

ASS. REC. BY:

REF:

AGW 2000 7465/KS

Kenneth

## ASSIGNMENT

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

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

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

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

at Workshop m/s \_\_\_\_\_ Tony Luck

of \_\_\_\_\_

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

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

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

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

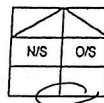
Excess: \_\_\_\_\_

(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: 06 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I. (\$) \_\_\_\_\_

Days of Repair: \_\_\_\_\_

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

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation

S - RS. SI

Fees

Others

TOTAL

Veh No:

SKX 24P5K Yr Regn: 12, 15

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

Truck / Trailer or

Make:

Me B180 c.c. 1595

Colour

M.P. White

A/C:

Insured / Std / NI / NA

Sp. Reading

34.710

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WDD 24624 22J 370940

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NI / SI / RM / STD / R/H or

Tyre Size:

F:

R:

205/55R16

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

TOYO / YOKO or

Front

Rear

R/Bal.

3

mm

R/Bal.

6

mm

L/Bal.

3

mm

L/Bal.

6

mm

D.O.A.

12/7/20

D.O.I.

20/7/2020

Survey held at

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

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



# 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

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M/S : DAIMLER FLEET MANAGEMENT S'PORE PTE LTD

1 GATEWAY DRIVE  
#15-08 WESTGATE TOWER  
SINGAPORE 608531

TEL : 6849 8118

FAX :

ATTN :

YOUR REF NO : SLG3982S

CLAIM TYPE : THIRD PARTY

TP INS. CO. : AUTO & GENERAL INSURANCE (SINGAPORE) F

ACCIDENT DATE : 12/07/2020

TP VEH REG NO : SLG3982S

## ESTIMATE

NO : QUOT202007-000035(00)

DATE : 17/07/2020

POLICY NO : 999995580

VEH REG NO : SKX2495K

MAKE/MODEL : MERCEDES BENZ B180 STYLE  
(R16 LED)

CHASSIS NO : WDD2462422J370940

ENGINE NO : 27091030775710

REG. DATE : 2015

## Estimate Repair Cost to Vehicle No : SKX2495K

Description	Quantity	Unit Price S\$	Amount S\$
<b>LIST PRICE</b>			
1 Tailgate	1	2,122.00	2,122.00
2 Tailgate weathstrip	1	220.00	220.00
3 Tailgate centre logo	1	53.00	53.00
4 Tailgate 'B180' emblem	1	89.00	89.00
5 Tailgate trimboard clips	10	10.00	100.00
6 Rear end panel	1	1,083.00	1,083.00
7 Rear bumper	1	1,610.00	1,610.00
8 Rear bumper reinforcement	1	524.00	524.00
9 Rear bumper sensor	4	190.00	760.00
10 Rear bumper sensor seal	6	12.00	72.00
11 Rear bumper step chrome	1	267.00	267.00
12 Rear bumper clips	5	9.00	45.00
13 Rear bumper lower spoiler	1	170.00	170.00
14 Rear bumper lower chrome	1	225.00	225.00
			7,430.00
		Less 10%	743.00
			6,687.00
<b>SPECIAL NET</b>			
15 Tailgate 'C & C' emblem	1	38.00	38.00
16 Rear windscreen sealant	1	60.00	60.00
			98.00
<b>LABOUR</b>			
17 To remove and refix rear windscreen glass	1	150.00	150.00
18 To remove and refix rear bumper sensor	1	100.00	100.00
19 To check and rectify wiring system	1	80.00	80.00
20 To panel beat and straighten rear floorboard panel, rear chassis frame, to cut and weld rear end panel, including replacement of parts and align where necessary, to refit and adjust the same	1	1,200.00	1,200.00
21 To putty and spray same on affected areas	1	1,000.00	1,000.00
22 To apply rust proofing on repaired and replaced panels	1	80.00	80.00
			2,610.00

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:

## 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 13/07/2020 12:30  
Date Of Accident 12/07/2020 10:55  
Exact Location Of Accident JUNCTION OF JLN BUKIT MERAH AND HENDERSON RD  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SKX2495K  
**Insured/Policyholder**  
Name Of Registered Owner DAIMLER FLEET MANAGEMENT SINGAPORE PTE LTD  
Co Reg No 1XXXXX778Z  
Email Address NOEMAIL  
Mobile Phone No  
Alternative Phone No OFFICE-68498118  
**Vehicle Particulars**  
Manufacturer MERCEDES-BENZ  
Model B180 STYLE (R16 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  
If No, Please state action to be taken THIRD PARTY  
Vehicle Category PRIVATE CAR  
**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 NA  
**Driver**  
Name of Driver GOVENDER SHAMANDREE  
Passport No/FIN GXXXX331L  
Date Of Birth 15/06/1978  
Occupation INDOOR  
Date Of Driving Pass 14/01/2017  
Driving Experience 3 YEARS AND 5 MONTHS  
Gender FEMALE  
Mobile Number (LOCAL) +65-98804345  
Fax Number  
Contact Number  
Email Address NOEMAIL



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	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### 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

I WAS DRIVING ALONG JLN BUKIT MERAH TOWARDS HENDERSON RD. WHEN I TURNING LEFT INTO HENDERSON RD , CAR IN FRONT OF ME STOPPED TO GIVE WAY TO A CYCLIST WITH BABY IN TOW . I STOPPED . VEHICLE B SUDDENLY COLLIDED ONTO REAR OF MY VEHICLE . NO INJURIES INVOLVED .

#### 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	SLG3982S
Vehicle Make/Model/Colour	KIA / FORTE K3 1.6A
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEN JIANGUANG KEVIN
NRIC/Passport Number	SXXXX821B
Contact Number	88778079
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

### SKETCH PLAN

HENDERSON  
ROAD

A: 8Kx2495K

B: 8LG139829

**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  
WONG JUN KEAT

Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NIC/PIN No.: \_\_\_\_\_