

ASS. REC. BY:

REF: C121

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: \$ 195K

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 4-5 days

Res.: Yes or No

Lum Sum: 1-B-1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Veh No: SUM 8548AYr Regn: 10, 23

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

Truck / Trailer or _____

Make: MCLA180C.G. 1332Colour: White

AC: Insured / Std / NI / NA

Sp. Reading: 3282

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WIK1183842N441234Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rlm / STD A/Rlm orTyre Size: F: 225/45 R18

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 8 mmR/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 19/10/24D.O.I. 8/11/2024

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

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

Tech Invs (\$ _____)

☐

Weekend (\$ _____)

) S - RS. \$ _____

) F. P. \$ _____

) Others \$ _____

Report Format :

mp 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

PAGE: 1

M/S : MERCEDES-BENZ FLEET MANAGEMENT SINGAPORE P1
1 GATEWAY DRIVE #15-08
WESTGATE TOWER
SINGAPORE 608531

TEL :
ATTN : ACCOUNTS DEPT

FAX : *Phanny B4 pain*

YOUR REF NO : SLD3761D
CLAIM TYPE : THIRD PARTY
TP INS. CO. : CHINA TAIPING INSURANCE (SINGAPORE) PTE
ACCIDENT DATE : 19/10/2024
TP VEH REG NO : SLD3761D

ESTIMATE

NO : QUOT202411-000016(00)
DATE : 07/11/2024
POLICY NO : SP2003907937
VEH REG NO : **SNM8548A**
MAKE/MODEL : MERCEDES BENZ CLA 180
COUPE PROGRESSIVE LN
CHASSIS NO : W1K1183842N441234
ENGINE NO : 28281480066117
REG. DATE : 2023

4-5 days

Estimate Repair Cost to Vehicle No : SNM8548A

Description	Quantity	Unit Price	Amount
		S\$	S\$
NET PRICE			
1 Bootlid	1	2,516.00	2,516.00 ✓
2 Bootlid 'CLA180' emblem	1	241.00	241.00 ✓
3 Bootlid centre logo	1	202.00	202.00 ✓
4 Bootlid weatherstrip	1	225.00	225.00 ✓
5 Bootlid reflector - LH	1	647.00	647.00 ?
6 Rear end panel	1	1,532.00	1,532.00 ?
7 Rear end panel top garnish	1	102.00	102.00 ?
8 Rear bumper	1	1,564.00	1,564.00 ✓
9 Rear bumper reinforcement	1	560.00	560.00 ?
10 Rear bumper centre inner frame	1	120.00	120.00 ?
11 Rear bumper reflector - RH / LH	2	55.00	110.00 X
12 Rear bumper sensor	2	353.00	706.00 ?
13 Rear bumper sensor seals	6	12.00	72.00 ?
14 Rear bumper clips	15	10.00	150.00 ✓
15 Rear bumper lower garnish		555.00	555.00 ✓
16 Rear bumper lower centre chrome	1	130.00	130.00 ✓
17 Rear bumper lower chrome - RH / LH	2	158.00	316.00 ?
			9,748.00
Less 10%			974.80
			8,773.20
SPECIAL NET			
18 Bootlid 'C&C' emblem		40.00	40.00 ✓
19 Rear number plate		40.00	40.00 ✓
			80.00
LABOUR			
20 To transfer damaged bootlid interior mechanism to new bootlid	1	120.00	120.00 601
21 To check & rectify wiring system	1	80.00	80.00 201
22 To remove & refit rear bumper sensor	1	100.00	100.00 601
23 To remove & fix rear interior garnishes & trimboard to facilitate the repairs	1	180.00	180.00 ?
24 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	1,500.00	1,500.00 ?
25 To putty & spray on affected areas	1	1,200.00	1,200.00 4401

LKK Auto Consultants hence notify 1 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:



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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YOUR REF NO : SLD3761D
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CHASSIS NO : W1K1183842N441234
ENGINE NO : 28281480066117
REG. DATE : 2023

Estimate Repair Cost to Vehicle No : SNM8548A

Description	Quantity	Unit Price	Amount
		S\$	S\$
26 To apply rust proofing on repaired and replaced panels	1	120.00	120.00
			3,300.00
TOTAL			S\$ 12,153.20
ADD GST @ 9.00%			1,093.80
GRAND TOTAL			S\$ 13,247.00

SINGAPORE DOLLAR THIRTEEN THOUSAND TWO HUNDRED FORTY-SEVEN ONLY

FOR TONG LUCK AUTO PTE LTD

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	21/10/2024 10:35 (SGT)
Reported by	Actual Driver
Date of Accident	19/10/2024 12:50 (SGT)
Exact Location of Accident	Punggol Wy, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNM8548A
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) +65-91997950
Alternative Phone No	(Office) +65-82821711

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
Variant	COUPE PROGRESSIVE LN
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-Electric
First Registration Date	-
Chassis no	W1K1183842N441234
Effective Date/Time of Ownership	-

INSURANCE COMPANY

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

DRIVER

IMPORTANT NOTICE

SKETCH PLAN

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 wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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5. Any false reporting may be referred to the Police for investigation.
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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.

[Signature]

[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

19 OCT 2024
1440HRS

PUNGGOL WAY
A-SNM8548A
B-SLD3761D

