

ASS. REC. BY:

REF:

AIG/ 21000 308/KV

Kenneth

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / 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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: 8180k

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 3-4 days Res.: Yes or NoLum Sum: 1.81 % 3 Val.: Yes or NoCA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SMT 1860T Yr Regn: 03, 20Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi Q3 c.c. 1984Colour: M. Grey A/C: Insured / Std / NI / NASp. Reading: 16725 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WAUZZZF3121050517Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: NII / S/Rlm / STD A/Rlm orTyre Size: F: 235/55R18

R: \_\_\_\_\_

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

TOYO / YOKO or \_\_\_\_\_

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 28/12/20D.O.I. 12/1/2021

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 \_\_\_\_\_

a/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

a/Time, File Return to?

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trlp: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

) \$ • RS. \$ \_\_\_\_\_





# 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

*Not Authorised  
Putty By pain*

ATTN : MOTOR CLAIM DEPT

TEL : 6419 3000

FAX : 6415 3723

*12/01/2021*

YOUR REF NO :

CLAIM TYPE : OWN DAMAGE

ACCIDENT DATE : 28/12/2020

## ESTIMATE

NO : QUOT202101-000015(00)

DATE : 12/01/2021

POLICY NO : 999995580

VEH REG NO : SMT1860T

MAKE/MODEL : AUDI Q3 SPORTBACK 2.0 TFSI  
QU S TRONIC

CHASSIS NO : WAUZZZF31L1050517

ENGINE NO : CZP230061

REG. DATE : 2020

## Estimate Repair Cost to Vehicle No : SMT1860T

Description	Quantity	Unit Price	Amount
		S\$	S\$
<b>PARTS</b>			
1 Bonnet	1	1,600.00	1,600.00 ✓
2 Bonnet hinges - RH / LH	2	58.00	116.00 X
3 Bonnet insulator clips	10	5.00	50.00 7
4 Support panel	1	720.00	720.00 7
5 Support panel top garnish	1	98.00	98.00 ✓
6 Support panel top garnish clips	10	5.00	50.00 7
7 Front grille assy	1	980.00	980.00 ✓
8 Front grille emblem	1	85.00	85.00 ✓
9 Headlamp assy - LH	1	2,550.00	2,550.00 ✓
10 Front bumper - RH / LH	2	780.00	1,560.00 7
11 Front bumper reinforcement	1	520.00	520.00 7
12 Front bumper reinforcement cover	1	235.00	235.00 ✓
13 Front bumper sponge	1	85.00	85.00 7
14 Front bumper lower grille	1	155.00	155.00 X
15 Front bumper sensors	2	168.00	336.00 X
16 Front bumper sensor seals	4	6.00	24.00 7
17 Front bumper fog lamp cover - RH / LH	2	125.00	250.00 X
18 Front bumper clips	15	5.00	75.00 ?
			9,489.00
		Add 10%	948.90
			10,437.90
<b>SPECIAL NET</b>			
19 Front number plate	1	40.00	40.00 2550
			40.00
<b>LABOUR</b>			
20 To remove and refit air-con condenser, radiator assy and refill air-con gas	1	150.00	150.00 7
21 To remove and refit front bumper sensor	1	100.00	100.00 501
22 To check and rectify wiring system	1	80.00	80.00 201
23 To panel beat and straighten LH front fender, LH front chassis frame, including replacement of parts and align where necessary, to refit and adjust the same	1	1,200.00	1,200.00 4001
24 To putty and spray paint on affected areas	1	1,200.00	1,200.00 4001
25 To reset and reprogramme headlamp fault code	1	350.00	350.00 ?
			3,080.00





## 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	30/12/2020 03:41 (SGT)
Date of Accident	28/12/2020 14:46 (SGT)
Exact Location of Accident	Thomson Rd, Singapore
Additional Location Information	JUNCTION OF THOMSON ROAD NEAR LORNIE VIADUCT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT1860T
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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	eugene.koh@daimler.com
Mobile Phone No	(Phone) +65-68498118
Alternative Phone No	+65-68498118

#### VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q3
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
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	HOE YEW CHIANG
NRIC No	SXXXX458H
Date Of Birth	02/10/1986
Occupation	Indoor



Date Of Driving Pass  
Driving experience  
Gender  
Mobile Number  
Alt. Phone Number  
Email Address  
Address  
Address complement  
Postcode  
Is the driver the policyholder?  
If No, Relationship of the Driver with the Insured  
Does Driver Own Other Vehicles?  
Vehicle Registration Number of Other Vehicle Owned by Driver  
Insurance Company of Other Vehicle Owned by Driver

29/11/2006  
14 YEARS AND 1 MONTH  
Male  
(Phone) +65-93363207  
-  
eugene.koh@daimler.com  
Sunrise Villa,  
6 Sunrise Close  
806613  
No  
Hirer  
No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
Weather Conditions  
Road Surface

Collision - Head to Rear  
Clear  
Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?  
Number of vehicles involved in the accident  
Was anybody injured in the Accident?  
Was any injured conveyed to hospital by ambulance?  
Was any other material or property damaged?  
Number of Passengers (Including Driver)  
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No  
2  
No  
-  
Yes  
2  
No

#### PASSENGER 1

Name  
Gender

GERALD YEONG  
Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?  
Was notice of intended Prosecution given?  
If yes, against whom?

No  
No  
-

#### CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING ALONG THOMSON ROAD TOWARDS MARYMOUNT ROAD .  
THERE WAS ROAD WORKING IN FRONT OF MY VEHICLE , I CHECKED MY LEFT  
SIDE WAS CLEAR AND SLOWLY FILTER INTO LEFT LANE . SUDDENLY VEHICLE  
B MAKE A BRAKE , I CAN'T STOP IN TIME AND KNOCKED ONTO REAR OF  
VEHICLE B . NO INJURIES INVOLVED .

#### ATTACHMENT(S)

Are accident photos available for attachment?  
Was there any video captured by Car Camera?  
Was there any audio recorded?

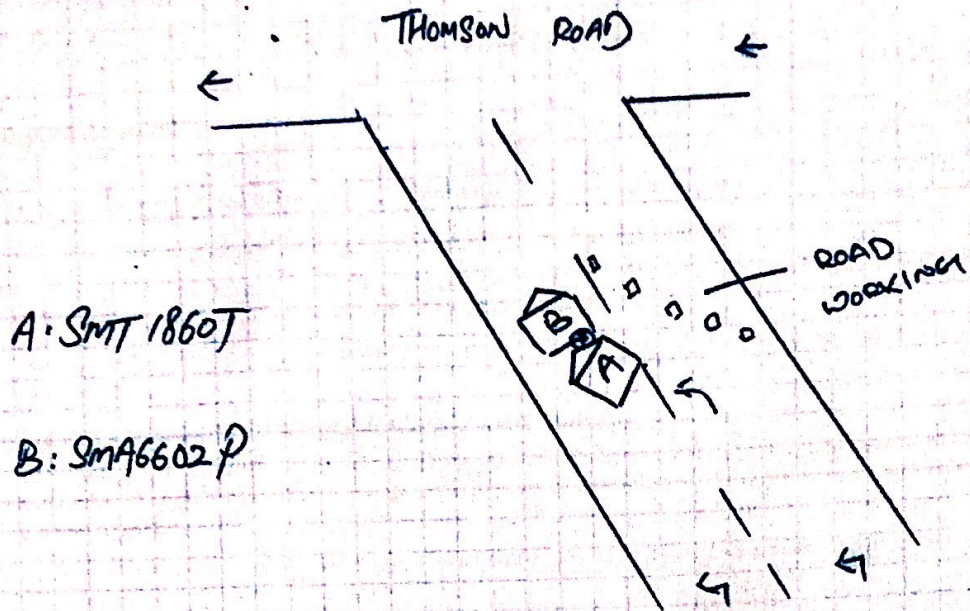
Yes  
No  
No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number  
Vehicle Manufacturer  
Vehicle Model  
Vehicle Variant  
Vehicle Colour

SMA6602P  
Hyundai  
Ae ioniq  
-  
-





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.



**ACCIDENT STATEMENT (2000 characters)**

I WAS DRIVING ALONG THOMSON ROAD TOWARDS MARYMOUNT ROAD .  
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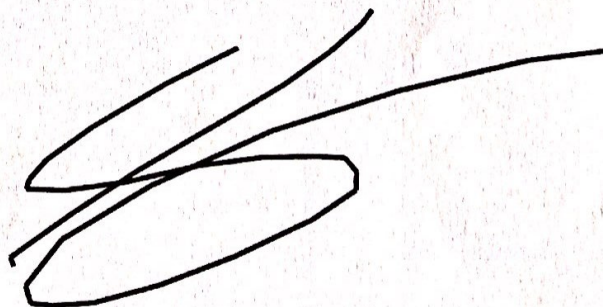
Taxi Voucher No.:

**DECLARATION**

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

VERIFIED BY AJAX MARS REPORTING OFFICER -  
WONG JUN KEAT

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

29 December 2020 at 6:14 PM

Date/Time:

29 December 2020 at 6:14 PM