

ASS. REC. BY:

REF: AG

ASSIGNMENT

From:

Date: 5/11/2020

Estimated Cost:

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

To Inspect Vehicle No: SLW 8028E

at Workshop m/s Tong Luck Auto

of 160 sin ming Driv 107-01/06

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: 8101K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03 days

Res.: Yes or No

Lum Sum:

1.3.1 %

3 Val.: Yes or No

CA REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLW 8028E Yr Regn: 03, 18

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

Truck / Trailer or

Make:

Mer GLA 180 c.c. 15PS

Colour

M. Gray

A/C: Insured / Std / NI / NA

Sp. Reading

34383

T/Radio: Insured / Std / NI / NA

Eng/No:

WDC 1569 422 J 478549

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 235/50R18

R:

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

TOYO / YOKO or

Continental

Front

7 mm

Rear

8 mm

R/Bal.

7 mm

L/Bal.

7 mm

D.O.I.

D.O.A.

31/10/20

31/11/20

Survey held at

Des. of Damages: Fr Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 10/12/20-Typist

Rep. Format: Merimen

Lump Sum / L.B.I. (\$) \$5291.60

Days Of Repair: 3

Resurvey No. of Trip: 2

Add Fee:

☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL



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 : AIG ASIA PACIFIC INSURANCE PTE. LTD.

78 SHENTON WAY #07-16

AIG BUILDING

SINGAPORE 079120

ATTN : MOTOR CLAIM DEPT

TEL : 6419 3000

FAX : 6415 3723

YOUR REF NO :

CLAIM TYPE : OWN DAMAGE

ACCIDENT DATE : 31/10/2020

ESTIMATE

NO : QUOT202011-000006(00)

DATE : 04/11/2020

POLICY NO : 999995580

VEH REG NO : SLW8028E

MAKE/MODEL : MERCEDES BENZ GLA180
URBAN (R18 LED)

CHASSIS NO : WDC1569422J478549

ENGINE NO : 27091031549973

REG. DATE : 2018

Not Authorised

Recovery B4 paint

3 days

Estimate Repair Cost to Vehicle No : SLW8028E

Description	Quantity	Unit Price	Amount
		S\$	S\$
PARTS			
1 Front bumper	1	850.00	850.00
2 Front bumper basic mounting	1	155.00	155.00
3 Front bumper reinforcement	1	280.00	280.00
4 Front bumper sponge	1	115.00	115.00
5 Front bumper centre emblem	1	58.00	58.00
6 Front bumper lower chrome	1	580.00	580.00
7 Front bumper lower centre grille	1	125.00	125.00
8 Front bumper lower garnish - LH	1	115.00	115.00
9 Front bumper sensor	1	138.00	138.00
10 Front bumper sensor seals	6	8.00	48.00
11 Front bumper clips	15	6.50	97.50
12 Front grille	1	250.00	250.00
13 Front grille lower beam	1	198.00	198.00
14 Front grille centre logo	1	102.00	102.00
15 Front grille centre logo base	1	68.00	68.00
16 Front grille centre logo outer garnish	1	82.00	82.00
17 Front number plate garnish	1	98.00	98.00
			3,359.50
		Add 10%	335.95
			3,695.45
SPECIAL NET			
18 Front number plate	1	40.00	40.00
			40.00
LABOUR			
19 To remove and refit front bumper sensor and check wiring system	1	120.00	120.00
20 To panel beat and straighten, inclding replacement of parts and align where necessary, to refit and adjust the same.	1	1,000.00	1,000.00
21 To putty and spray paint on affected areas	1	800.00	800.00
			1,920.00
		TOTAL	S\$ 5,655.45
		ADD GST @ 7%	395.88
		GRAND TOTAL	S\$ 6,051.33

SINGAPORE DOLLAR SIX THOUSAND FIFTY-ONE AND CENTS THIRTY-THREE 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 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	01/11/2020 01:40
Date Of Accident	31/10/2020 13:00
Exact Location Of Accident	1 GRANGE ROAD BASEMENT CARPARK B1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW8028E
Insured/Policyholder	
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD.
Co Reg No	1XXXXX778Z
Email Address	NORAZMAN.ABDUL_AZIZ@DAIMLER.COM
Mobile Phone No	
Alternative Phone No	OFFICE-68498118

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLA 180
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

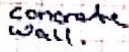
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995580
Cover Note Number	

Driver

Name of Driver	MANSI MAHESHWARI
NRIC No	SXXXX321B
Date Of Birth	15/09/1985
Occupation	INDOOR
Date Of Driving Pass	21/06/2007
Driving Experience	13 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93370705
Fax Number	
Contact Number	
EMail Address	VERAL.PATEL@GMAIL.COM

SKETCH PLAN

Vehicle #: SLW18028E



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 SAIFULLAH S/O SYED MASOOD

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