

ASS. REC. BY:

REF:

A151

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

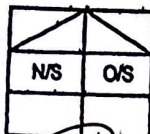
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value:

\$ 60k

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2-4 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. 1 24 HRS

09/29

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

STS 85600

Yr Regn:

09, 09

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

Truck / Trailer or

(A)

Make:

New B180

c.c

1696

Colour

White

A/C:

Insured / Std / NI / NA

Sp. Reading

131134

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WDD 245 2322 1508593

Gen. Cohd: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

225/45R17

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.

10/5/23

D.O.I.

18/5/2023

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

Got BZ, Super long MC.

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

S - RS. SI

P. A. S.

Others

TOTAL

Report Format :

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

AUTHORIZE WORKSHOP PTE LTD

160, Sin Ming Drive, #03-19, Sin Ming Autocity, Singapore 575722

Tel: 64560226 Fax: 64584500

Registration No: 201603203R

		ESTIMATE
Mr	Maya Sari Lim @ Rosminah Bte Abdullah Blk 180C Marsiling Road, #30-2236 Singapore 733180	Date : 15th May 2023
Attn:		Veh No : SJS 8560D Make/Model : Mercedes B180 Chassis No : WDD2452322J508593 Date of Acc : 10.05.23 TP Veh No : GBG 8563D

S/No	Qty	Description	Unit Price	Amount
------	-----	-------------	------------	--------

Materials				
1	1 pc	Rear Bumper <i>Bulcom</i>		
2	1 pc	Rear Bumper Scuff Plate <i>As</i>		
3	2 pcs	Rear Bumper Side Moulding L/R <i>new</i>		
4	2 pcs	Rear Bumper Reflector L/R <i>new</i>		
5	1 pc	Rear Bumper Lower Garnish <i>?</i>		
6	2 pcs	Rear Bumper Side Holder L/R <i>Xsu</i>		
7	2 pcs	Rear Bumper Adhesive Foil L/R <i>?</i>		
8	1 pc	Rear Lamp RH <i>new X</i>		
9	1 pc	Rear Fender Inner Liner RH <i>new X</i>		
10	1 pc	Rear End Panel <i>?</i>		
11	2 <i>Ap</i> pcs	PDC Sensor <i>?</i>		

Less 10% :	\$ -
Parts Total :	\$ -

12	1 set	Special Nett Rear Bumper Clips	S/Nett	
----	-------	--	--------	--

Special Nett :	\$ 55.00
----------------	----------

Labour				
1		To remove & rearrange electrical wirings, check lightings		
2		To remove, repair & replace damaged bodyparts, realign bodywork and where consistent to the accident.		
3		Putty and respray painting on affected portions.		
4		To remove & renew reverse sensor		
5		Rust proofing on affected portions.		

\$	80.00	<i>15k</i>
\$	600.00	
\$	600.00	
\$	150.00	<i>60l</i>
\$	100.00	
\$	1,530.00	

Total Parts & Labour :

for Authorize Workshop Pte Ltd

Note: Parts quoted were based on visual inspection. Should additional parts be found damaged upon dismantling, we will seek your approval before proceeding.

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:

NOT Authorized
LI Peng &
Repairing After Painting

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	12/05/2023 18:01 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/05/2023 17:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BKE EXIT SLE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJS8560D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MAYA SARI LIM @ ROSMINAH BTE ABDULLAH
NRIC No	S1573681Z
Email Address	MAYA.MAKELIFEBETTER@GMAIL.COM
Mobile Phone No	(Phone) +65-94767836
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	B180
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	1595

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5132432293

DRIVER

Name of Driver	MAYA SARI LIM @ ROSMINAH BTE ABDULLAH
NRIC No	S1573681Z
Date Of Birth	17/06/1963
Occupation	Indoor

IMPORTANT NOTICE

SKETCH PLAN

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.

CITY AUTO PTE LTD

Blk 8 Sin Ming Road

#01-58/50/62 Sin Ming Ind Est

Singapore 575643

Tel: 6453 1235 Fax: 6453 7944

Witnessed by Referee (Name & Personnel)
(Name as in NRIC/ID card)

Policyholder's Signature / Date & Time

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

Sketch Plan

Sketch Plan area containing a diagram of a road layout with a vehicle icon and handwritten notes:

A) SJS 8560D
B) GBE 8563D

BKE → Woodlands