

ASS. REC. BY:

REF:

CS/CTI24100243/Kvh3

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

QD/TP/WS/TP RES/QD RES/EVA/INV/MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

GBA 2165R

Policy No.

Claims No.

SNM24D205729

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:

B198K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04 days

Res.: Yes or No

Lum Sum:

1-B1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

PNT 1390X

Yr Regn:

08.21

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

Truck / Trailer or

Make:

M. GLC 200

c.c.

Colour

M. Grey

Sp. Reading

34095

A/C: Insured / Std / NI / NA

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WIN2539802F974405

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

235/55R19

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

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Date / Time

Action / Instruction

8/11

88043.60

Calu

(red 2207.10, 21%)

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

4

Resurvey No. of Trlp:

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

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	02/10/2024 14:42 (SGT)
Reported by	Actual Driver
Date of Accident	02/10/2024 08:00 (SGT)
Exact Location of Accident	Rochor Rd, Singapore
Additional Location Information	(BEACH RD)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNT1390X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MERCEDES-BENZ FLEET MANAGEMENT SINGAPORE PTE LTD
Company Reg No	1XXXXX778Z
Email Address	too_tong.tan@mercedes-benz.com
Mobile Phone No	(Phone) +65-90014630
Alternative Phone No	(Office) +65-82821711

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	GLC200 AMG LINE (R19 LED)
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
Vehicle Fuel	Petrol
First Registration Date	-
Chassis no	W1N2539802F974405
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2003907937

DRIVER

Name of Driver	LEE HONG JOO, PEPE (LI FENGYU, PEPE)
NRIC No	SXXXX377J
Date Of Birth	22/09/1981
Occupation	Outdoor
Driving Pass Date	19/02/2002
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	22 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90014630
Alt. Phone Number	-
Email Address	too_tong.tan@mercedes-benz.com
Address	462 ANG MOKIO AVENUE IO #08-1150
Address complement	-
Postcode	560462
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Hit and run / Vandalism / Damaged whilst parked
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)	2
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Female

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

ON THE 02/10/2024 AT AROUND 0800 HRS, I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER (SNT1390X) ALONG ROCHOR ROAD. I WAS EN-ROUTE FROM HOUGANG HEADED TOWARDS INTERCONTINENTAL HOTEL FOR PERSONAL REASONS. SUDDENLY, THERE WAS AN IMPACT FROM THE LEFT FRONT PORTION OF VEHICLE (A). VEHICLE (A) WAS ALREADY IN THE LANE WHEN VEHICLE (B) COLLIDED ONTO VEHICLE (A). VEHICLE (B) BEARING REGISTRATION NUMBER (GBA2165R) COLLIDED RIGHT SIDE ONTO LEFT FRONT PORTION OF VEHICLE (A). VEHICLE (B) DID NOT STOP AFTER MY CONSISTENT HONKING AND FLED THE SCENE. I DID NOT MANAGE TO PURSUE VEHICLE (B) DUE TO TRAFFIC CONDITIONS. DAMAGES WERE FOUND ON THE LEFT FRONT PORTION OF VEHICLE (A). NO INJURIES WERE SUSTAINED AT THE TIME OF ACCIDENT.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA2165R
Vehicle Manufacturer	Toyota
Vehicle Model	DYNA 150 MANUAL
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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

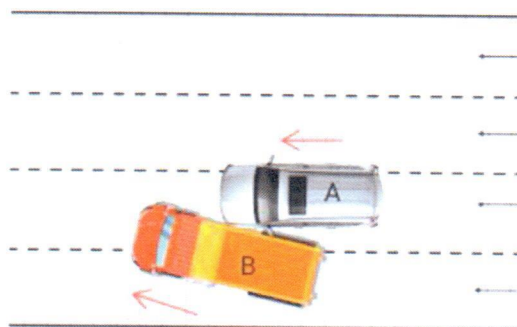
Driver's Signature (If driver is not the policyholder) / Date & Time

02/10/2024 - 1015 HRS

Witnessed by Reporting Centre Personnel



A - SNT1390X
B - GBA2165R



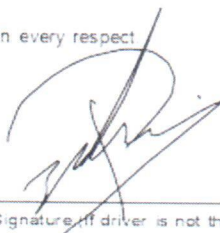
ROCHOR ROAD (BEACH ROAD)

Describe Circumstances of the Accident

ON THE 02/10/2024 AT AROUND 0800 HRS, I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER (SNT1390X) ALONG ROCHOR ROAD. I WAS EN-ROUTE FROM HOUGANG HEADED TOWARDS INTERCONTINENTAL HOTEL FOR PERSONAL REASONS. SUDDENLY, THERE WAS AN IMPACT FROM THE LEFT FRONT PORTION OF VEHICLE (A). VEHICLE (A) WAS ALREADY IN THE LANE WHEN VEHICLE (B) COLLIDED ONTO VEHICLE (A). VEHICLE (B) BEARING REGISTRATION NUMBER (GBA2165R) COLLIDED RIGHT SIDE ONTO LEFT FRONT PORTION OF VEHICLE (A). VEHICLE (B) DID NOT STOP AFTER MY CONSISTENT HONKING AND FLED THE SCENE. I DID NOT MANAGE TO PURSUE VEHICLE (B) DUE TO TRAFFIC CONDITIONS. DAMAGES WERE FOUND ON THE LEFT FRONT PORTION OF VEHICLE (A). NO INJURIES WERE SUSTAINED AT THE TIME OF ACCIDENT.

Declaration

I/We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel



TONG LUCK AUTO PTE LTD

160 SIN MING DRIVE #07-01/06 SIN MING AUTOCITY, SINGAPORE 575722

Tel: 6250 0088 Fax: 6250 5545

Email: operation@tlauto.com.sg

GST No: 201700521W UEN No: 201700521W

PAGE: 1

M/S : MERCEDES-BENZ FLEET MANAGEMENT SINGAPORE P1

1 GATEWAY DRIVE #15-08
WESTGATE TOWER
SINGAPORE 608531

TEL :

FAX :

ATTN : ACCOUNTS DEPT

YOUR REF NO : GBA2165R

CLAIM TYPE : THIRD PARTY

TP INS. CO. : CHINA TAIPING INSURANCE (SINGAPORE) PTE

ACCIDENT DATE : 02/10/2024

TP VEH REG NO : GBA2165R

ESTIMATE

NO : QUOT202410-000024(00)

DATE : 14/10/2024

POLICY NO : SP2003907937

VEH REG NO : SNT1390X

MAKE/MODEL : MERCEDES BENZ GLC200
AMG LINE (R19 LED)

CHASSIS NO : W1N2539802F974405

ENGINE NO : 26492030420990

REG. DATE : 2021

Not Attached

Recovery B4 pain

4 days

\$8043.60

Estimate Repair Cost to Vehicle No : SNT1390X

Description	Quantity	Unit Price	Amount
		S\$	S\$
NET PRICE			
1 Headlamp assy	1	3,780.00	3,780.00
2 Front fender	1	1,110.00	1,110.00
3 Front fender inner shield - LH (front)	1	310.00	310.00
4 Front fender inner shield - LH (rear)	1	226.00	226.00
5 Front fender wheel arch garnish - LH	1	250.00	250.00
6 Front bumper	1	2,000.00	2,000.00
7 Front bumper side retainer	1	24.00	24.00
8 Front bumper fog lamp cover - LH	1	123.00	123.00
			7,823.00
		Less 10%	782.30
			7,040.70
SPECIAL NET			
9 Front tyre - LH	1	480.00	480.00
			480.00
LABOUR			
10 To remove & refit front bumper sensor	1	100.00	100.00
11 To check & rectify wiring system	1	80.00	80.00
12 To panel beat & straighten LH front fender inner panel, LH front chassis frame, including replacement of parts and align where necessary, to refit & adjust the same	1	1,000.00	1,000.00
13 To putty and spray paint on affected areas	1	1,000.00	1,000.00
14 To apply rust-proofing on repaired and replaced panels	1	80.00	80.00
15 To reset & reprogram headlamp fault code	1	350.00	350.00
16 To computerise check wheel alignment	1	120.00	120.00
			2,730.00
		TOTAL	S\$ 10,250.70
		ADD GST @ 9.00%	922.56
		GRAND TOTAL	S\$ 11,173.26

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 DOLLAR ELEVEN THOUSAND ONE HUNDRED SEVENTY-THREE AND CENTS TWENTY-SIX ONLY



TONG LUCK AUTO PTE LTD

160 SIN MING DRIVE #07-01/06 SIN MING AUTOCITY, SINGAPORE 575722

Tel: 6250 0088 Fax: 6250 5545

Email: operation@tlauto.com.sg

GST No: 201700521W UEN No: 201700521W

PAGE: 2

M/S : MERCEDES-BENZ FLEET MANAGEMENT SINGAPORE P1

1 GATEWAY DRIVE #15-08
WESTGATE TOWER
SINGAPORE 608531

TEL : FAX :
ATTN : ACCOUNTS DEPT

YOUR REF NO : GBA2165R
CLAIM TYPE : THIRD PARTY
TP INS. CO. : CHINA TAIPING INSURANCE (SINGAPORE) PTE
ACCIDENT DATE : 02/10/2024
TP VEH REG NO : GBA2165R

ESTIMATE

NO : QUOT202410-000024(00)
DATE : 14/10/2024
POLICY NO : SP2003907937
VEH REG NO : SNT1390X
MAKE/MODEL : MERCEDES BENZ GLC200
AMG LINE (R19 LED)
CHASSIS NO : W1N2539802F974405
ENGINE NO : 26492030420990
REG. DATE : 2021

Estimate Repair Cost to Vehicle No : SNT1390X

Description	Quantity	Unit Price	Amount
		S\$	S\$

FOR TONG LUCK AUTO PTE LTD

AUTHORISED SIGNATURE