ASS. REC. BY: Kenneth | REF: AIG/ 21000 308/KV

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Tony Luck

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: $18dk

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 3-4 days Res.: Yes or No

Lum Sum: 1.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SNT 1860T Yr Regn: 03, '20

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

Make: Audi Q3 c.c 1984

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

Sp.Reading 16725 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZF31L1050517

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 235/55R18

R: _____

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.	28/12/20	D.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
/	

Date/Time, File Pass to? _____ ☐ : Prell. Report ☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee: _____

Transportation: _____ $ • RS. _____ SI

Date/Time, File Return to? _____

22/2/21-Typist

Add Fee: ☐ : Site Insp ($ _____)

$8443.50

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 Authorise
Repair By paint

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 S$	Amount S$
	PARTS			
1	Bonnet	1	1,600.00	1,600.00
2	Bonnet hinges - RH / LH	2	58.00	116.00
3	Bonnet insulator clips	10	5.00	50.00
4	Support panel	1	720.00	720.00
5	Support panel top garnish	1	98.00	98.00
6	Support panel top garnish clips	10	5.00	50.00
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
11	Front bumper reinforcement	1	520.00	520.00
12	Front bumper reinforcement cover	1	235.00	235.00
13	Front bumper sponge	1	85.00	85.00
14	Front bumper lower grille	1	155.00	155.00
15	Front bumper sensors	2	168.00	336.00
16	Front bumper sensor seals	4	6.00	24.00
17	Front bumper fog lamp cover - RH / LH	2	125.00	250.00
18	Front bumper clips	15	5.00	75.00
				9,489.00
			Add 10%	948.90
				10,437.90
	SPECIAL NET			
19	Front number plate	1	40.00	40.00
				40.00
	LABOUR			
20	To remove and refit air-con condenser, radiator assy 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, 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
24	To putty and spray paint on affected areas	1	1,200.00	1,200.00
25	To reset and reprograme headlamp fault code	1	350.00	350.00
				3,080.00

Your NCD will be affected due to late reporting

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	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

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	29/11/2006
Driving experience	14 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93363207
Alt. Phone Number	-
Email Address	eugene.koh@daimler.com
Address	Sunrise Villa,
Address complement	6 Sunrise Close
Postcode	806613
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	Collision - Head to Rear
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GERALD YEONG
Gender	Male

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

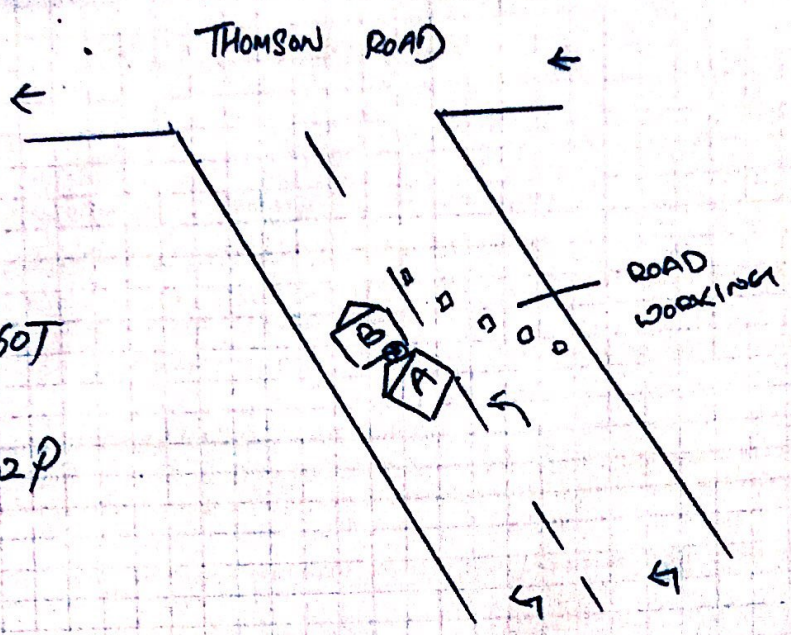
I WAS DRIVING ALONG THOMSON ROAD TOWARDS MARYMOUNT ROAD . THERE WAS ROAD WORKING IN FRONT OF MY VEHICLE , I CHECKED MY LEFT SIDE WAS CLEAR AND SLOWLY FILTER INTO LEFT LANE . SUDDENLY VEHICLE B MAKE A BRAKE , I CAN'T STOP IN TIME AND KNOCKED ONTO REAR OF VEHICLE B . NO INJURIES INVOLVED .

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA6602P
Vehicle Manufacturer	Hyundai
Vehicle Model	Ae ioniq
Vehicle Variant	-
Vehicle Colour	-



A: SMT 1860T

B: SMA6602P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

ACCIDENT STATEMENT (2000 characters)

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 .

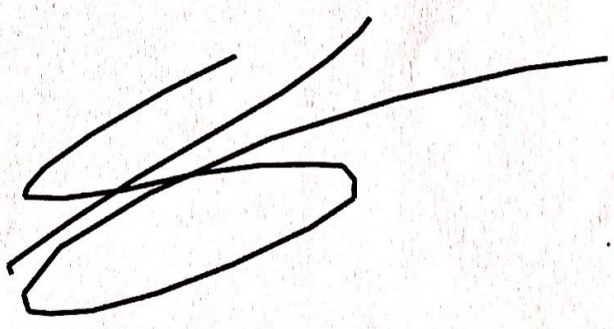
Taxi Voucher No.:

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