

ASS. REC. BY:

REF:

0721

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

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:

PNN2848T

Yr Regn:

11, 23

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

Truck / Trailer or

Make:

New

GLB 180 c.c

1332

Colour

A. Black

A/C: Insured / Std / NI / NA

Sp. Reading

20190

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WIN 2478842W 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

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

F. P. AS

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

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 :

YOUR REF NO :
CLAIM TYPE : THIRD PARTY
TP INS. CO. : CHINA TAIPING INSURANCE (SINGAPORE) PTE
ACCIDENT DATE : 13/07/2024
TP VEH REG NO : GBB6858S

ESTIMATE

NO : QUOT202407-000058(00)
DATE : 24/07/2024
POLICY NO : SP2003907937
VEH REG NO : SNN2848T
MAKE/MODEL : MERCEDES BENZ GLB 180
PROGRESSIVE
CHASSIS NO : W1N2476842W309561
ENGINE NO : 28291480989855
REG. DATE : 2023

Estimate Repair Cost to Vehicle No : SNN2848T

Description	Quantity	Unit Price	Amount
		S\$	S\$
NET PRICE			
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
		40.00	40.00 X
			40.00
SPECIAL NET			
9 Rear triangle glass sealant - RH	1	120.00	120.00 X
		100.00	100.00 X
		80.00	80.00 15L
		1,200.00	1,200.00 400
			440L
		1,200.00	1,200.00
		80.00	80.00 X
		120.00	120.00 60L
			2,900.00
TOTAL			S\$ 15,227.70
ADD GST @ 9.00%			1,370.49
GRAND TOTAL			S\$ 16,598.19

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: _____

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Signature:

Date:

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

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
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MERCEDES-BENZ FLEET MANAGEMENT SINGAPORE PTE LTD
Company Reg No	1XXXXXX778Z
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

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

14/07/2024 0030HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

<p>A-SNN2848T B- GBG6858S 29 KELATAN ROAD</p>				

