

ASS. REC. BY:

REF:

TH / 230021321Kny3

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / P / 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:

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

Charles

Veh No:

SLB 55120

Yr Regn:

04, 16

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

Truck / Trailer or

Make:

M. C. 200

c.c.

1991

Colour

M.P. White

A/C:

Insured / Std / NI / NA

Sp. Reading

87114

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

W00 2050 422R 135214

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 A/Rim or

Tyre Size:

F:

225/45R18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

25/2/23

D.O.I.

28/2/2023

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

Kenneth confirmed final fig \$5331.28 and 3 days

(red. \$6400.07. 55%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

3

Resurvey No. of Trip:

Survey Fee:

Transportation

S + RS. SI

F. P. M.

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

TOTAL

NINETY90 AUTOWORKS (THE BODY KIT SHOP)

176 SIN MING DRIVE, SIN MING AUTOCARE
UEN: 53418866D

REF NO : IC230202

NAME : THIA YANN CHONG EDWIN

DOA: 25/02/23

VEHICLE NO : SLB 5512D

CHASSIS: WDD2050422R135214

REMARKS: DAMAGE AND REPAIR COST

MODEL: MERCEDES W205

*Not With claim
1/1 Rm B
Penny After Pain
3 days*

S/N	DESCRIPTION	QTY	UNIT PRICE	TOTAL PRICE
1	REAR BUMPER	1	\$2,361.62	\$ 2,361.62
2	REAR BUMPER LEFT SENSOR	1	\$217.88	\$ 217.88
3	REAR BUMPER REINFORCEMENT	1	\$750.00	\$ 750.00
4	REAR BUMPER BRACKET MOUNT	1	\$350.00	\$ 350.00
5	REAR LH TAIL LAMP	1	\$980.00	\$ 980.00
6	REAR LH RETAINER	1	\$62.00	\$ 62.00
7	REAR BUMPER SPONGE	1	\$280.00	\$ 280.00
8	REAR BUMPER INTERNAL BRACKET	1	\$380.00	\$ 380.00
9	REAR LH MUD FLAP	1	\$120.00	\$ 120.00
TOTAL				\$ 5,501.50
LESS 10%				\$ 550.15
SUB TOTAL				\$ 4,951.35
SPECIAL NETT ITEMS				
1	AFTER MARKET DIFFUSER	1	\$ 2,800.00	\$ 2,800.00
2	AFTER MARKET EXHAUST	1	\$ 800.00	\$ 800.00
3	REAR LH FENDER SHIELD CLIPS	10	\$ 5.50	\$ 55.00
3	REAR BUMPER CLIPS	10	\$ 5.50	\$ 55.00
4	COATING	1	\$ 800.00	\$ 800.00
PARTS TOTAL				\$ 4,510.00
LABOUR & MISC. CHARGES				
1	REMOVE AND REFIT DAMAGED PARTS	1	\$ 1,200.00	\$ 1,200.00
4	SPRAY PAINT	1	\$ 900.00	\$ 900.00
5	ANTI RUST	1	\$ 90.00	\$ 90.00
6	WIRING	1	\$ 80.00	\$ 80.00
LABOUR TOTAL				\$ 2,270.00

GRAND TOTAL \$ 11,731.35

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:

*25d
30d
X
2d*

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	27/02/2023 10:32 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/02/2023 13:05 (SGT)
Exact Location of Accident	Near 434 Clementi Ave 3, Block 434, Singapore 120434
Additional Location Information	CLEMENTI AVE 3 SLIP ROAD (TOWARDS AYE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB5512D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	THIA YANN CHONG EDWIN
NRIC No	SXXXX194D
Email Address	EDWINTHIA@GMAIL.COM
Mobile Phone No	(Phone) +65-81801223
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C200
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	Income Insurance Limited
Policy Number / Cover Note Number	5123241211-01

DRIVER

Name of Driver	THIA YANN CHONG EDWIN
NRIC No	SXXXX194D
Date Of Birth	22/03/1990
Occupation	Indoor

IMPORTANT NOTICE

SKETCH PLAN

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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

