

ASS. REC. BY:

REF:

C12/230001101kg

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:

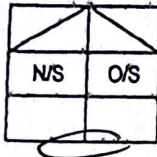
Excess:

(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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

S/L 8887A

Yr Regn:

01.17

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

Truck / Trailer or

Make:

Mercedes C200

C.C.

1991

Colour:

M. Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

180781

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WDD 2050422R-221121

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

245/40ZR18

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

TOYO / YOKO or

Nexen

Front

R/Bal.

P

mm

Rear

R/Bal.

P

mm

L/Bal.

P

mm

L/Bal.

P

mm

D.O.A.

24/12/22

D.O.I.

5/1/2023

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, File Pass to?



: Prell. Report

1)

Date/Time, File Return to?



: Final Report

Report Format :

ump Sum / I.B.I. (\$) :

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Transportation

S - RS. SI

: Fuel

: Others

TOTAL

趙 源 摩 哆 Chew Goon Motor

Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5
#01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047
Tel: 6484 1626 (24Hrs) Fax: 6484 0465
Business Reg. No: 221880/00C GST Reg. No: MX-0486007-A0

Not Authorized
b1m &
Resurvey After Painting
3 days

To: China Taiping Insurance (S) Pte Ltd

Policy No: _____ Third Party

Date: 04.01.2023

Accident Date : 24.12.2022

Specialised in Car Painting, Welding,
Panel-Beating and Insurance Claim.

ESTIMATE

承接汽车烧焊喷漆及
代理各种车辆赔偿

数量 Quantity	货 名 DESCRIPTION	单 价 Unit Price	银 Amount 额 \$ cts.
Estimate Cost of Repair to "Mercedes C200" Reg. No. SLL8887A Claiming Against Your Insured Veh. No. GBH4972C			
1pc	Rear Bumper		1,850.00 ✓
17pcs	Rear Bumper Clips	5.00	50.00 ✓
1pc	Rear Bumper Sponge		274.00 ✓
2pcs	Rear Bumper Brackets	139.00	278.00 X
2pcs	Rear Bumper Retainers (Plastic)	125.00	250.00 X
1pc	Rear Bumper Reinforcement		792.00 ✓
1pc	Rear Bumper Center Core (Plastic)		355.00 ✓
2pcs	Rear Bumper Inner Side Cores (Plastic)	272.00	544.00 ✓
20pcs	Rear Bumper Core Rivets	9.50	190.00 ✓
1pc	Rear Bumper Inner Auto Comfort Sensor Top		153.00 ✓
1pc	Rear Bumper Inner Auto Comfort Sensor Lower		153.00 ✓
1pc	Rear Bumper Inner Auto Comfort Sensor Module		740.00 ✓
1pc	Rear Bumper Inner Auto Comfort Sensor Module Carrier		245.00 ✓
1pc	Rear Bumper Center Garnish		906.00 ✓
3pcs	Rear Bumper Reverse Sensors	510.00	1,530.00 ✓
6pcs	Rear Bumper Reverse Sensor Holders	36.00	216.00 ✓
2pcs	Rear Bumper Reverse Sensors Wire		255.00 X
1pc	Rear Bumper Lower Lip		895.00 ✓
4pcs	Rear Bumper Lower Lip Rivets		48.00 ✓
1pc	Boot Emblem		71.00 =
1pc	Boot Badge C200		84.00 =
1pc	Rear Exhaust Tip LH		290.00 X
Less 5%			10,169.00
			508.45
			9,660.55
To Conduct Rear Electrical Check, Replace Reverse Sensors, Reprogram System			160.00 601
Labour Charge - Panel Beating, Repairing Of Boot, End Panel & Part Replacement			500.00 250
To Respray Affected Areas (Luxury)			750.00 490
To Reseal Paint Protection (Diamondbrite Ceramic) to Spray Paint Areas			600.00 7
Total :			11,670.55

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: _____

8

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	24/12/2022 11:29 (SGT)
Reported by	Both
Date of Accident	24/12/2022 09:58 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SENGKANG EXIT TPE TWD JALAN KAYU
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL8887A
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM BOON HUAT
NRIC No	SXXXX946A
Email Address	DANIEL_LBH@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-90625163
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	BENZ C200 AMG LINE
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	1991

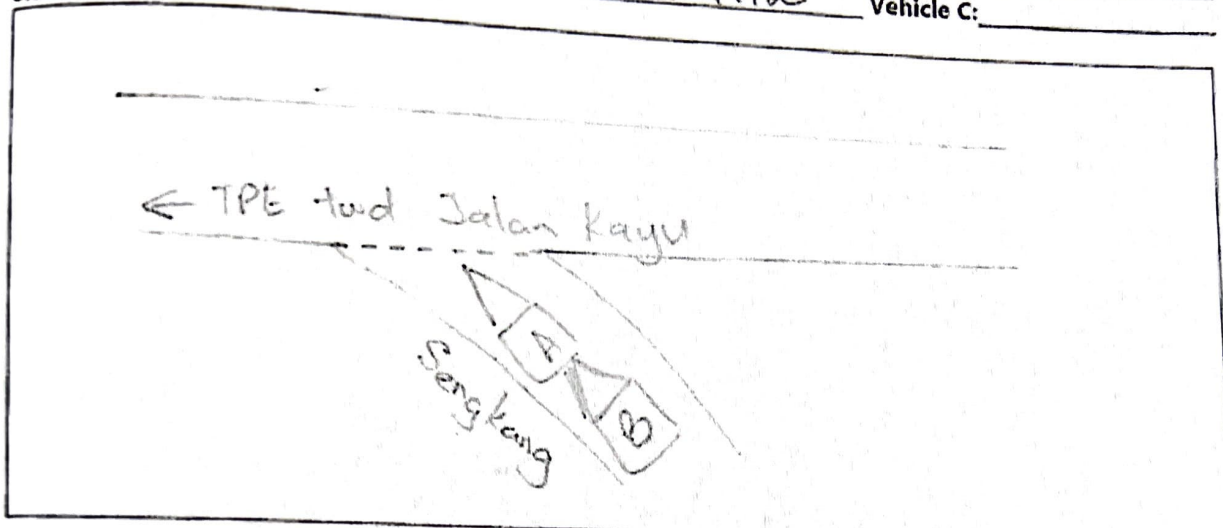
INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10303734R02

DRIVER

Name of Driver	LIM BOON HUAT
NRIC No	SXXXX946A
Date Of Birth	28/04/1975
Occupation	Indoor

Date of accident: 24/12/22 Time: 9:58am Location: Sengkang Exit TPE Twel Jalan Kayu
My Vehicle A: SL 8887 A Vehicle B: GBH 4972C Vehicle C: _____
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While waiting my turn to turn into TPE twel Jalan
Kayu, suddenly veh b (GBH 4972C) hit to my rear of
veh.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop: Chew Geon Motor

Email address: ad5@chewgeonmotor.com.sg

& myself

Email address: daniel-1bh@yahoo.com.sg

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

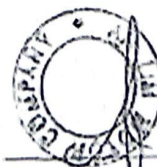
Policyholder's Signature

Date & Time: 24/12/22

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: