

ASS. REC. BY:

REF:

AIG /

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. _____

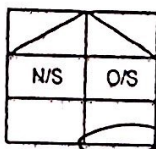
Claims No. _____

Sum Insured: _____ Excess: 1200

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: 8138k

IDAC Accident Report: _____ Consistent?: Yes or No

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

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

Lum Sum: 18.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLG 53524 Yr Regn: 10, 16

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

Truck / Traller or

Make: Me GLC 250 c.c 1991

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

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

Eng/No: _____

C/No: WDC 2539462FC 60322

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD / Rlm 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 / UIC / Rooftop or

Rear ok

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Confirm finalise amount at \$2176.40, 2days

red:1487.7;40%

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS, SI

Fees

Others

TOTAL

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

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 : 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 : 15/12/2020

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 necessary, 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 reprogramme 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



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 | 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

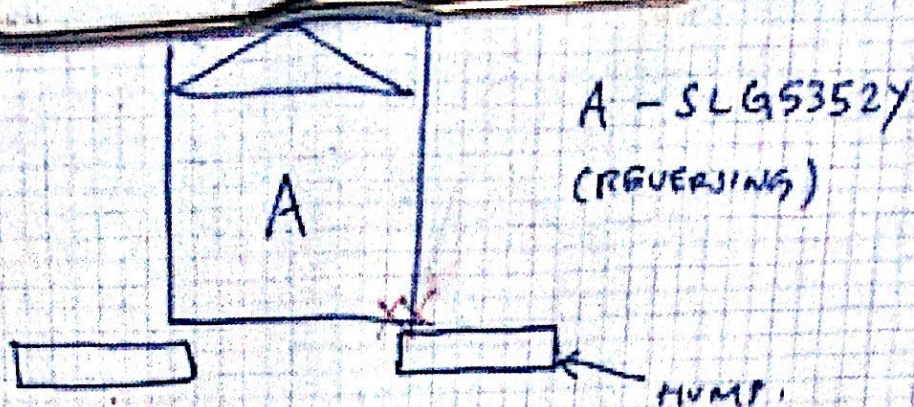
| | |
|---------------------------|---------------|
| Name of Insurance Company | AIG |
| Type of Coverage | Comprehensive |
| Fleet Policy | Yes |
| Policy Number | 999995580 |
| Cover Note Number | NA |

DRIVER

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



SKETCH PLAN



A - SLG5352Y
(REVERJING)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

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

Police Officer's Signature
Date & Time:

Driver's Signature
(If driver is not the police officer)
Date & Time: 16/12/2020

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH
Reporting Centre Personnel's Signature
Name:
ARJID/ID No.: