

ASS. REC. BY:

REF:

AIG/ CS/AIG20013041/Kqf3

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.

0999993880

Claims No.

3753506952SG

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:

862k

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

05 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

Date / Time

Action / Instruction

26/11/20@5.35pm revert to Victor via Merimen.

01/12/20@11.19am Kok Chong informed C/A via Merimen.

01/12/20@12.01pm Informed Candy C/A & ex:\$1400 by email.

02/12/20@12.12pm 2nd revert to Kok Chong via Merimen. (supplementary)

03/12/20@9.09am Kok Chong informed C/A on supplementary via Merimen.

03/12/20@9.40am Informed Candy C/A on supplementary by email.

13/01/21@3.40pm confirmed with candy final fig \$5800.60, 5 days (Red \$1544.25, 21%)

Date/Time, File Pass to?

☐

: Prel. Report

1) 13/01 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + R.S. \$

Fees

Others

TOTAL

Report Format:

MER-OD

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

5800.60

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$



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 : 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 : 16/11/2020

ESTIMATE

NO : QUOT202011-000066(00)

DATE : 25/11/2020

POLICY NO : 999995580

VEH REG NO : GBH7542R

MAKE/MODEL : MERCEDES BENZ VITO 109
CDI MT LONG

CHASSIS NO : WDF44760323474388

ENGINE NO : R9MA503C052160

REG. DATE : 2018

Estimate Repair Cost to Vehicle No : GBH7542R

Description	Quantity	Unit Price	Amount
		S\$	S\$
PARTS			
1 Bonnet	1	950.00	950.00
2 Bonnet hook	1	98.00	98.00
3 Bonnet hinges - LH/ RH	2	68.00	136.00
4 Bonnet spring - LH	1	28.00	28.00
5 Support panel	1	350.00	350.00
6 Support panel top bracket - LH	1	58.00	58.00
7 Headlamp - LH	1	520.00	520.00
8 Headlamp bracket - LH	1	58.00	58.00
9 Front bumper	1	590.00	590.00
10 Front bumper side retainer - LH	1	58.00	58.00
11 Front bumper reinforcement	1	420.00	420.00
12 Front bumper inside parts - LH	1	80.00	80.00
13 Front bumper clips	15	5.50	82.50
14 Front fender - LH	1	485.00	485.00
15 Front fender inner shield - LH	1	125.00	125.00
16 Front fender inner shield clips - LH	20	5.50	110.00
			4,148.50
		Add 10%	414.85
			4,563.35
SPECIAL NET			
17 Front door "COMPANY" sticker - LH	1	25.00	25.00
18 Front number plate	1	40.00	40.00
			65.00
LABOUR			
19 To remove and refit air-con condensor, radiator assy to facilitates the repairs	1	120.00	120.00
20 To check and rectify wiring system	1	80.00	80.00
21 To panel beat and straighten LH front fender inner panel, LH front chassis frame, including replacement of parts and align where necessary, to refit and adjust the same.	1	1,000.00	1,000.00
22 To putty and spray paint on affected areas	1	1,000.00	1,000.00
23 To supply and paste lettering on bonnet.	1	220.00	220.00
			2,420.00

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	18/11/2020 16:18
Date Of Accident	16/11/2020 18:50
Exact Location Of Accident	NORTHVIEW BIZHUB SPIRAL CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH7542R
Insured/Policyholder	
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	MERCEDES-BENZ
Model	VITO 109 CDI MT LONG
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?	YES
If No, Please state action to be taken	
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	N.A

Driver

Name of Driver	DEN DIRZUAN BIN DARMAWAN
NRIC No	SXXXX221J
Date Of Birth	27/09/1987
Occupation	OUTDOOR
Date Of Driving Pass	18/05/2018
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-89225125
Fax Number	
Contact Number	
Email Address	BUAYEDECENT@GMAIL.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 -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
 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?
 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: : SAKINAH
 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? NO
 If Yes, against whom?

Circumstances of Accident

I was going up spiral carpark of NORTHVIEW BIZHUB at near level 4 or 5 not so sure the vehicle ahead of me jammed brake as another vehicle dash out ahead of him and I couldn't react on time therefore my vehicle front collided onto third party rear. 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 GW1453R
 Vehicle Make/Model/Colour TOYOTA / LITEACE 5 DR / GREY
 Details Of Properties N.A
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver MOHAMED ISWAN BIN MOHAMED KHAIRI
 NRIC/Passport Number SXXXX921I
 Contact Number 81508455
 Address
 Postcode
 Insurance Company Name

Sketch Plan #2

SKETCH PLAN



Vehicle RGBH7542R.
Vehicle BGW1453R.

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.:

Common Sketch Plan Form V3