

ASS. REC. BY:

REF:

AIG/20013283/KV

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.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

4-5 days

Res.: Yes or No

Lum Sum:

1.3.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKP4011C

Yr Regn:

09.14

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

Truck / Trailer or

Make:

Toy Camry

c.c

2496

Colour:

M. Green

A/C: Insured / Std / NI / NA

Sp. Reading:

60.793

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MR053AK5004008006

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/55R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

R/Bal.

L/Bal.

L/Bal.

D.O.A.

27/11/20

D.O.I.

3/12/2020

Survey held at

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

151 N/S

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Fuel

Others

TOTAL

Report Format:

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

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 : 27/11/2020

ESTIMATE

NO : QUOT202012-000004(00)

DATE : 02/12/2020

POLICY NO : 999995580

VEH REG NO : SKP4011C

MAKE/MODEL : TOYOTA CAMRY 2.5 AUTO

CHASSIS NO : MR053AK5004008066

ENGINE NO : 2ARU158723

REG. DATE : 2014

Estimate Repair Cost to Vehicle No : SKP4011C

Description	Quantity	Unit Price	Amount
		S\$	S\$
PARTS			
1 Bonnet	1	550.00	550.00
2 Bonnet <i>chrome</i>	1	115.00	115.00
3 Bonnet hinges - LH / RH	2	55.00	110.00
4 Bonnet insulator clips	15	5.00	75.00
5 Support Panel	1	320.00	320.00
6 Support Panel top garnish	1	155.00	155.00
7 Support panel top garnish clips	8	5.00	40.00
8 Headlamp assy - LH	1	550.00	550.00
9 Headlamp bracket - LH	1	58.00	58.00
10 Front fender - LH	1	300.00	300.00
11 Front bumper	1	320.00	320.00
12 Front bumper reinforcement	1	170.00	170.00
13 Front bumper bracket - LH	1	68.00	68.00
14 Front bumper side retainer - LH	1	48.00	48.00
15 Front bumper fog lamp - LH	1	135.00	135.00
16 Front bumper fog lamp chrome - LH	1	65.00	65.00
17 Front bumper centre grille	1	120.00	120.00
18 Front bumper sensor	1	200.00	200.00
19 Front bumper sensor cover	1	28.00	28.00
			3,427.00
			Add 10%
			342.70
			3,769.70
LABOUR			
20 To remove and refit air-con condenser, radiator and refill air-con gas	1	150.00	150.00
21 To remove and refit front bumper sensor	1	100.00	100.00
22 To check and rectify wiring system	1	80.00	80.00
23 To panel beat and straighten LH front fender, including replacement of parts and align where necessary, to refit and adjust the same.	1	1,000.00	1,000.00
24 To putty and spray paint on affected areas.	1	1,000.00	1,000.00
			2,330.00

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 Submission	02/12/2020 10:22 (SGT)
Date of Accident	27/11/2020 18:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GUOCO TOWER BASEMENT 3 CP A Lot 141
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP4011C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD.
Company Reg No	1XXXXXX78Z
Email Address	osman.affan@daimler.com
Mobile Phone No	(Phone) +65-88762072
Alternative Phone No	(Office) +65-68498118

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	999995580
Cover Note Number	-

DRIVER

Name of Driver	TAMURA YUJI
Passport No/FIN	GXXXX167L
Date Of Birth	12/07/1979
Occupation	Indoor

Date Of Driving Pass	17/12/2019
Driving experience	11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81231810
Alt. Phone Number	-
Email Address	osman.affan@daimler.com
Address	NA
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I wanted to drive off from the parking lot and upon moving my handphone drop on the floorboard. I decided to pick it up. As I was picking up my mobile, I may have moved my vehicle forward and accidentally hit a pillar at the carpark.
No injury 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

A hand-drawn diagram of a house labeled 'A'. To the left of the house is a vertical line representing a wall, with a horizontal line extending from it labeled 'PILLAR'. Below the wall, the text 'TOWER' and 'PARKA' is written. The house 'A' has a triangular roof and a rectangular body.

GUOCO TOWER
B3 CARPARKA

A - SKP 4011C.

LOT 141.

REFER TO ATTACHED STATEMENT.

I/We declare the foregoing particulars are true in every respect.

Driver's Signature
(If driver is not the policyholder)

Date & Time: 28/11/2020.

MOHAMMAD AZALY BIN ABDULLAH

Reporting Centre Personnel's Signature

Abstract

INSTRUCTION No. 2