

Kenneth

ASS. REC. BY:

REF: C721

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Tony Luckof 7787

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

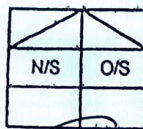
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: 8113K

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 1.61 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SMU 9537U Yr Regn: 09, 20Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mer A200 c.c. 1332Colour: White A/C: Insured / Std / NI / NASp. Reading: 126146 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WIK1771872J 239539Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: NI / S/Rlm / STD A/Rlm orTyre Size: F: 225/45R18

R: \_\_\_\_\_

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

TOYO / YOKO or

Front

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 15/11/24

Survey held at

Rear

R/Bal. 8 mmL/Bal. 8 mmD.O.I. 5/12/2024Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: \_\_\_\_\_

1)

☐ : Final Report

Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?

Survey Fee:

2)

Transportation:

Add Fee: ☐ : Site Insp (\$

) \$ + RS. \$

☐ : Interview (\$

) Fines

☐ : Tech Invs (\$

) Others

☐ : 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

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*  
*Replying 34 pages*  
*4 days*

## ESTIMATE

NO : QUOT202412-000009(00)  
DATE : 04/12/2024  
POLICY NO : SP2003907937  
VEH REG NO : SMU9537U  
MAKE/MODEL : MERCEDES BENZ A200  
SALOON PROGRESSIVE (R18  
LED)  
CHASSIS NO : W1K1771872J239539  
ENGINE NO : 28291480402483  
REG. DATE : 2020

YOUR REF NO : GBH8053D  
CLAIM TYPE : THIRD PARTY  
TP INS. CO. : CHINA TAIPING INSURANCE (SINGAPORE) PTE  
ACCIDENT DATE : 15/11/2024  
TP VEH REG NO : GBH8053D

## Estimate Repair Cost to Vehicle No : SMU9537U

| Description   | Quantity | Unit Price | Amount       |
|---|----------|------------|--------------|
|   |          | S\$        | S\$          |
| <b>NET PRICE</b>  |          |            |              |
| 1 Bootlid   | 1        | 3,190.00   | 3,190.00 X   |
| 2 Bootlid 'A200' emblem   | 1        | 168.00     | 168.00 ✓     |
| 3 Bootlid centre logo   | 1        | 73.00      | 73.00 ✓      |
| 4 Bootlid weatherstrip  | 1        | 236.00     | 236.00 X     |
| 5 Rear end panel  | 1        | 1,298.00   | 1,298.00 X   |
| 6 Rear end panel top garnish  | 1        | 102.00     | 102.00 X     |
| 7 Rear bumper   | 1        | 1,625.00   | 1,625.00 ✓   |
| 8 Rear bumper reinforcement   | 1        | 605.00     | 605.00 ?     |
| 9 Rear bumper inner frame   | 1        | 108.00     | 108.00 ?     |
| 10 Rear bumper sensor   | 2        | 216.00     | 432.00 X     |
| 11 Rear bumper sensor seals   | 6        | 12.00      | 72.00 ✓      |
| 12 Rear bumper clips  | 15       | 10.00      | 150.00 60%   |
| 13 Rear bumper lower garnish  | 1        | 595.00     | 595.00 ✓     |
| 14 Rear bumper centre chrome  | 1        | 350.00     | 350.00 ?     |
|   |          |            | 9,004.00     |
|   |          | Less 10%   | 896.80       |
|   |          |            | 8,107.20     |
| <b>SPECIAL NET</b>  |          |            |              |
| 15 Bootlid 'C&C' emblem   | 1        | 40.00      | 40.00 ✓      |
|   |          |            | 40.00        |
| <b>LABOUR</b>   |          |            |              |
| 16 To transfer damaged bootlid interior mechanism to new bootlid  | 1        | 120.00     | 120.00 X     |
| 17 To check & rectify wiring system   | 1        | 80.00      | 80.00 15%    |
| 18 To remove & refit rear bumper sensor   | 1        | 100.00     | 100.00 60%   |
| 19 To remove & fix rear interior garnishes & trimboard to facilitate the repairs  | 1        | 180.00     | 180.00 X     |
| 20 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 40% |
| 21 To putty & spray on affected areas   | 1        | 1,000.00   | 1,000.00 44% |
| 22 To apply rust-proofing on repaired and replaced panels   | 1        | 120.00     | 120.00 X     |
|   |          |            | 2,800.00     |

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:



From: SJ0G24BQ000C / JP Knights Pte Ltd  
ENTRY DATE & TIME: 26/11/2024 11:38 (SGT)  
SUBMITTED BY: Flash Reporting  
VERSION: 1 (26/11/2024 11:38 (SGT))

Your NCD will be affected due to late reporting

## 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        | 26/11/2024 11:38 (SGT) |
| Reported by                     | Actual Driver          |
| Date of Accident                | 15/11/2024 22:30 (SGT) |
| Exact Location of Accident      | CTE, Singapore         |
| Additional Location Information | TOWARDS CLEMENCEAU RD  |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

|                             |  |
|-----------------------------|--|
| Vehicle Registration Number | SMU9537U   |
| 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) +65-90175737                             |
| Alternative Phone No        | (Office) +65-82821711                            |

### VEHICLE PARTICULARS

|  |                              |
|--|------------------------------|
| Manufacturer   | Mercedes                     |
| Model  | A200                         |
| Variant  | SALOON PROGRESSIVE (R18 LED) |
| 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   | W1K1771872J239539            |
| 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.

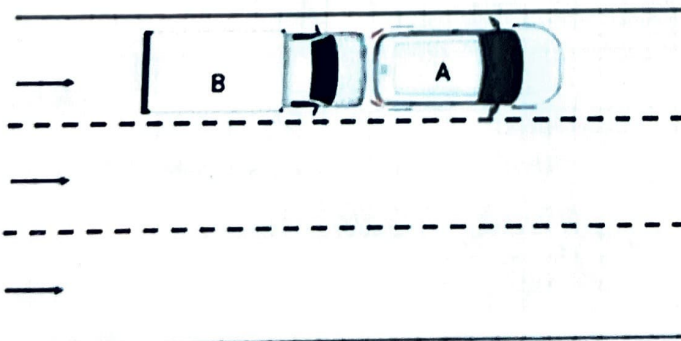
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

26112024 - 1015HRS



CTE TWRDS CLEMENCEAU RD

A - SMU9537U

B - GBH8053D