ASS. REC. BY: Kenneth

REF: AIS / 23000659/k

ASSIGNMENT

From: ______ Date: ______

Estimated Cost: ______

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: ______

at Workshop m/s: Lian Hec

of: ______ 2012

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.

N/S	O/S

Bal. or Market Value: @ 40k

IDAC Accident Rport: ______ Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 04 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: SMV 5331S Yr Regn: 05, 14

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or ______

Make: Mer (A) CLA 180 cc 1595

Colour: M.Black A/C: Insured / Std / Nil / NA

Sp.Reading: 148892 T/Radio: Insured / Std / Nil / NA

Eng/No: ______

C/No: WDD1173422N 081122

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: ______

R: 225/40R18

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

Front

R/Bal. 6 mm

L/Bal. 6 mm

Rear

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 17/1/23 D.O.I. 31/1/2023

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	Action / Instruction
/	

Date/Time, File Pass to?

1) ______

Date/Time, File Return to?

2) ______

☐ : Prell. Report

☐ : Final Report

Days Of Repair: ______

Resurvey No. of Trip: ______

Add Fee: ☐ : Site Insp ($ ______)

☐ : Interview ($ ______)

☐ : Tech Invs ($ ______)

☐ : Weekend ($ ______)

Survey Fee: ______

Transportation: ______ $ + RS ______ $)

Parking: ______

Others: ______

Total: ______

Report Format :

Lump Sum / I.B.I: ($ ______)

Not Authorised
L1 Lamp &
Primary After Paint
4days

Lian Her Motor Works

Blk 5034 #01-337 Ang Mo Kio Industrail Pk 2 Singapore 569537
Tel : 64817221

Tok Ching Sim
Blk 664A Jurong West ST 64
#11-256
Singapore 641664

Vehicle No	: SMV 5331 S
Make/Model	: Mercedes CLA 180
Year	: 2019

Qty	Description	Unit Price	Amount
Estimate Cost Of Repair			
1 pc	Front bonnet ✓		
1 pc	Front bonnet lock		
2 pcs	Front headlamp assy		
1 pc	Front grille		
2 pcs	Front grille chrome		
1 pc	Front grille emblem		
1 pc	Front bumper		
1 pc	Front bumper reinforcement X		
1 pc	Front bumper inner lining X		
1 pc	Front bumper sponge X		
1 pc	Front bumper lower grille X		
1 pc	Front bumper lower lid X		
1 pc	Front bumper emblem - Logo		
2 pcs	Front bumper sensor X		
1 pc	Front support panel		
1 pc	Front support panel top cover X		
1 pc	Air con condenser		
1 pc	Front no plate holder X		
		Less 10 %	
S Nett			
1 pc	Front no plate X		
2 pcs	Front bumper side protector ✓		
Labour Charges			
	Remove/renew the above accident parts including knocking, welding and cutting.		$1,000.00 500
		balance c/f	

31 S

balance b/f

Labour Charges

To putty and spray paint	$1,000.00	50d
Check & reconnect wiring.	$40.00	2d
To respray anti-rust proofing treatment	$120.00	3d
Remove/renew front o/s bumper sensor and to reset same	$120.00	6d
Remove/renew air con condenser and to top up gas.	$180.00	7
Total		

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 witholding 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	18/01/2023 17:33 (SGT)
Reported by	Driver
Date of Accident	17/01/2023 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	6 TUAS SOUTH STREET 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV5331S

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TOK CHING SIM
NRIC No	S1593201E
Email Address	tokzhileong1995@gmail.com
Mobile Phone No	(Phone) +65-96150948
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
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	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5126297715

DRIVER

Name of Driver	ONG WEI XUAN
NRIC No	S9644786H
Date Of Birth	04/12/1996
Occupation	Indoor

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 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 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 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.

18/01/2023 1745HRS	18/01/2023 1745HRS	AHMAD SUFIYAN ASSURI BIN MUSTAFFA S992991
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan