

ASS. REC. BY:

REF: CTZ/

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:

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03

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:

GB11 9811B Yr Regn: 11, 18

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

Truck / Trailer or

Make:

Volkswagen Transpace 1968

Colour:

White

A/C: Insured / Std / NI / NA

Sp. Reading:

62447

T/Radio: Insured / Std / NI / NA

Eng/No:

62247

C/No:

NV1888714.2KH012456

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/60R16

R:

G.Y.

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

8/6/20

D.O.I.

3/7/2020

Survey held at

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

015191

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

Date / Time

Action / Instruction

PART BY PART \$2679.04, 3DAYS (RED: 2409.94; 47%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ - R/S - SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

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 : GBB3777M

CLAIM TYPE : THIRD PARTY

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

ACCIDENT DATE : 08/06/2020

TP VEH REG NO : GBB3777M

## ESTIMATE

NO : QUOT202007-000003(00)

DATE : 03/07/2020

POLICY NO : 999995730

VEH REG NO : GBH9811B

MAKE/MODEL : VOLKSWAGEN T6 VAN TDI  
NWB DSG

CHASSIS NO : WV1ZZZ7HZKH012456

ENGINE NO : CXH169226

REG. DATE : 2018

## Estimate Repair Cost to Vehicle No : GBH9811B

Description	Quantity	Unit Price S\$	Amount S\$
<b>LIST PRICE</b>			
1 Front bumper	1	1,650.85	1,650.85
2 Front bumper reinforcement	1	825.35	825.35
3 Front bumper side retainer - RH	1	38.35	38.35
4 Front bumper clips	15	8.55	128.25
5 Headlamp assy - RH	1	691.10	691.10
6 Front fender - RH	1	676.05	676.05
			4,009.95
		Less 10%	400.97
			3,608.98
<b>LABOUR</b>			
7 To panel beat and straighten front chassis frame, including replacement of parts and align where necessary, to refit and adjust the same	1	800.00	800.00
8 To check and rectify wiring system	1	80.00	80.00
9 To putty and spray paint on affected areas	1	600.00	600.00
			1,480.00
		<b>TOTAL</b>	<b>S\$ 5,088.98</b>
		ADD GST @ 7%	356.23
		<b>GRAND TOTAL</b>	<b>S\$ 5,445.21</b>

SINGAPORE DOLLAR FIVE THOUSAND FOUR HUNDRED FORTY-FIVE AND CENTS TWENTY-ONE ONLY

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:

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	08/06/2020 23:18
Date Of Accident	08/06/2020 08:30
Exact Location Of Accident	ALONG GREENWICH DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9811B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD
Co Reg No	1XXXXX778Z
Email Address	FAIZAL.MOHAMED@DAIMLER.COM
Mobile Phone No	
Alternative Phone No	OFFICE-81268670

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	T6 VAN TDI NWB DSG
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	REPORTING ONLY
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	999995730
Cover Note Number	

### Driver

Name of Driver	POH JING YANG
NRIC No	SXXXX301G
Date Of Birth	07/12/1987
Occupation	OUTDOOR
Date Of Driving Pass	29/06/2011
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87514811
Fax Number	
Contact Number	
EMail Address	DDPOH570@GMAIL.COM



Address NIL  
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 SIDE SWIPE  
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? YES  
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) 2  
Passenger 1  
NAME: : YIP YING KIAT  
GENDER: : FEMALE

#### 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? YES  
If Yes, against whom? BEDOK DIVISION HQ

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO. G/20200608/7070 LODGE AT BEDOK DIVISION HQ I, POH JING YANG, S8740301G, AM THE DRIVER OF VAN GBH9811B AND I HAVE A PASSENGER (MISS YIP YING KIAT, S8913887F) IN MY VAN DURING THE TIME OF THE ACCIDENT. THE OTHER DRIVER INVOLVED IN THIS ACCIDENT IS MR ZAINUDIN BIN ABDUL RAHMAN, S1587960B, AND HE IS THE DRIVER OF VAN GBB3777M. THE ACCIDENT HAPPENED ON 8TH OF JUNE 2020 AT 08:34AM OUTSIDE GREENWICH DRIVE. AT THE ABOVE TIME, I WAS DRIVING ON THE LEFT MOST AND I AM GOING TO TURN LEFT INTO SINGPOST FOR WORK. JUST WHEN I WAS ABOUT TO TURN LEFT, MR ZAINUDIN DROVE PAST ON MY RIGHT SIDE AND HE ATTEMPTED TO TURN LEFT INTO SINGPOST FACILITY TOO. HOWEVER, HE WAS IN THE "GO STRAIGHT ONLY" LANE. I GOT A SHOCK AND I SLAMMED ON MY BRAKES TO AVOID GETTING HIT BY HIS VEHICLE. I'VE ALSO TRIED TO STEER HARD TO MY LEFT TO AVOID GETTING HIT BY MR ZAINUDIN'S VEHICLE BUT THERE WAS NO MORE SPACE ON MY LEFT AS I WAS ALREADY ON THE LEFT MOST LANE. DESPITE DOING AN EMERGENCY BRAKE AND STEERING AWAY FROM MR ZAINUDIN'S VAN, MR ZAINUDIN STILL HIT THE VEHICLE I WAS DRIVING. THIS HAS CAUSED THE FRONT RIGHT BUMPER AND FRONT RIGHT HEADLIGHT OF MY VEHICLE TO BE DAMAGED. THE IMPACT OF THE ACCIDENT HAD CAUSED ME AND MY PASSENGER TO BE INJURED. MY PASSENGER, MISS YIP COMPLAIN OF HEADACHE, NECK PAIN AFTER THE IMPACT OF THE ACCIDENT. MY RIGHT HAND IS SWOLLEN AND I HAVE A HEADACHE AFTER THE ACCIDENT. WE THEN SOUGHT MEDICAL TREATMENT IMMEDIATELY. I POH JING YANG, S8740301G WAS GIVEN 5 DAYS OF MEDICAL CERTIFICATE FOR THE INJURIES. I'VE SUSTAIN DUE TO THIS ACCIDENT. MY PASSENGER, YIP YING KIAT, S8913887F WAS GIVEN 5DAYS OF MEDICAL CERTIFICATE FOR THE INJURIES SHE HAD SUSTAIN DUE TO THIS ACCIDENT.

#### 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 GBB3777M



SKETCH PLAN

A - 4BH9811B  
B - 4BB3777M

37 ←

37  
GREENWICH  
DR

CONTACT



GREENWICH  
DR

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

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:

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMED SHARIL BIN SATAR

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