

CC4-GRB23002766/7y3

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: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT
 Vincent

Veh No: SMH2900T Yr Regn: 2019, Jan.

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

Make: Mercedes Benz GLA180 c.c. 1595

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

Sp. Reading: 73014 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: WDC1569422 J581521

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: 235/50R18
R: 2 1.

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

Front		Rear	
R/Bal.	<u>6</u> mm	R/Bal.	<u>6</u> mm
L/Bal.	<u>6</u> mm	L/Bal.	<u>6</u> mm
D.O.A.	_____	D.O.I.	<u>6/4/23</u>

Survey held at CBC Parden Loop

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

The U/C / Chassis frame / Body Structure affected due to collision

[illegible]

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1) _____
Date/Time. File Return to?

2)

Report Format :

Lump Sum / I.E.I. (%)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

Photos

Others

TOTAL



Mercedes-Benz

Cycle & Carriage
Industries Pte Limited
Authorised Dealer
Company No. 196400367W
GST Reg No. MR-8500111-X

ESTIMATE FOR SMH2900T

INDIA INTERNATIONAL INSURANCE P/L

ATTN: MOTOR CLAIM DEPARTMENT
64 CECIL STREET
#04/#05 IOB BUILDING
SINGAPORE 049711
63476100

Vehicle & Document Information

WIP No **63613**
Reg No/Reg Date **SMH2900T / 18/01/2019**
Date In/Mileage **/ 0**
Chassis No **WDC1569422J581321X**
Engine No **27091031802273**
Make/Model **MB/MB GLA 180 Urban**
Colour/Trim **021 191 Cosmos Blac/ 043 381 ARTICO Mari**

Account No	Terms	Date/Time Printed	CSE	Operator				
WI000576	Credit	06/04/2023/ 13:16	VS	356 / Vincent Seah				
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
Z REQUEST								
Customer Request								
M BPNSUN								
POLICY NO/ACC DATE :1900002760-04// 13.03.2023								
DRIVE IN/EXCESS : 14.03.2023 // TP CAR NO.: SMQ2353A=INDIA INS								
DATE IN/DATE SURVEY:06.04.2023 // 06.05.2023 LKK								
DIRECT SETTLEMENT : Ezlyna Eng- LKK								
M BPNSUN								
SUNDRIES								
A BPILAB								
USING XENTRY DIAGNOSTIC TO CHECK ON CONTROL UNIT RESET MEMORY TO IDENTIFICATION STANDARD. NETT								
A BPILAB								
REMOVE & INSTALL INTERIOR SEATS, CARPET, GARNISH UNHOLSTRY ETC FOR NECESSARY REPAIR.								
A BPILAB								
CHECK REAR LIGHTING SYSTEM AND WATER TEST FOR ANY LEAKAGE. NETT								
A BPILAB								
PANEL BEAT TO REPAIR AFFECTED AREAS, REMOVE AND REPLACE WITH NEW BODY PANELS WITH REFINISH.								
A BPIRES								
RESPRAY ON REAR BUMPER,LHR FENDER AND ACCIDENT AFFECTED AREA								
A BPILAB								
TO REMOVE & REFIT FUEL TANK FILLER HOSE.NETT								
A 97250001								
CAVITY PRESERVATION ON REPLACED OR REPAIRED BODY PANELS PERFORM								
A 97510401								
BEADS, SEAMS AND FLANGES ON REPLACEMENT BODY PANELS/ COMPONENTS (UP TO 4 METERS) SEAL								
M SEAM SEAL					1.00	116.42	00.00	116.42
M GALVANIZING SCOPE					1.00	66.41	00.00	66.41
M UNDERBODY PROTECTION					1.00	116.39	00.00	116.39
M TWO-COMPONENT ADHESIVE-REAR FENDER					1.00	118.43	00.00	118.43

Confirmed & accepted by

Authorized signatory and company stamp

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required.
Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.

Pandan Loop Service Center
188 Pandan Loop
Singapore 128378
Tel: 6298 1818
Fax: 6779 5383
www.mercedes-benz.com.sg



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Mercedes-Benz

Cycle & Carriage
Industries Pte Limited
Authorised Dealer
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Account No	Terms	Date/Time Printed	CSE	Operator
WI000576	Credit	06/04/2023/ 13:16	VS	356 / Vincent Seah

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
M TS TWO-COMPONENT ADHESIVE-REAR FENDER	1.00	904.72	00.00	904.72
M LEFT REAR FENDER	1.00	2638.78	00.00	2638.78
M LHR FENDER MOULDING	1.00	262.62	00.00	262.62
M VENTILATION FLAP	1.00	33.05	00.00	33.05
M LEFT MOUNTING RAIL	1.00	24.50	00.00	24.50
M REAR BUMPER	1.00	1225.52	00.00	1225.52
M RIVET	6.00	5.34	00.00	32.04

ESTIMATE

Tanpin 97495749
WP 6/4/23 13:15
P/P Resurvey before paint
Tanpin 97495749
10-11 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:

Confirmed & accepted by

Nett **16,833.88**
8% GST on **16833.88** **1346.71**

Authorized signatory and company stamp

Total Payable **18,180.59**

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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	14/03/2023 15:53 (SGT)
Reported by	Driver
Date of Accident	13/03/2023 20:36 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 464A CLEMENTI AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH2900T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM LENG KWEE
NRIC No	SXXXX014I
Email Address	BERNLIMCK@GMAIL.COM
Mobile Phone No	(Phone) +65-97535682
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla180
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1900002760-04

DRIVER

Name of Driver	LIM CHANG KANG, BERNARD (LIN ZENGKANG)
NRIC No	SXXXX394G
Date Of Birth	31/12/1986
Occupation	Indoor

Date Of Driving Pass	15/05/2009
Driving experience	13 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97535682
Alt. Phone Number	-
Email Address	NO@EMAIL.COM
Address	101 CASHEW ROAD, #09-03 CASHEW HEIGHTS
Address complement	-
Postcode	679672
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collision - Opening Door of Vehicle
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	REFER TO OWNER.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ2353A
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	TAN ZHEN HAO (CHEN ZHENHAO)

NRIC No	SXXXX808G
Contact Number	-
Address	BLK 548 CHOA CHU KANG ST. 53 #11-33
Address complement	-
Postcode	680548
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 Authorised 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. The 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.
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.

Policyholder's Signature / Date & Time:

Sketch Plan

14/03/2023

13:50pm

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

14/03/2023

13:50pm

Witnessed by Reporting Centre Personnel

A: SMIT 2900T

B: SMIT 2353A

Describe Circumstances of the Accident

I was travelling along Leslie Rd of B1K
464A Clement Ave I

Vehicle SMC 2353A stopped at the side
to pick up passengers.

As I drive pass SMC 2353A, driver
of SMC 2353A open his door and hit
into my vehicle SMH 2900T, Left Rear
Door.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

14/03/2023
13:50pm

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

14/03/2023
13:50pm

Witnessed by Reporting Centre
Personnel.