ASS. REC. BY: Kenneth | REF: AIG /

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Tong Lock

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: $138k

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: NB-1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLG 5352Y Yr Regn: 10, 16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or SA

Make: Mc GLC 250 c.c 1991

Colour M. Black A/C: Insured / Std / NI / NA

Sp.Reading 65608 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDC 2539461F060322

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 235/60R18

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Continental

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	15/12/20	D.O.I.	28/12/202

Survey held at _____

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

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee:

Transportation: ___ S + R.S. ___ SI

Parking

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

M/S : AIG ASIA PACIFIC INSURANCE PTE. LTD.
78 SHENTON WAY #07-16
AIG BUILDING
SINGAPORE 079120

Not Authorised
Renewing B4 pairing

ATTN : MOTOR CLAIM DEPT
TEL : 6419 3000   FAX : 6415 3723

2days

YOUR REF NO :
CLAIM TYPE : OWN DAMAGE
ACCIDENT DATE : 15/12/2020

08/12/2020

ESTIMATE

NO : QUOT202012-000064(00)
DATE : 24/12/2020
POLICY NO : 999995580
VEH REG NO : SLG5352Y
MAKE/MODEL : MERCEDES BENZ GLC250 4MATIC (R18 LED)
CHASSIS NO : WDC2539462F060322
ENGINE NO : 27492030528981
REG. DATE : 2016

Estimate Repair Cost to Vehicle No : SLG5352Y

Description	Quantity	Unit Price S$	Amount S$
PARTS			
1 Front bumper lower centre bracket	1	82.00	82.00
2 Front bumper lower side bracket - RH	1	75.00	75.00
3 Rear lower bumper	1	420.00	420.00
4 Rear bumper lower chrome	1	380.00	380.00
5 Rear bumper sensor cable	1	115.00	115.00
6 Rear bumper reverse sensor	1	138.00	138.00
7 Front bumper sensor seals	6	8.00	48.00
8 Rear bumper clips	15	5.50	82.50
9 Rear exhaust chrome pipe - RH	1	320.00	320.00
10 Rear exhaust chrome pipe bracket - RH	1	78.00	78.00
			1,738.50
		Add 10%	173.85
			1,912.35
LABOUR			
11 To remove and refit rear bumper sensor	1	100.00	100.00
12 To check and rectify wiring system	1	80.00	80.00
13 To repair and panel beat rear bumper reinforcement, including replacement of parts and align where necesary, to refit and adjust the same.	1	800.00	800.00
14 To putty and spray paint on affected areas	1	600.00	600.00
15 To reset and reprograme sensor fault code	1	180.00	180.00
			1,760.00
		TOTAL	S$ 3,672.35
		ADD GST @ 7%	257.06
		GRAND TOTAL	S$ 3,929.41

SINGAPORE DOLLAR THREE THOUSAND NINE HUNDRED TWENTY-NINE AND CENTS FORTY-ONE ONLY

FOR TONG LUCK AUTO PTE LTD

AUTHORISED SIGNATURE

SA0A20CG0004-01 / Ajax Mars Pte Ltd
ENTRY DATE & TIME: 16/12/2020 15:07 (SGT)
SUBMITTED BY: Azaly
VERSION: 2 (19/12/2020 10:24 (SGT))

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 witholding 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	16/12/2020 15:07 (SGT)
Date of Accident	15/12/2020 22:00 (SGT)
Exact Location of Accident	Gek Poh Shop Ctr, Singapore
Additional Location Information	Near Gek Poh Shopping Center Service Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG5352Y

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD.
Company Reg No	1XXXXX778Z
Email Address	benny.chong@daimler.com
Mobile Phone No	(Phone) +65-68498118
Alternative Phone No	+65-68498118

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Glc250
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

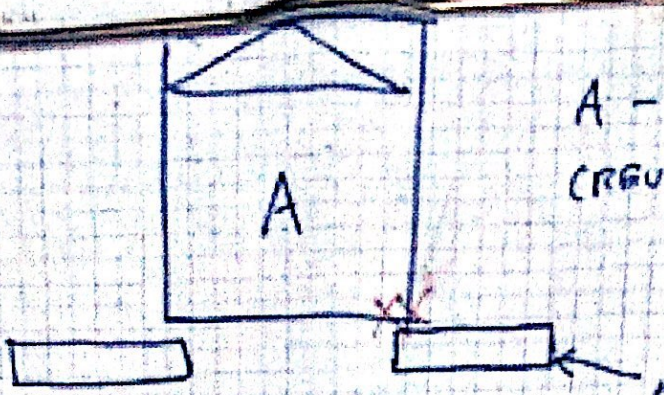
INSURANCE COMPANY

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

DRIVER

Name of Driver	RAHIMAH BTE MOHAMMED OMMAR
NRIC No	SXXXX485G
Date Of Birth	09/08/1982
Occupation	Indoor

SKETCH PLAN



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: 16/12/2020

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH

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

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