

ASS. REC. BY:

REF:

C11/ CS/CTI24070408/Kvp3e2

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:

GBG 6858S

Policy No.

Claims No.

SNM24D204072

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:

8219K

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-B.1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

PNN2848T

Yr Regn:

11, 23

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

Truck / Trailer or

Make:

New

GUB 180 c.c

Colour

A. Blade

A/C:

Insured / Std / NI / NA

Sp. Reading

20190

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WIN 2476842W 309561

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

235/55R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU (PIR) SUMI / TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

13/7/24

D.O.I.

25/7/2024

Survey held at

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

O/S Rear

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

Date / Time

Action / Instruction

30/8

1943.50

Constr

(red 13,282.20, 87%)

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

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

## 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	15/07/2024 11:48 (SGT)
Reported by	Actual Driver
Date of Accident	13/07/2024 14:15 (SGT)
Exact Location of Accident	29 Kelantan Rd, Singapore 658882
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNN2848T
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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) +65-90085349
Alternative Phone No	(Office) +65-82821711

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	GLB 180 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

#### INSURANCE COMPANY

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

#### DRIVER

Name of Driver	WENG JIANHUANG
NRIC No	SXXXX985E
Date Of Birth	15/04/1993



Occupation	Outdoor
Driving Pass Date	04/07/2016
Driving experience	8 YEARS
Gender	Male
Mobile Number	(Phone) +65-90085349
Alt. Phone Number	-
Email Address	too_tong.tan@mercedes-benz.com
Address	BLK 29 KELATAN ROAD #10-103
Address complement	-
Postcode	200029
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### PASSENGER 1

Name	UNKNOWN
Gender	Male

#### PASSENGER 2

Name	UNKNOWN
Gender	Female

#### PASSENGER 3

Name	UNKNOWN
Gender	Male

#### PASSENGER 4

Name	UNKNOWN
Gender	Female

#### PASSENGER 5

Name	UNKNOWN
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

## CIRCUMSTANCES OF ACCIDENT

ON THE 13/07/2024 AT ABOUT 14:15HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER ( SNN2848T) ALONG 29 KELATAN ROAD EN-ROUTE FROM CLEMENTI MALL TOWARDS KELATAN ROAD TO PERSONAL PURPOSE, AS MY VEHICLE WAS STATIONARY AT OPEN SPACE CARPARK SHORTLY AFTER, I FELT AN IMPACT ON MY REAR RIGHT PORTION OF VEHICLE A AND REALISED VEHICLE B BEARING REGISTRATION NUMBER ( GBG6858S) WITHOUT NOTICE REVERSING VEH B FROM THE PARKING LOT AND COLLIDED ONTO VEHICLE A. NO INJURIES WERE PRESENTED DURING THE COURSE OF COLLISION.

## ATTACHMENT(S)

Are accident photos available for attachment? Yes  
Was there any video captured by Car Camera? Yes

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG6858S
Vehicle Manufacturer	Nissan
Vehicle Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-93461307
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including 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.

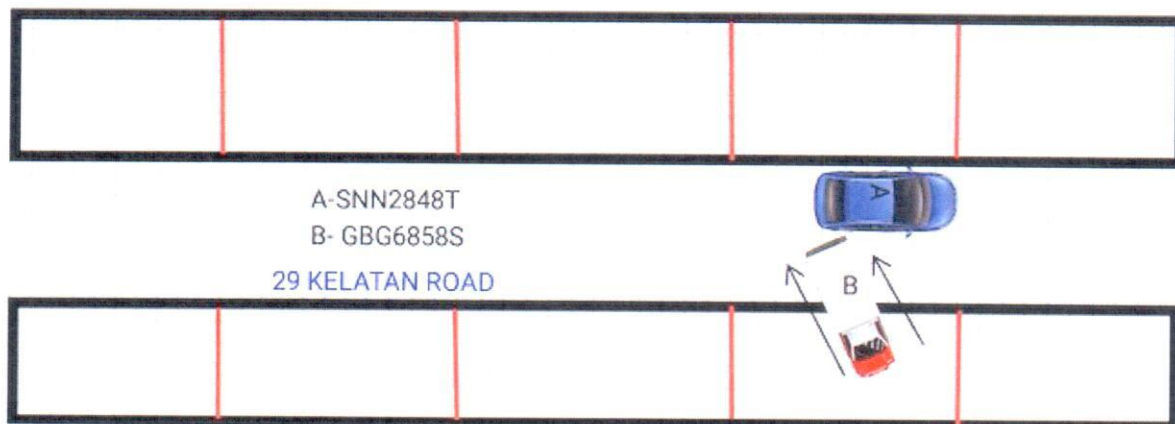
Policyholder's Signature / Date & Time

Sketch Plan

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

14/07/2024 0030HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON THE 13/07/2024 AT ABOUT 14:15HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER ( SNN2848T) ALONG 29 KELATAN ROAD EN-ROUTE FROM CLEMENTI MALL TOWARDS KELATAN ROAD TO PERSONAL PURPOSE, AS MY VEHICLE WAS STATIONARY AT OPEN SPACE CARPARK SHORTLY AFTER, I FELT AN IMPACT ON MY REAR RIGHT PORTION OF VEHICLE A AND REALISED VEHICLE B BEARING REGISTRATION NUMBER ( GBG6858S) WITHOUT NOTICE REVERSING VEH B FROM THE PARKING LOT AND COLLIDED ONTO VEHICLE A. NO INJURIES WERE PRESENTED DURING THE COURSE OF COLLISION.

Declaration

I/We declare the foregoing particulars are true in every respect

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

14/07/2024 0030HRS





# 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

## ESTIMATE

1 GATEWAY DRIVE #15-08  
WESTGATE TOWER  
SINGAPORE 608531

NO : QUOT202407-000058(00)

DATE : 24/07/2024

TEL :

FAX :

POLICY NO : SP2003907937

ATTN : ACCOUNTS DEPT

VEH REG NO : SNN2848T

MAKE/MODEL : MERCEDES BENZ GLB 180  
PROGRESSIVE

YOUR REF NO :

CHASSIS NO : W1N2476842W309561

CLAIM TYPE : THIRD PARTY

ENGINE NO : 28291480989855

TP INS. CO. : CHINA TAIPING INSURANCE (SINGAPORE) PTE

REG. DATE : 2023

ACCIDENT DATE : 13/07/2024

TP VEH REG NO : GBG6858S

### Estimate Repair Cost to Vehicle No : SNN2848T

Description	Quantity	Unit Price	Amount
		S\$	S\$
<b>NET PRICE</b>			
1 Rear fender - RH	1	10,160.00	10,160.00 X
2 Rear fender wheel arch garnish - RH	1	270.00	270.00 ✓
3 Rear bumper	1	1,555.00	1,555.00 X
4 Rear bumper side retainer - RH	1	126.00	126.00 X
5 Rear bumper sensor seals	6	12.00	72.00 X
6 Rear bumper clips	15	9.00	135.00 X
7 Taillamp assy - RH	1	460.00	460.00 X
8 Rear sport rim - RH	1	875.00	875.00 ✓
			13,653.00
		Less 10%	1,365.30
			12,287.70
<b>SPECIAL NET</b>			
9 Rear triangle glass sealant - RH		40.00	40.00 X
			40.00
<b>LABOUR</b>			
10 To remove & refit RH rear triangle glass	1	120.00	120.00 X
11 To remove & refit rear bumper sensor	1	100.00	100.00 X
12 To check & rectify wiring system	1	80.00	80.00 156
13 To panel beat & straighten RH rear fender inner panel, RH rear chassis frame, to cut & weld RH rear fender, including replacement of parts and align where necessary, to refit & adjust the same	1	1,200.00	1,200.00 400
14 To puty & spray paint on affected areas	1	1,200.00	1,200.00 440
15 To apply rust-proofing on replaced & repaired panels.	1	80.00	80.00 X
16 To computerise check wheel alignment	1	120.00	120.00 60
			2,900.00
		<b>TOTAL</b>	<b>S\$ 15,227.70</b>
		ADD GST @ 9.00%	1,370.49
		<b>GRAND TOTAL</b>	<b>S\$ 16,598.19</b>

SINGAPORE DOLLAR SIXTEEN THOUSAND FIVE HUNDRED NINETY-EIGHT AND CENTS NINETEEN ONLY



## TONG LUCK AUTO PTE LTD

160 SIN MING DRIVE #07-01/06 SIN MING AUTOCITY, SINGAPORE 575722

Tel: 6250 0088 Fax: 6250 5545

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PAGE: 2

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WESTGATE TOWER  
SINGAPORE 608531

TEL : FAX :

ATTN : ACCOUNTS DEPT

YOUR REF NO :

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PROGRESSIVE

CHASSIS NO : W1N2476842W309561

ENGINE NO : 28291480989855

### Estimate Repair Cost to Vehicle No : SNN2848T

Description	Quantity	Unit Price	Amount
		S\$	S\$

FOR TONG LUCK AUTO PTE LTD

AUTHORISED SIGNATURE