 1,390.00 ✓
REAR BUMPER SIDE BRACKET RHS	<i>Pr</i> \$ 160.00 ✓
REAR BUMPER LOWER	<i>nd/cm</i> \$ 450.00 ✓
REAR BUMPER LOWER SIDE CHROME RHS	<i>re</i> \$ 120.00 ✓
REAR BUMPER REINFORCEMENT	<i>re</i> \$ 460.00 X
REAR BUMPER SPONGE	<i>re</i> \$ 190.00 X
REAR BUMPER CENTER BRACKET	<i>re</i> \$ 210.00 X
REAR FENDER RHS	<i>re</i> \$ 1,980.00 X
REAR FENDER LOWER AIR DUCT RHS	<i>re</i> \$ 110.00 X
REAR REVERSE SENSOR	<i>re</i> \$ 100.00 X
REAR REVERSE SENSOR SEAL	<i>re</i> \$ 60.00 X
REAR WINDSCREEN GLASS MOULDING	<i>re</i> \$ 190.00 X
	10% \$ 6,610.00
	\$ 661.00
	\$ 5,949.00
<u>SPECIAL NETT ITEMS</u>	
REAR BUMPER CLIPS	\$ <i>re</i> 60.00 ✓
REAR TAIL LAMP CLIPS RHS	\$ <i>re</i> 60.00 ✓
REAR BUMPER LOWER CLIPS	\$ <i>re</i> 60.00 ✓
WINDSCREEN SEALANT	\$ <i>re</i> 60.00 X
Total	\$ 240.00
TOTAL PARTS	\$ 6,189.00

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:

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (S\$)	
	<u>LABOUR</u>		
1	To remove the affected parts & fittings to commence repairs; replace damaged parts and components	\$ 1,600.00	500/
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	\$ 1,600.00	600/
3	To remove and re-fix wiring and check all electrical components at damaged areas for proper functions	\$ 100.00	200/
4	To provide anti-rust treatment on affected areas	\$ <i>na</i> 100.00	X
5	Dignostic Check	\$ <i>na</i> 200.00	X
6	To remove and re-fix rear windscreen glass	\$ <i>na</i> 200.00	X
7	To remove and re-fix rear upholsotry assy and inner trim board	\$ 200.00	800/
8	To re-set front head rest assy and remove fault code	\$ <i>na</i> 300.00	X
	Labour Total :	\$ 4,300.00	
	TOTAL (PARTS & LABOUR):	\$ 10,489.00	



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	28/11/2022 16:02 (SGT)
Reported by	Driver
Date of Accident	25/11/2022 21:15 (SGT)
Exact Location of Accident	Bukit Manis Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN1213S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Jurong Engineering Limited
Company Reg No	200500869G
Email Address	sln@jel.com.sg
Mobile Phone No	(Phone) +65-66600357
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	S350l
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	2987

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100481673-06

DRIVER

Name of Driver	Batmalai S/O Rajoo
NRIC No	S2645431Z
Date Of Birth	25/07/1953
Occupation	Outdoor

Date Of Driving Pass	21/04/1976
Driving experience	46 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90676007
Alt. Phone Number	-
Email Address	batumalai5194@gmail.com
Address	Blk 430A Yishun Avenue 11 #05-376
Address complement	-
Postcode	761430
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Clear
Road Surface	Dry

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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please refer to the sketch plan.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC7363B
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	Yellow
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Batimalai S/O Rajoo
Gender	Male
Phone No	(Phone) +65-90676007
Address	430A Yishun Avenue 11 #05-376
Address Complement	-
Post Code	761430
Approximate Age Years Old	69
Injuries Sustained	-
Injured person in which vehicle?	SKN1213S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

IMPORTANT NOTICE

- Please report correctly the details of the accident in accord with the marks on page 1.
- This Form must be filled out by the Driver.
 - Information provided must be as accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to void the policy.
 - The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 - Any false reporting may be referred to the Traffic Police Department for investigation.
 - 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.
 - 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.
 - 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.



[Signature]

Mr. Lim Lai Foong

Policyholder's Signature / Date & Time

28 NOV 2022

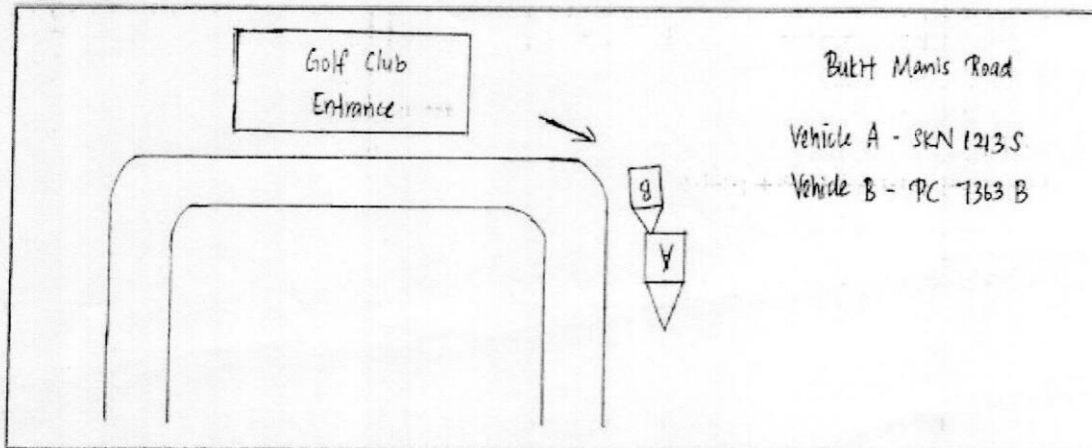
Driver's Signature (if driver is not the policyholder) / Date & Time

28 NOV 2022

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

Sketch Plan



6. Circumstances of the Accident

On 25 November 2022 at around 2115 hour, my vehicle (SKN12333) was parked stationary in front of Sentosa Golf Club. I was standing in front my vehicle waiting for my boss when vehicle B (PC 1363B) came turning in at a high speed which hit my vehicle and my vehicle propelled forward and hit me, suffered injuries and was conveyed in an ambulance to Singapore General Hospital.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

28 NOV 2022

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

28 NOV 2022

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Mr Lim Lai Foong