

ASS. REC. BY:

REF:

UPC/

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:

4-5 days

Res.: Yes or No

Lum Sum:

1.81%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMV 1278P

Yr Regn:

10, 20

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

Truck / Trailer or

Make:

Mw A GUC300

c.c

1991

Colour

M. Red

A/C: Insured / Std / NI / NA

Sp. Reading

4.961

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WIN 25338 42F 838695

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

235/50R19

R: 255/50R19

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

25/11/20

D.O.I.

27/11/2020

Survey held at

Des. of Damages: Frt / 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?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

S - RS, 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 : YP8899R

CLAIM TYPE : THIRD PARTY

TP INS. CO. : LONPAC INSURANCE BHD

ACCIDENT DATE : 25/11/2020

TP VEH REG NO : YP8899R

ESTIMATE

NO : QUOT202011-000081(00)

DATE : 27/11/2020

POLICY NO : 999995580

VEH REG NO : SMV1278P

MAKE/MODEL : MERCEDES BENZ GLC300
4MATIC COUPE (R19 LED)

CHASSIS NO : W1N2533842F836695

ENGINE NO : 26492080074066

REG. DATE : 2020

Not Authorized
Penalty B4 painting
4-5 days

Estimate Repair Cost to Vehicle No : SMV1278P

| Description | Quantity | Unit Price S\$ | Amount S\$ |
|--|----------|-------------------|---------------|
| NET PRICE | 1 | 3,085.00 | 3,085.00 |
| 1 Tailgate | 2 | 540.00 | 1,080.00 |
| 2 Tailgate reflector - RH / LH | 1 | 450.00 | 450.00 |
| 3 Tailgate trimboard | 15 | 12.00 | 180.00 |
| 4 Tailgate trimboard clips | 2 | 193.00 | 386.00 |
| 5 Tailgate hinges - RH / LH | 1 | 320.00 | 320.00 |
| 6 Tailgate lock | 1 | 1,000.00 | 1,000.00 |
| 7 Tailgate weathestrip | 1 | 170.00 | 170.00 |
| 8 Tailgate centre logo | 1 | 128.00 | 128.00 |
| 9 Tailgate 'GLC300' emblem | 1 | 122.00 | 122.00 |
| 10 Tailgate '4 MATIC' emblem | 1 | 1,840.00 | 1,840.00 |
| 11 Rear end panel | 1 | 368.00 | 368.00 |
| 12 Rear end panel top garnish | 1 | 1,350.00 | 1,350.00 |
| 13 Rear bumper (upper) | 1 | 775.00 | 775.00 |
| 14 Rear bumper (lower) | 1 | 168.00 | 168.00 |
| 15 Rear bumper lower chrome (center) | 2 | 190.00 | 380.00 |
| 16 Rear bumper lower chrome - RH / LH | 1 | 795.00 | 795.00 |
| 17 Rear bumper reinforcement | 2 | 190.00 | 380.00 |
| 18 Rear bumper sensor | 6 | 12.00 | 72.00 |
| 19 Rear bumper sensor seals | 15 | 9.00 | 135.00 |
| 20 Rear bumper clips | | | 13,184.00 |
| | | Less 10% | 1,318.40 |
| | | | 11,865.60 |
| SPECIAL NET | | | |
| 21 Rear windscreen sealant | 1 | 60.00 | 60.00 |
| 22 Tailgate 'C & C' emblem | 1 | 38.00 | 38.00 |
| 23 Rear number plate | 1 | 40.00 | 40.00 |
| | | | 138.00 |
| LABOUR | | | |
| 24 To transfer damaged tailgate interior mechanism to new tailgate | 1 | 120.00 | 120.00 |
| 25 To remove and refit rear windscreen glass | 1 | 150.00 | 150.00 |
| 26 To remove and refit rear bumper sensor | 1 | 100.00 | 100.00 |
| 27 To check and rectify wiring system | 1 | 80.00 | 80.00 |

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:



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ACCIDENT DATE : 25/11/2020
TP VEH REG NO : YP8899R

ESTIMATE

NO : QUOT202011-000081(00)
DATE : 27/11/2020
POLICY NO : 999995580
VEH REG NO : SMV1278P
MAKE/MODEL : MERCEDES BENZ GLC300
4MATIC COUPE (R19 LED)
CHASSIS NO : W1N2533842F836695
ENGINE NO : 26492080074066
REG. DATE : 2020

Estimate Repair Cost to Vehicle No : SMV1278P

| Description | Quantity | Unit Price S\$ | Amount S\$ |
|---|----------|-------------------|---------------|
| 28 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 |
| 29 To putty and spray paint on affected areas | 1 | 1,200.00 | 1,200.00 |
| 30 To apply rust-proofing on replaced and repaired panels. | 1 | 120.00 | 120.00 |
| | | | 2,970.00 |
| | | TOTAL | S\$ 14,973.60 |
| | | ADD GST @ 7% | 1,048.15 |
| | | GRAND TOTAL | S\$ 16,021.75 |

SINGAPORE DOLLAR SIXTEEN THOUSAND TWENTY-ONE AND CENTS SEVENTY-FIVE ONLY

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 | 25/11/2020 14:18 |
| Date Of Accident | 25/11/2020 10:30 |
| Exact Location Of Accident | TOH GUAN RD FILTER TO TOH GUAN ROAD EAST |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---|
| Vehicle Registration Number | SMV1278P |
| Insured/Policyholder | |
| Name Of Registered Owner | DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD |
| Co Reg No | 1XXXXX778Z |
| Email Address | OSMAN.AFFAN@DAIMLER.COM |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-88762072 |

Vehicle Particulars

| | |
|--|-------------------------------|
| Manufacturer | MERCEDES-BENZ |
| Model | GLC300 4MATIC COUPE (R19 LED) |
| 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? | 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 | ANG POH WAH |
| NRIC No | SXXXX340I |
| Date Of Birth | 30/10/1971 |
| Occupation | INDOOR |
| Date Of Driving Pass | 29/04/1994 |
| Driving Experience | 26 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97372107 |
| 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 -

17

92

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? 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

At the filter lane, my vehicle was already stopped to look out for on coming vehicle. Suddenly I felt a hard impact from behind and saw a vehicle had already hit onto my vehicle rear bumper. I will seek for medical attention.

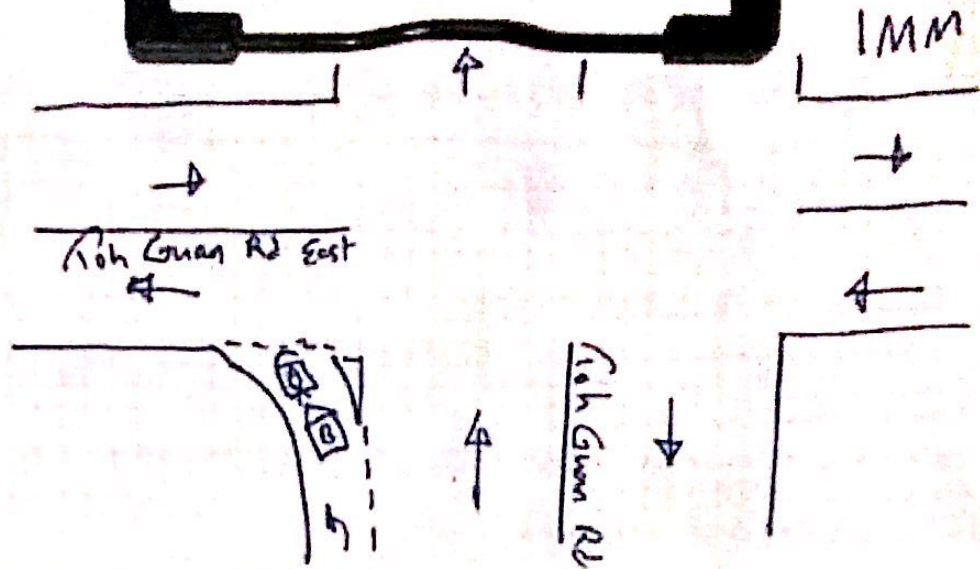
Attachment(s)

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 YP8899R
 Vehicle Make/Model/Colour MITSUBISHI / CANTER FEB21ER4SDEB (CBU)
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver MUTHIAH GANESAN
 NRIC/Passport Number GXXXX838P
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

A: SMV 1278P

B: YP 8899 R

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
AIZAM BIN ATAN

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