ASS. REC. BY:	21:061644160
Kenneth	COMPANY (K)
Fmm.	SSIGNMENT
Estimated Cost:	
OD TP/WS/TP RES/OD RES/EVA/INV/MV	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
To Inspect Vehicle No:	Truck/Trailer or . Wagen
at Workshop min	Make: Mali Q7 c.c 1984
of long luck	_ Colour AC: Insured / Std / NI / NA
Insured:	Sp.Reading 44539 T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No.	Gen. Cond: Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder/Jammed/Leaked/Burnt or
Make of Veh:	Modi: Nii / S/Rim / STD A/Rin or
	Tyre Size: F: 255/55R19
(Policy Condition)	R: 233/33/14
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR SUMI /
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value:	Fron! Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bai. 9 mm R/Bai Q
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 9 mm L/Bal. 9 mm
Est. Repairs: Of days Res.: Yes or No	D.O.A. 29/1/21 D.O.I. 4/2/2021
Lum Sum: 20 % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted: Vehicle: IN / OUT	Mea NS
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
/ ·	
e/Timo, File Pass to? Prell. Report Da	ys Of Repair: 4
: Final Report Re	survey No. of Trip: 1 Survey Fee:
a/Time, File Return to?	Transportation:
19/2/21-Typist Add Fee:	: Site Insp (\$)_s - Rs_si
	Interview (\$) Fixes
port Format : Merimen	Tech Invs (\$) Others
mp Sum / I.B.I: (\$ LS \$6550	Weekend (\$
	TOTAL



TONG LUCK AUTO PTE LTD

160 SIN MING DRIVE #07-01/06 SIN MING AUTOCITY, SINGAPORE 575722

ESTIMATE

NO

DATE

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

FAX:

1 GATEWAY DRIVE

#15-08 WESTGATE TOWER

SINGAPORE 608531

TEL: 6849 8118

YOUR REF NO

CLAIM TYPE

TP INS. CO.

ATTN: ACCOUNTS DEPT

: SMX3632B

: THIRD PARTY

ACCIDENT DATE : 29/01/2021 TP VEH REG NO : SMX3632B

POLICY NO: 999995580

VEH REG NO: SLC409Y

MAKE/MODEL: AUDI Q7 2.0 TFSI QU (25

CHASSIS NO: WAUZZZ4M7GD042809

04/02/2021

ENGINE NO: CYR006983

: CHINA TAIPING INSURANCE (SINGAPORE) PTE REG. DATE

MAKE/MODEL: AUDI Q7 2.0 TFSI QU (252 BHP)

: QUOT202102-000010(00)

: 2016

: 02/02/2021

Estimate Repair Cost to Vehicle No: SLC409Y

	Description	Quantity	Unit Price	Amount
			<u>\$\$</u>	<u>S\$</u>
1	Tailgate (Aluminum)	The control of the co	Per 3 839 35	2 920 25
2		1	0,000.00	3,839.35 May 93.65
3			93.65	
4			72.30	
5	The second secon		72.30	72.00
6			487.15 Bu 901.95	407.13
7			C 1,181.75	901.95
8			993.55	1,181.75
9	***			993.55
10		,	102.00	102.00
11			41.10 269.90	41.10
	Rear bumper sensor	2		209.90
13	Rear bumper sensor seals	4	208.85	
14	Rear bumper lower spoiler	1	6.00	- 4.
15	Rear bumper clips		853.65	- 000.00
16		ENN Auto Consultante hans	5.50	
.0	real exhaust end chrome - En	the Repairer of the following: To resurvey before/after spray painting To display degree the following:	348.55	348.55
		. Total and the state of the st	Lees 400/	9,781.40
			Less 10%	978.10
	SPECIAL NET	Purity Survey is on a "With		8,803.30
17	Rear windscreen sealant	Supplementary item(s) is allowed	60.00	Na 60.00
		is subject to final approval from Insurance Company		60.00
	LABOUR	Acknowledged by Repaires		1.
18	To remove and refit rear windscreen	plassature:	150.00	150.00
19	To transfer damaged tailgate inerior n		120.00	120.00
20	To remove and refit rear bumper sens	sor	100.00	100.00
21	To check and rectify wiring system	1	80.00	80.00
22	To panel beat and straighten rear floo	rbaord panel, rear chassis 1	1,200.00	1,200.00
	frame, to cut and weld rear end panel	l, including repalcement of		n,200.00
23	parts and align where necessary, to re To putty and spray paint on affected a	ent and adjust the same	400	0
	To apply rust-proofing on replaced an		1,200.00	1,200.00
	, F., present of replaced all	a repaired pariers	160.00	<i>№</i> 160.00
				3,010.00

SA0A211U0001 / Ajax Mars Pte Ltd ENTRY DATE & TIME: 30/01/2021 10:44 (SGT) SUBMITTED BY: Sharil VERSION: 1 (30/01/2021 10:44 (SGT))



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 30/01/2021 10:44 (SGT) 29/01/2021 08:30 (SGT) Date of Accident 1 Woodleigh Ln, Singapore 357684 **Exact Location of Accident** STAMFORD AMERICAN INTERNATIONAL SCHOOL Additional Location Information (WOODLEIGH LANE) SCHOOL COMPOUND Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLC409Y

INSURED/POLICYHOLDER

Is company? DAIMLER FLEET MANAGEMENT SINGAPORE PTE, LTD Name Of Registered Owner Company Reg No 1XXXXX778Z **Email Address** benny.chong@daimler.com Mobile Phone No (Phone) +65-68498118 (Office) +65-68498118 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Audi Model Variant Exact purpose for which vehicle was being used at time of Private hire accident

Are you claiming under your own insurance policy for repair to No - Claiming third party

your vehicle?

Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Comprehensive Fleet Policy Yes **Policy Number** 999995580

Cover Note Number

DRIVER

Name of Driver **RUBEN MANNIEN** Passport No/FIN GXXXX456N Date Of Birth 27/08/1972



Indoor 25/06/2014 Occupation 6 YEARS AND 7 MONTHS Date Of Driving Pass Driving experience (Phone) +65-85226011 Gender Mobile Number ruben.mannien@allnex.com Alt. Phone Number 556820 #10-01 Email Address Address Address complement Postcode Is the driver the policyholder? 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 Collision - Head to Rear Type of Accident Weather Conditions Clear Road Surface Dry 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT My vehicle was queuing at the school compound to drop off my daughter. After dropped off my daughter and I was still in the queue waiting for the clearance. Suddenly I felt a hard impact from behind and saw a vehicle had already hit onto my vehicle rear portion. 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 SMX3632B Vehicle Manufacturer Maserati Vehicle Model **GRANCABRIO SPORT** Vehicle Variant Vehicle Colour Vehicle Category Private car

SUN JINGRUO

SXXXX311Z

Accident report SA0A211U0001

Name of Driver

Contact Number

NRIC No

Page 2 of 2

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Company of the second	TO OF THE ACCIDENT CHANGE!	American International Sch
DESCRIBE CIRCUMSTANCE		1: 1/2 4001
REFER TO ATTACHED STA	TEMENT.	B: SMX 3632B
Tay and the second seco		
TO GATION	iculars are true in every respect.	VEDIEV BY ALAY MADS (ADD)
TO GATION	Iculars are true in every respect.	VERIFY BY AJAX MARS (ARC) REPORTING OFFICER
DECLARATION //We declare the foregoing part	iculars are true in every respect.	VERIFY BY AJAX MARS (ARC) REPORTING OFFICER AIZAM BIN ATAN
TO GATION	iculars are true in every respect. Priver's Signature (if driver is not the policyholder)	REPORTING OFFICER