

ASS. REC. BY:

REF:

105 /

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 Report:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Yr Regn:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / RIM or

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.I.

Survey held at

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

: Prel. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

: Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

) S - RS. SI

), Fines

), Others

TOTAL

Report Format :

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





# 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 :  
ATTN : ACCOUNTS DEPT

FAX : *Not Authorised*  
*Money B4 pain*  
*4 days*

## ESTIMATE

NO : QUOT202410-000028(00)  
DATE : 14/10/2024  
POLICY NO : SP2003907937  
VEH REG NO : SMK1312G  
MAKE/MODEL : MERCEDES BENZ GLB200  
PROGRESSIVE  
CHASSIS NO : W1N2476872W072562  
ENGINE NO : 28291480389871  
REG. DATE : 2020

YOUR REF NO : SMA2424M  
CLAIM TYPE : THIRD PARTY  
TP INS. CO. : ECICS LIMITED  
ACCIDENT DATE : 30/09/2024  
TP VEH REG NO : SMA2424M

## Estimate Repair Cost to Vehicle No : SMK1312G

Description	Quantity	Unit Price	Amount
		S\$	S\$
<b>NET PRICE</b>			
1 Tailgate	1	2,295.00	2,295.00 ✓
2 Tailgate 'GLB200' emblem	1	103.00	103.00 ✓
3 Tailgate center logo	1	65.00	65.00 ✓
4 Rear end panel	1	3,118.00	3,118.00 X
5 Rear bumper	1	1,555.00	1,555.00 ✓
6 Rear bumper reinforcement	1	770.00	770.00 X
7 Rear bumper center inner frame	1	150.00	150.00 X
8 Rear bumper top chrome	1	270.00	270.00 ✓
9 Rear bumper lower garnish	1	283.00	283.00 X
10 Rear bumper lower chrome	1	1,578.00	1,578.00 X
11 Rear bumper sensor	2	216.00	432.00 X
12 Rear bumper sensor seals	6	12.00	72.00 ✓
13 Rear bumper clips	15	10.00	150.00 60/1
			10,841.00
		Less 10%	1,077.60
			9,763.40
<b>SPECIAL NET</b>			
14 Rear windscreen sealant	1	60.00	60.00 40/1
15 Tailgate " C&C emblem	1	38.00	38.00 ✓
			98.00
<b>LABOUR</b>			
16 To remove & refix rear windscreen	1	150.00	150.00 120/1
17 To transfer damaged tailgate interior parts to new tailgate	1	120.00	120.00 60/1
18 To remove & refit rear bumper sensor	1	100.00	100.00 60/1
19 To check & rectify wiring system	1	80.00	80.00 15/1
20 To remove & refix rear interior garnishes & trimboard to facilitate the repairs	1	180.00	180.00 X
21 To panel beat and straighten rear chassis frame, rear floorboard panel, to cut & weld rear end panel, including replacement of parts and align where necessary, to refit & adjust the same	1	1,200.00	1,200.00 400/1
22 To putty & spray paint on affected areas	1	1,000.00	1,000.00 440/1
23 To apply rust-proofing on replaced & repaired panels	1	120.00	120.00 X
			2,950.00

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	01/10/2024 11:15 (SGT)
Reported by	Actual Driver
Date of Accident	30/09/2024 15:20 (SGT)
Exact Location of Accident	Paya Lebar Rd, Singapore
Additional Location Information	SLIP ROAD INTO EUNOS AVE 5
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMK1312G

#### 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) +65-90231927
Alternative Phone No	(Office) +65-82821711

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	GLB200 PROGRESSIVE
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	1332
Vehicle Fuel	Petrol
First Registration Date	-
Chassis no	W1N2476872W072562
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

30/09/2024 2230HRS

Witnessed by Reporting Centre Personnel



PAYA LEBAR SLIP ROAD  
INTO EUNOS AVE 5

A - SMK1312G

B - SMA2424M