

ASS. REC. BY:

REF: 1CS/CS/ICS24110163/Kqp3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop n/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

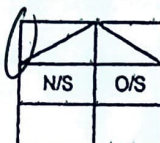
Sum Insured: _____

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: \$ 258K

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 04 days

Res.: Yes or No

Lum Sum: 1.61 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SNN 3267Regn: 09, 23

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

Truck / Trailer or _____

Make: Mer EGB 250

c.c. _____

Colour: M. Red

A/C: Insured / Std / NI / NA

Sp. Reading: 29289

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WIN 2436012 NCI5058Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rlm / STD / Rlm or

Tyre Size: F: _____

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 6/10/24D.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

Kenneth finalised final fig \$5558.20, 4 days (Red \$1881.20, 25%)

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair: 4

11/11 Typist

☐

: Final Report

Resurvey No. of Trlp: 1

Survey Fee: _____

Date/Time, File Return to?

Transportation: _____

Add Fee: ☐

: Site Insp (\$ _____)

S - RS. SI

☐

: Interview (\$ _____)

: Fines

☐

: Tech Invs (\$ _____)

: Others

☐

: Weekend (\$ _____)

)

Report Format: MER-TP

Lump Sum / I.B.I: (\$) 5558.20

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

PAGE: 1

M/S : MERCEDES-BENZ FLEET MANAGEMENT SINGAPORE P1

1 GATEWAY DRIVE #15-08
WESTGATE TOWER
SINGAPORE 608531

TEL :

ATTN : ACCOUNTS DEPT

YOUR REF NO : YN9713Y

CLAIM TYPE : THIRD PARTY

TP INS. CO. : ECICS LIMITED

ACCIDENT DATE : 04/10/2024

TP VEH REG NO : YN9713Y

ESTIMATE

NO : QUOT202410-000034(00)

DATE : 14/10/2024

POLICY NO : SP2003907937

VEH REG NO : SNM3267T

MAKE/MODEL : MERCEDES BENZ EQB250

CHASSIS NO : W1N2436012N015058

ENGINE NO :

REG. DATE : 2022

Estimate Repair Cost to Vehicle No : SNM3267T

Description	Quantity	Unit Price	Amount
		S\$	S\$
NET PRICE			
1 Headlamp assy - LH	1	1,738.00	1,738.00
2 Front fender - LH	1	1,007.00	1,007.00
3 Front fender wheel arch garnish - LH	1	272.00	272.00
4 Front fender inner shield - LH (front)	1	228.00	228.00
5 Front fender inner shield - LH (rear)	1	240.00	240.00
6 Front bumper	1	1,650.00	1,650.00
7 Front bumper side retainer - LH	1	24.00	24.00
8 Front bumper sensor seals	6	12.00	72.00
9 Front bumper clips	15	9.00	135.00
			5,366.00
			Less 10%
			536.60
			4,829.40
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, 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
			2,610.00
TOTAL			S\$ 7,439.40
ADD GST @ 9.00%			669.55
GRAND TOTAL			S\$ 8,108.95

SINGAPORE DOLLAR EIGHT THOUSAND ONE HUNDRED EIGHT AND CENTS NINETY-FIVE ONLY

FOR TONG LUCK AUTO PTE LTD

AUTHORISED SIGNATURE

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	04/10/2024 16:34 (SGT)
Reported by	Actual Driver
Date of Accident	04/10/2024 09:45 (SGT)
Exact Location of Accident	39 Woodlands CI, Singapore 737856
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNM3267T

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) +65-98241230
Alternative Phone No	(Office) +65-82821711

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	EQB250 ELECTRIC ART PA, BSP, AHBA
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	0
Vehicle Fuel	Electric
First Registration Date	-
Chassis no	W1N2436012N015058
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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

041024- 1430HRS

