

ASS. REC. BY:

REF: AIGKenneth

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Tong 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: 877k

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 02 days

Res.: Yes or No

Lum Sum: 1-B-1 %

3 Val.: Yes or No

CA / REV REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No: SKU 7138

23

Yr Regn: 08.15Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Mc CLARKE

c.c

1595

Colour: M. Purple

A/C:

Insured / Std / NI / NA

Sp. Reading: 128059

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: WDD-11 73422-N 233382Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rlm / STD A/Rlm orTyre Size: F: 225/40R18

R: _____

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

Front

Rear

R/Bal. 2 mmR/Bal. 2 mmL/Bal. 2 mmL/Bal. 2 mmD.O.A. 9/1/21D.O.I. 14/1/2021

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, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee: _____

Transportation: _____

S + RS. \$

Fees

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

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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 : 09/01/2021

ESTIMATE

NO : QUOT202101-000019(00)
DATE : 13/01/2021
POLICY NO : 999995580
VEH REG NO : SKU7123S
MAKE/MODEL : MERCEDES BENZ CLA180 (R18 BI)
CHASSIS NO : WDD1173422N233382
ENGINE NO : 27091030696345
REG. DATE : 2015

*Not Withheld
Repairing By paint
2 day*

Estimate Repair Cost to Vehicle No : SKU7123S

Description	Quantity	Unit Price	Amount
		S\$	S\$
PARTS			
1 Headlamp assy -- RH	1	1,650.00	1,650.00 <i>✓</i>
2 Front bumper	1	880.00	880.00 <i>✓</i>
3 Front bumper side retainer - RH	1	38.00	38.00 <i>✓</i>
4 Front bumper basic mounting	1	165.00	165.00 <i>?</i>
5 Front bumper inside parts - RH	1	120.00	120.00 <i>?</i>
6 Front bumper under cover	1	265.00	265.00 <i>✓</i>
7 Front bumper sensors	6	8.00	48.00 <i>?</i>
8 Front bumper clips	15	5.50	82.50 <i>✓</i>
9 Front fender inner shield - RH	1	135.00	135.00 <i>✓</i>
10 Front fender inner shield clips	20	6.50	130.00 <i>✓</i>
			3,513.50
		+10% Add 1558%	1,013.50 351.35
			4,527.00 3864.85
LABOUR			
11 To panel beat and straighten RH front fender, RH chassis frame, including replacement of parts and align where necessary, to refit and adjust the same	1	800.00	800.00 <i>2001</i>
12 To remove and refit front bumper sensor	1	100.00	100.00 <i>601</i>
13 To check and rectify wiring system	1	80.00	80.00 <i>131</i>
14 To putty and spray paint on affected areas	1	800.00	800.00 <i>2001</i>
15 To reset and reprogramme headlamp fault code	1	350.00	350.00 <i>?</i>
			2,130.00
		TOTAL	S\$ 6,657.00
		ADD GST @ 7%	465.99
		GRAND TOTAL	S\$ 7,122.99

SINGAPORE DOLLAR SEVEN THOUSAND ONE HUNDRED TWENTY-TWO AND CENTS NINETY-NINE ONLY

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	09/01/2021 23:46 (SGT)
Date of Accident	09/01/2021 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	North point basement 3 carpark
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU7123S
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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	osman.affan@daimler.com
Mobile Phone No	(Phone) +65-88762072
Alternative Phone No	(Office) +65-88762072

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
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	-

DRIVER

Name of Driver	RACHMAWATY WIDJAJA
NRIC No	SXXXX075H
Date Of Birth	20/01/1974
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

15/01/2003

18 YEARS

Male

(Phone) +65-91888749

-

osman.affan@daimler.com

HDB Pandan Gardens 2, 409 Pandan Gardens

#05-63

600409

No

Hirer

No

-

-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

No Collision

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

1

No

-

No

2

No

PASSENGER 1

Name

Gender

Aaron - CHINESE

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 SKU7123S was parked head in and was exiting out from the parking lot at North point basement 3 carpark. As I was making a reverse suddenly I heard a loud sound coming from my front vehicle and realised that my front bumper had latch onto the curb. Due to the impact my front bumper was damaged. No injuries was involved at the scene.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

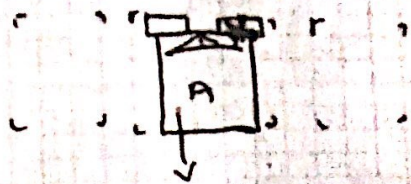
Was there any audio recorded?

Yes

No

No

NORTH POINT BASEMENT 3 CARPARK



A SKU 7123 S

REVERSE
OUT

B KERB

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

STATEMENT

the foregoing particulars are true in every respect.

ACCIDENT STATEMENT (2000 characters)

I SKU7123S was parked head in and was exiting out from the parking lot at North point basement 3 carpark. As I was making a reverse suddenly I heard a loud sound coming from my front vehicle and realised that my front bumper had latch onto the curb. Due to the impact my front bumper was damaged. No injuries was involved at the scene.

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 -
MUHAMMAD SUMARDI BIN MOHD AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time: