

ASS. REC. BY:

REF:

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.

Bal. or Market Value:

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:

SNT 1390X

Yr Regn:

08/21

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

Truck / Trailer or

(A)

Wagen

Make:

M. GUC 200

C.C

1991

Colour

M. Gray

A/C: Insured / Std / NI / NA

Sp. Reading

34095

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WIN 2539802F 974405

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

235/55R19

R:

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.

2/10/24

D.O.I.

15/10/2024

Survey held at

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

N/S Frt

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

Date / Time

Action / Instruction

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:

S - RS. SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

TOTAL





# 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

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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\$
<b>NET PRICE</b>			
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 x
4 Front fender inner shield - LH ( rear )	1	226.00	226.00 x
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
<b>SPECIAL NET</b>			
9 Front tyre - LH	1	480.00	480.00 701.20
			480.00
<b>LABOUR</b>			
10 To remove & refit front bumper sensor	1	100.00	100.00 601
11 To check & rectify wiring system	1	80.00	80.00 201
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 4401
13 To putty and spray paint on affected areas	1	80.00	80.00 301
14 To apply rust-proofing on repaired and replaced panels	1	350.00	350.00 ?
15 To reset & reprogram headlamp fault code	1	120.00	120.00 601
16 To computerise check wheel alignment	1		
			2,730.00
		<b>TOTAL</b>	<b>S\$ 10,250.70</b>
		<b>ADD GST @ 9.00%</b>	<b>922.56</b>
		<b>GRAND TOTAL</b>	<b>S\$ 11,173.26</b>

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



## 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

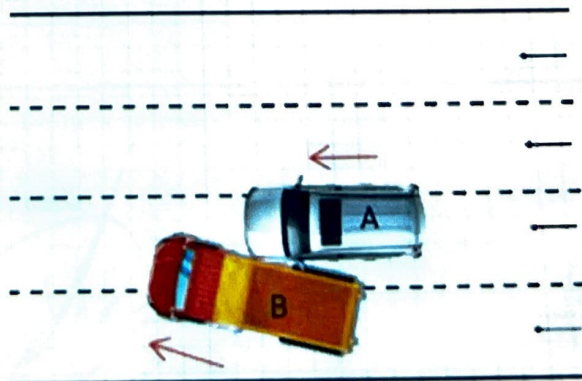
Driver's Signature (If driver is not the policyholder) / Date & Time

02/10/2024 - 1015 HRS

Witnessed by Reporting Centre Personnel



A - SNT1390X  
B - GBA2165R



ROCHOR ROAD (BEACH ROAD)