

REF: AGZ/ 21000 376/K4

REC. BY:

eth

ASSIGNMENT

n:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No:

at Workshop n/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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04

days

Res.: Yes or No

Lum Sum:

1.3.1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SmQ 92720

Yr Regn:

12.19

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

Truck / Traller or

Make:

Citroen C5 Aircraft 1598

Colour:

m.p. white

A/C: Insured / Std / NI / NA

Sp. Reading

12334

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VR7A45 GFRKL 073700

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:

R:

205/55R19

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.

14/12/20

D.O.I.

8/1/2021

Survey held at

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

137 0/5

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

Date / Time

Action / Instruction

5/12 3920.85 Citroen
(Red: 1586.85: 28%)

Date/Time, File Pass to?

☐

: Prell. Report

1) 8/12/2020

☒

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

4

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

) S + RS. SI

) Extras

) Others

Report Format :

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

3920.85

TOTAL



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 : FBK2652Z

CLAIM TYPE : THIRD PARTY

TP INS. CO. : AUTO & GENERAL INSURANCE (SINGAPORE) F REG. DATE : 2019

ACCIDENT DATE : 14/12/2020

TP VEH REG NO : FBK2652Z

ESTIMATE

NO : QUOT202101-000013(00)

DATE : 07/01/2021

POLICY NO : 999995580

VEH REG NO : SMQ9272D

MAKE/MODEL : CITROEN C5 AIRCROSS 1.6L
SHINE PLUS

CHASSIS NO : VR7A45GFRKL073700

ENGINE NO : 10FKBA2566617

4 days

@ 3920.65

Not Attached
Return B4 pain

Estimate Repair Cost to Vehicle No : SMQ9272D

Description	Quantity	Unit Price	Amount
		S\$	S\$
LIST PRICE			
1 Side lamp assy - RH	1	<i>Sen</i> 623.75	623.75 623.75 ✓
2 Side lamp chrome - RH	1	123.20	<i>Sen</i> 123.20 ✓
3 Headlamp assy - RH	1	847.50	<i>CM</i> 847.50 ✓
4 Front bumper	1	<i>BULLAS</i> 1,767.60	1,767.60 ✓
5 Front bumper side retainer - RH	1	118.00	<i>Sen</i> 118.00 X
6 Front bumper sensor	2	198.00	<i>Sen</i> 396.00 X
7 Front bumper sensor seals	6	12.00	<i>nn</i> 72.00 2
8 Front bumper clips	15	<i>305n</i> 5.50	<i>nn</i> 82.50 ✓
			4,030.55
		Less 10%	403.05
			3,627.50
LABOUR			
9 To check and rectify wiring system	1	80.00	80.00 <i>201</i>
10 To remove and refix front bumper sensor	1	100.00	100.00 <i>601</i>
11 To panel beat and straighten RH front chassis frame, including replacement of parts and align where necessary, to refit and adjust the same	1	800.00	800.00 <i>3001</i>
12 To putty and spray same on affected areas	1	800.00	800.00 <i>4001</i>
13 To apply rust proofing on repaired and replaced panels	1	100.00	<i>nn</i> 100.00 X
			1,880.00

TOTAL S\$ 5,507.50

ADD GST @ 7% 385.53

GRAND TOTAL S\$ 5,893.03

SINGAPORE DOLLAR FIVE THOUSAND EIGHT HUNDRED NINETY-THREE AND CENTS THREE ONLY

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:

FOR TONG LUCK AUTO PTE LTD

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	15/12/2020 21:02 (SGT)
Date of Accident	14/12/2020 23:30 (SGT)
Exact Location of Accident	1 Woodlands Rd, Singapore 677899
Additional Location Information	MSCP OF BLK 371A WOODLANDS AVE 1, LEVEL 1B to 2A, RAMP.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ9272D
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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) +65-92203185
Alternative Phone No	+65-92203185

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	C5
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?	No - Claiming third party
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	GLENDSON NG GONG XUAN
NRIC No	SXXXX675C
Date Of Birth	22/09/1989

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK2652Z
Vehicle Manufacturer	Ktm
Vehicle Model	200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Occupation	Indoor
Date Of Driving Pass	16/01/2014
Driving experience	6 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91254427
Alt. Phone Number	-
Email Address	benny.chong@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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WENDY FONG
Gender	Female

PASSENGER 2

Name	SHIN NG
Gender	Female

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

ON THE DATE AND TIME MENTIONED I WAS DRIVING UP A RAMP AT THE SAID MULTI CARPARK AND SAW VEHICLE B IN FRONT. AS I WAS DRIVING UP THE RAMP SLOWLY, SUDDENLY VEHICLE B ROLLED BACKWARDS AND THE REAR PORTION HIT AGAINST THE FRONT RIGHT HEADLIGHT OF MY VEHICLE. THIS INCIDENT WAS CAPTURED IN MY INCAR VIDEO WHICH I AM SUBMITTING TO MARS HQ. NO ONE WAS INJURED. STATEMENT WAS READ TO ME I ACKNOWLEDGED IT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

SKETCH PLAN

SMQ9272D

IMPORTANT NOTICE

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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. The 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 lodgment 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.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

15 Dec 2020

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI

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

ACCIDENT STATEMENT (2000 characters)

ON THE DATE AND TIME MENTIONED I WAS DRIVING UP A RAMP AT THE SAID MULTI CARPARK AND SAW VEHICLE B IN FRONT. AS I WAS DRIVING UP THE RAMP SLOWLY, SUDDENLY VEHICLE B ROLLED BACKWARDS AND THE REAR PORTION HIT AGAINST THE FRONT RIGHT HEADLIGHT OF MY VEHICLE. THIS INCIDENT WAS CAPTURED IN MY INCAR VIDEO WHICH I AM SUBMITTING TO MARS HQ. NO ONE WAS INJURED. STATEMENT WAS READ TO ME I ACKNOWLEDGED IT.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
HASHIM BIN KAMARI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

15 December 2020 at 6:13 PM

Date/Time:

15 December 2020 at 6:14 PM

SKETCH PLAN

X

AR 8M4 9-7-20

B. FOX 2659 J.

Power Breakers

Cooping Room

Layer 2B, m/s/c of Race 371A, 10100000 Ave 1.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT

DECLARATION
 I/We declare the foregoing particulars are true to every material fact.

 Driver's Signature
 Date & Time: _____

X

 Reporting Officer
 HASAN BIN OSMAN
 Name
 MRC/278 No.: _____

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