ASS. REC. BY: Kenneth | REF: AG2/23003712/K

ASSIGNMENT

From: | Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s TSR

of 950E

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:

IDAC Accident Rport: 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

Veh No: SBQ 8860T Yr Regn: 04, 18

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

Make: Mc E200 c.c 1991

Colour M.D. Grey A/C: Insured / Std / Nil / NA

Sp.Reading 45884 T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No: WDD 2130422A 414806

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mags: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 245/45R18

R:

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.C.A.	10/4/23	D.O.I.	12/9/2023

Survey held at

Dtls. 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

Side

Interior

Te

Wo

Date/Time, File Pass to?

1) : Prell. Report

: Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I: ($

Type Of Repair:

No. of Trip:

Add Fee: Site Insp ($)

Window ($)

Invs ($)

Weekend ($)

Survey Fee:

Transportation $ - RS. $

Parts

Others

TOTAL

TSR AUTOMOTIVE PTE LTD

160 , SIN MING DRIVE . SIN MING AUTOCITY
06-15 SINGAPORE 575722
EMAIL : tsrteamworks2022@gmail.com . H.P 90030857

Not Authorised (Bumper) & Recovery After Paint 3days

Date : 11 Apr 2023

QUOTATION - THIRD PARTY CLAIM

AUTO & GENERAL INSURANCE

ACCIDENT DATE : 10/4/2023
VEH. No : SBQ 8860 T
INSURE : AIG ASIA PACIFIC

ATTN : MOTOR CLAIM DEPARTMENT

QTY	ITEM	AMOUNT	CONDITION
Third party vehicle :	SLQ 6200 T		
1	REAR BUMPER	$ 1,958.00	✓
1	REAR BUMPER CENTER BRACKET	$ 480.00	7
2	REAR BUMPER SIDE BRACKETS	$ 489.00	✗
2	REAR BUMPER RETAINERS	$ 442.00	✗
1	REAR BUMPER REFINFORCEMENT	$ 685.00	7
2	REAR BUMPER REFLECTORS	$ 396.00	✗
2	REAR BUMPER SENSORS	$ 580.00	7
1	REAR BUMPER LOWER GARNISH	$ 1,224.00	✓
1	REAR BUMPER OUTER CHROME	$ 980.00	✓
2	REAR BUMPER EXHAUST CHROME	$ 895.00	7
1	BOOTLID	REPAIR	
1	BOOTLID CENTER LOGO	$ 120.00	✓
1	BOOTLID E 200 EMBLEM	$ 98.00	✓
1	BOOTLID 96 - TRONIC	$ 98.00	✓
1	END PANEL	REPAIR	
	TOTAL PARTS :	$ 8,445.00	
	LESS 10%	$ **7,600.50**	
	S/ NETT PARTS		
15	REAR BUMPER RIVETS	$ 90.00	✓
10	REAR BUMPER CLIPS	$ 55.00	✓
	TOTAL S/N :	$ **145.00**	
	TOTAL PARTS PRICE :	$ **7,745.50**	

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:

LABOUR CHARGES	AMOUNT	CONDITION
AMOUNT BRING FORWARD :	$ 7,745.50	
Labour charges	$ 700.00	300
To do anti rust	$ ~~120.00~~	X
To replace sensors, check cable, wiring system for rear	$ 150.00	60
Remove refix, garnish, side trim, upholstery etc	$ ~~150.00~~	X
To do spray painting inner and outer	$ 600.00	400
To do anti rust	$ ~~120.00~~	X
To do computer setting after repair	$ 180.00	7
TOTAL LABOUR :	**$ 2,020.00**	
GRAND TOTAL PARTS & LABOUR :	**$ 9,765.50**	

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	11/04/2023 15:30 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/04/2023 15:18 (SGT)
Exact Location of Accident	Dunearn Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBQ8860T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEUNG TAK MEI HELEN
NRIC No	S2591950E
Email Address	helkhoo@gmail.com
Mobile Phone No	(Phone) +65-96364729
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1800031424-05

DRIVER

Name of Driver	CHEUNG TAK MEI HELEN
NRIC No	S2591950E
Date Of Birth	05/07/1953
Occupation	Indoor

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 Reports 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/am 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 correspondences, 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.

11/4/2023

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) SOH JIT HOON

Sketch Plan 10:30am.