

ASS. REQ. BY:

REF: EB2/20006764/K5Kenneth

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

Tong Luck

Insured: _____

778E

Policy No. _____

Claims No. _____

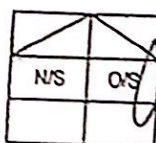
Sum Insured: _____

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 Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

08

days

Res.: Yes or No

Lum Sum: _____

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBF 603EYr Regn: 08, 16

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

Truck / Trailer or

Make: ToyHiace

c.c

2982Colour: Yellow

A/C: Insured / Std / NI / NA

Sp. Reading: 129235

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFHT 02 PX 002 198288

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: _____

195R15X8SS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 24/6/20D.O.I. 29/6/2020

Survey held at _____

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

o/s body

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trlp: _____

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S - R.S. SI

Fees

Others

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 : DAIMLER FLEET MANAGEMENT S'PORE PTE LTD

1 GATEWAY DRIVE
#15-08 WESTGATE TOWER
SINGAPORE 608531

TEL : 6849 8118

FAX :

ATTN : ACCOUNTS DEPT

YOUR REF NO : GBH5905R

CLAIM TYPE : THIRD PARTY

TP INS. CO. : ERGO INSURANCE PTE LTD

ACCIDENT DATE : 24/06/2020

TP VEH REG NO : GBH5905R

ESTIMATE

NO : QUOT202006-000045(00)

DATE : 29/06/2020

POLICY NO : 999995580

VEH REG NO : GBF603E

MAKE/MODEL : TOYOTA TOYOTA HIACE VAN
TURBO 5 DR MANUAL

CHASSIS NO : JTFHT02PX00198288

ENGINE NO : 1KD2620818

REG. DATE : 2016

Not Authorised

11 Lng. B?

Recovery After Rainy

Today,

Estimate Repair Cost to Vehicle No : GBF603E

Description	Quantity	Unit Price	Amount
		S\$	S\$
LIST PRICE			
1 Sliding door - RH	1	1,690.70	1,690.70
2 Sliding door lock - RH	1	298.50	298.50
3 Sliding door inner trimboard - RH	1	303.98	303.98
4 Sliding door trimboard clips - RH	15	5.65	84.75
5 Sliding door outer handle - RH	1	160.70	160.70
6 Rear fender - RH	1	1,763.87	1,763.87
			4,302.50
		Less 25%	1,075.61
			3,226.89
LABOUR			
7 To transfer RH damaged door interior mechanism to new door	1	150.00	150.00
8 To check and rectify wiring system	1	80.00	80.00
9 To panel beat and straighten RH front door rear pillar, RH running board panel, to cut and weld RH rear fender, including replacement of parts and align where necessary, to refit and adjust the same	1	1,200.00	1,200.00
10 To putty and spray paint on affected areas	1	1,200.00	1,200.00
11 To apply rust-proofing on replaced and repaired panels	1	120.00	120.00
12 To supply artwork and paste logo on RH body panel	1 (Bitt)	1,000.00	1,000.00
			3,750.00

TOTAL S\$ 6,976.89

ADD GST @ 7% 488.38

GRAND TOTAL S\$ 7,465.27

SINGAPORE DOLLAR SEVEN THOUSAND FOUR HUNDRED AND FIFTY-FIVE AND CENTS TWENTY-SEVEN ONLY

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts/vehicle
- 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

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 Authorised 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 Report	25/06/2020 17:20
Date Of Accident	24/06/2020 12:45
Exact Location Of Accident	CARPARK OF BLK 5 ANG MO KIO IND PK 2A.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF603E
Insured/Policyholder	
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD
Co Reg No	1XXXXXX78Z
Email Address	OSMAN.AFFAN@DAIMLER.COM
Mobile Phone No	
Alternative Phone No	OFFICE-88762072

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5 DR MANUAL
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995580
Cover Note Number	

Driver

Name of Driver	MUHAMMAD HAMDI BIN MOHAMMAD RASHID
NRIC No	SXXXX338E
Date Of Birth	21/06/1990
Occupation	OUTDOOR
Date Of Driving Pass	02/02/2015
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90287202
Fax Number	
Contact Number	
Email Address	MUHAMMAD_HAMDI@HOTMAIL.COM

Address NA
Postcode
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles (including own vehicle) involved in the accident 2
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO
If Yes, Please state which Police Station
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

ON THE DATE AND TIME MENTIONED I WAS DRIVING INTO THE SAID CARPARK, AS MY VEHICLE WAS MOVING, AT A SLOW SPEED, IT WAS HIT BY A REVERSING VEHICLE B. NO ONE WAS INJURED..

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

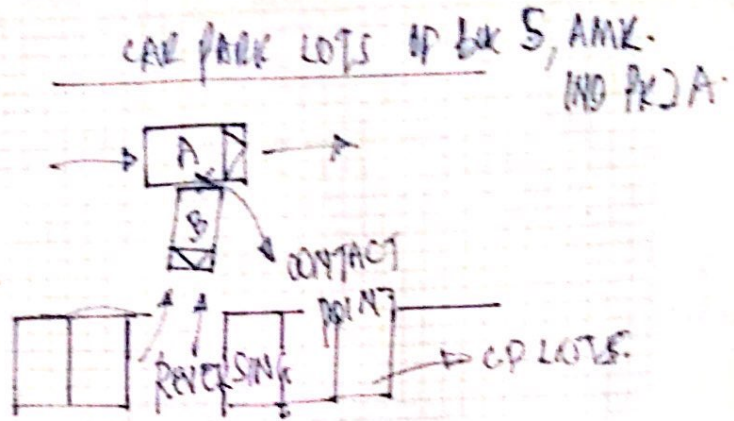
Vehicle Registration Number GBH5905R
Vehicle Make/Model/Colour NISSAN / NV200 VANETTE DX 1.6 AUTO
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver CHIANG KEE LING
NRIC/Passport Number SXXXX320C
Contact Number 94514024
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

x 2

As 48F603E

7-GBH5905R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

REFER TO ATTACHED STATEMENT

DECLARATION

1/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

x 2

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI

Reporting Centre Personnel's Signature
Name: _____
NPOC/FIN No.: _____