

ASS. REC. BY:

REF:

FC2 / 23000836/ke

802.11ac

1000Mbps

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:

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

## ASSIGNMENT

Veh No:

SNC 68562 Yr Regn: 03, 20

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

Truck / Trailer or

Make:

MC GLA 180 c.c. 1332

Colour

M. Grey

AC: Insured / Std / NI / NA

Sp. Reading

53084

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WDC1569422 J 6550PF

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

R:

235/50R18

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.I.

Survey held at

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

) \$ - RS. \$

) Fines

) Others

Report Format :

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

VEHICLE NO: SNC6656L

MODEL: MERCS GLA180

CHASSIS NO: WDC1569422J655097

DESCRIPTION	REPAIRER'S ESTIMATE(S\$)	
<b><u>PARTS (LIST ITEMS)</u></b>		
SIDE MIRROR ASSY LHS	\$ <i>Bo</i>	720.00 ✓
SIDE MIRROR COVER LHS	\$ <i>mi</i>	260.00 ✓
SIDE MIRROR GLASS LHS	<i>cm</i> \$	250.00 ✓
FRONT DOOR LHS	\$ <i>n</i>	1,890.00 X
FRONT DOOR WINDOW CHROME TRIM LHS	<i>pin</i> \$	250.00 ✓
FRONT FENDER LHS	<i>n</i> \$	960.00 X
FRONT DOOR RUBBER SEAL LHS	<i>sn</i> \$	200.00 X
<b><u>SPECIAL NETT ITEMS</u></b>	10%	\$ 4,530.00
		\$ 453.00
		<b>\$ 4,077.00</b>
Total	\$	-
<b>TOTAL PARTS</b>		<b>\$ 4,077.00</b>

*Not work*  
*Repair by painting*  
*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

Acknowledged by Repairer

Signature:

Date:



S/N	DESCRIPTION	REPAIRER'S ESTIMATE (S\$)
	<b><u>LABOUR</u></b>	
1	To remove the affected parts & fittings to commence repairs; replace damaged parts and components	\$ 800.00 <i>2501</i>
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	\$ 800.00 <i>3001 2801</i>
3	To remove and re-fix wiring and check all electrical components at damaged areas for proper functions	\$ 100.00 <i>201</i>
4	To provide anti-rust treatment on affected areas	\$ <i>nn</i> 100.00 <i>X</i>
5	Dignostic Check	\$ 100.00 <i>801</i>
6	Transfer door parts	\$ <i>nn</i> 150.00 <i>X</i>
	Labour Total :	\$ 2,050.00
	<b>TOTAL (PARTS &amp; LABOUR):</b>	<b>\$ 6,127.00</b>

## 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 GlA 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 ..... 19/01/2023 16:26 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 19/01/2023 13:55 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... HOUGANG AVE 8 AND UPPER SERANGOON RD JUNCTION  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNC6656L

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... DICK KWEK JIN FANG  
NRIC No ..... SXXXX923B  
Email Address ..... claims@cartimes.com.sg  
Mobile Phone No ..... (Phone) +65-87322728  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... Gla180  
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 ..... 1332

#### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Policy Number / Cover Note Number ..... SD22V15755/VPE/R01

#### DRIVER

Name of Driver ..... HENG LILY  
NRIC No ..... SXXXX101J  
Date Of Birth ..... 05/02/1964  
Occupation ..... Indoor



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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.

*[Signature]*  
 Policyholder's Signature / Date & Time

*[Signature]*  
 Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]*  
 Witnessed by Reporting Centre Personnel



**Sketch Plan**

