

ASS. REC. BY:

REF:

1001 23 00 83741K

Kenneth

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.

N/S	O/S

Bal. or Market Value:

8114K

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

06

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:

SLC 1900C

Yr Regn:

02.17

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

Truck / Trailer or

Make:

Mer E200

C.C.

1991

Colour

M. Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

105088

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WDD 21304 22A 052363

Gen. Cohd: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/55R17

R:

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

TOYO / YOKO or

Front

R/Bal.

8

mm

Rear

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

19/6/23

D.O.I.

26/6/2023

Survey held at

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

Rear o/s

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

Date / Time

Action / Instruction

Data/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Data/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S + RS. SI

Fees

Others

TOTAL

Add Fee:

Site Insp (\$

Interview (\$

Tech Invs (\$

Weekend (\$

Report Format :

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

ALAN'S UNITED AUTO PTE. LTD.

Block 7, Sin Ming Industrial Estate, #01-76, Singapore 575642.

Tel: 6453 8686 (3 Lines) Fax: 6459 6550

Company Reg. No.: 201113667N

GST Reg. No.: 201113667N

No. : 06863

Vehicle Insured : SMB5904U
Accident Date : 19-Jun-2023

Date : 22-Jun-2023

Our Ref : 023135 (FIRST) / CHAN

PAGE : 1

MARIA ISMAIL
519 YIO CHU KANG ROAD
#01-80
Singapore 787085

Not Withstand
1/1 Pm &
Recovery After Repair
6 days

ESTIMATED COST OF REPAIR FOR M/BENZ E200 SLL1922C

1 pc	Rear bumper fascia	Bu	2,076.00	✓
1 pc	Rear bumper lower chrome	Sci	384.00	✓
1 pc	Rear bumper lower garnish		372.00	✓
2 pcs	Rear o/s bumper parking sensor @ S\$198.00	mi's	396.00	✓
2 pcs	Rr o/s parking sensor o ring @ S\$ 12.00	m	24.00	✓
1 pc	Rear o/s bumper side retainer	cm	111.00	✓
1 pc	Rear o/s bumper reflector	Pu	63.00	X
1 pc	O/s taillamp	Bu	898.00	✓
1 pc	Rear o/s fender	R1	2,320.00	✓

6,644.00

Less 10% : 664.40

- 1 pc Rear w/s glass sealant
- 1 pc Rear bumper rivet (set)

5,979.60 *Gain*
60.00 sn
30.00 sn ✓

To remove & refix rear windscreen
glass and conduct water leak test.

150.00 *1201*

To remove roof lining, front and
rear seats, trim board and carpet

180.00 *1201*

To apply undersealing

80.00 *301*

To putty and spray replaced parts

800.00 *7001*

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:

Con't Page 2 ...

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Vehicle Insured : SMB5904U

Page : 2

To remove, cut-out damaged parts,
panel beating, welding, align,
refix and to renew above parts

6001
1,000.00

Total : S\$ 8,279.60
=====

Singapore Dollars Eight Thousand Two Hundred
and Seventy Nine and Cents Sixty Only

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 20/06/2023 12:52 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 19/06/2023 16:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information BKE TOWARDS SLE EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLL1922C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MARIA ISMAIL
NRIC No S6843446G
Email Address MARIA.I.CHOW@GMAIL.COM
Mobile Phone No (Phone) +65-96840530
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E200
Variant MERCEDES BENZ / E200 A
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 5107169447-04

DRIVER

Name of Driver MARIA ISMAIL
NRIC No S6843446G
Date Of Birth 10/11/1968
Occupation Indoor

SKETCH PLAN

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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.

Navis 20/6/23 10:40am
Policyholder's Signature / Date & Time

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

Ku
Witnessed by Reporting Centre Personnel

Sketch Plan

