

ASS. REC. BY:

REF: AIS/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 176 02-16 0770

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: 1100

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: 8130k

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or NoLum Sum: 1.B.1 % 3 Val.: Yes or NoCA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No: SUT 1918ZType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Maz 2200 c.c. 1991Colour: M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 94 818

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD-2130422A 303694Gen. Cohd: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rim / STD / R/Rim orTyre Size: F: 245/45R18R: 275/60R18BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 20/7/23D.O.I. 26/7/2023

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, File Pass to?

☐

: Prel. 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

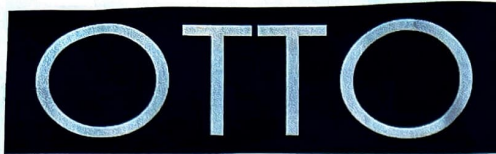
) F. & S.

) Others

Report Format :

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

TOTAL



Estimates

Not Authorized
Resurvey B & painting
Ex Bill of

Vehicle no. SLT1918Z
Make Model: Mercedes Benz E200
Owner: Soo Kuo Tong

Kennerth (LKK)
96910663

5 day Date: 14 Jul 2023
OD Insurer: Allianz Insurance

S/N	Parts - Description	Qty/ Set	Unit Price	Amount S\$
1	Front bumper	1	2,035.00	CM 2,035.00 ✓
2	Front bumper reinforcement	1	880.00	880.00 ✓
3	Front bumper grille, RH	1	242.00	CM 242.00 ✓
4	Front bumper grille, CTR	1	825.00	CM 825.00 X
5	Front bumper retainers	2	115.50	MSUM 231.00 ✓
6	Front bumper sensor, RH	1	198.00	MSUM 198.00 ✓
7	Headlamp, RH	1	3,630.00	BN 3,630.00 ✓
8	Front fender, RH	1	2,420.00	BN 2,420.00 ✓
9	Bonnet	1	1,705.00	BN 1,705.00 ✓
10	Centre grille	1	1,089.00	1,089.00 ?
11	Front nose cut upper grille, RH	1	825.00	CM 825.00 X
12	Front wheel liner	1	495.00	CM 495.00 ✓
(1) Sub-total:				14,575.00

S/N	Labour & Materials - Description	Amount S\$
1	Labour to remove/ refit/ replace affected parts	1,200.00 500
2	Wheel alignment check	120.00 60
3	Labour to check wiring front sensors	60.00 ✓
4	Respray front bumper, bonnet, LH fender and LHF wheel rim	1,200.00 750
5	Reset fault code	450.00 ?
(2) Sub-total:		3,030.00
Grand Total (1+2):		17,605.00

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:

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 First Submission	20/07/2023 18:18 (SGT)
Reported by	Actual Driver
Date of Accident	20/07/2023 13:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT BATOK WEST AVE 8 TOWARDS BUKIT BATOK WEST AVE 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT1918Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOO KUO TONG
NRIC No	SXXX824D
Email Address	SOOKUOTONG@GMAIL.COM
Mobile Phone No	(Phone) +65-97413315
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1991

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2005412385-01

DRIVER

Name of Driver	SIM SZE LIN (SHEN SHILING)
NRIC No	SXXX279I
Date Of Birth	18/08/1979

SKETCH PLAN**IMPORTANT NOTICE**

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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature] / 12 July 2023

Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan

VEHICLE A: SHIRAZ
VEHICLE B: SKRIPPOE

BUKIT BATOK WASTANES

BUKIT BATOK WASTANES



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