

ASS. REC. BY:

REF

A/G/ 21002731/KV-B

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. 0999993662

Claims No. 121408346356

Sum Insured: _____ Excess: 1700

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: 8125K

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: Smp 7790T Yr Regn: 10, 19

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

Truck / Traller or _____

Make: M A200 c.c. 1332

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

Sp. Reading: 19287 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDO1771872 W014205

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/45R18

R: _____

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

TOYO / YOKO or Hankook

Front

R/Bal. 7 mm Rear 8 mm

L/Bal. 7 mm L/Bal. 8 mm

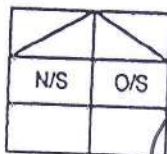
D.O.A. 4/2/21 D.O.I. 2/3/2021

Survey held at _____

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

O/S Rec

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



Date / Time Action / Instruction

13/4 @ 2733.60 Car frame (Red 3424.05,55%)

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:
\$ + RS. \$

Fees

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech Invs (\$)☐ : Weekend (\$)

Report Format : Merimen

Lump Sum / I.B.I: (\$ 2733.60)

2) 16/4/21-Typist



HOTLINE TEL: (65) 6419-3000

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT(CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400


COMPREHENSIVE COMMERCIAL MOTOR	OWN DAMAGE EXCESS S\$1,700.00 (1)
CERTIFICATE NO. 999993662/100878950-00000	WINDSCREEN EXCESS S\$100.00 (for policies with effect from 1st November 2002)
	SUM INSURED S\$1.00
	INSURING WITH COE/PAF YES
1) VEHICLE REGISTRATION NO.	SMP7790T
2) NAME OF INSURED	Daimler Fleet Management Singapore Pte Ltd
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	1 Jan 2021
4) DATE OF EXPIRY OF INSURANCE	31 Dec 2021
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *	
1) Any drivers who is driving on the Insured's order or with their permission. 2) Excess \$2,500 applies to drivers age 21 to 26 years old unless otherwise specified 3) Additional Excess \$3,500 applies to drivers age below 21 or above 65 years old and or less than years driving experience unless otherwise specified	
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
6) LIMITATION AS TO USE *	
1) Use for social, domestic, pleasure purposes and business purposes of the Insured and or hirer whom the vehicle is hired to. The Policy does not cover: 1) Use for the carriage of passengers for hire or reward 2) Use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing. 3) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 4) Use for any purpose in connection with the Motor Trade.	
In the event of accident claim, the repairs to the Vehicle must be carried out by either one of our AIG Authorized Repairers or a particular Repairer approved by AIG	
LOSS OF USE NOT INCLUDED	
* NAMED DRIVER N/A	
HIRE PURCHASE COMPANY NA	
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.	

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 22 Feb 2021

AIG ASIA PACIFIC INSURANCE PTE. LTD.

030023-000
JLT MANAGEMENT PTE LTD
#09-02, 8 MARINA VIEW
ASIA SQUARE TOWER 1
SINGAPORE 018960



Authorised Representative

ORIGINAL

SSCNFY

2643590



NRIC No S7146804F



Blood Group Date of issue
A+ 12-06-1995

APT BLK 118 ARTHUR ROAD #17-01
SINGAPORE 439827

S7146804F 25/11/2013

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7146804F



Name
YVONNE WONG LI RONG



黄麗容
Race
CHINESE
Date of birth 27-12-1971 Sex F
Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S 7 1 4 6 8 0 4 F**

Name:

YVONNE WONG LI RONG

Birth Date: **27 Dec 1971**

Issue Date: **05 Feb 2021**



003118447J

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3	Ambulances / Motor cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver / motor tractors or vehicles ≤ 2500kg	19 Sep 1991
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EFFECTIVE DATE

NP 428A



Licence No: S7146804F

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	04/02/2021 23:35 (SGT)
Date of Accident	04/02/2021 12:30 (SGT)
Exact Location of Accident	118 Arthur Rd, Singapore 439827
Additional Location Information	118 ARTHUR ROAD MSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP7790T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD.
Company Reg No	1XXXXXX78Z
Email Address	faizal.mohamed@daimler.com
Mobile Phone No	(Phone) +65-68498118
Alternative Phone No	(Office) +65-68498118

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A200
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	NA

DRIVER

Name of Driver	YVONNE WONG LI RONG
NRIC No	SXXXX804F
Date Of Birth	27/12/1971
Occupation	Indoor

Date Of Driving Pass	19/09/1991
Driving experience	29 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96220305
Alt. Phone Number	-
Email Address	ywlr001@hotmail.com
Address	118 Arthur Road
Address complement	#17-01
Postcode	439827
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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)	1
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I was reversing into an empty car parking lot inside my condo. Upon reversing I didn't hear any beeping sound on the reverse sensor. Suddenly I felt a light impact from the rear. I found out that the rear of the vehicle had already lightly hit the pillar at the parking lot. No injury 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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Mobile equipment
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	COLLIDED INTO PILLAR OF MSCP
No. Of Passenger (Including Driver)	-

SKETCH PLAN

SMP7790T

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. 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:

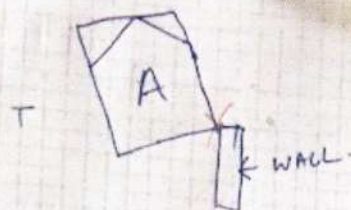
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: **4 Feb 2021**

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



118 ARTHUR RD
MSCP.

A - SMP 7790T
REVERSING.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 4/2/21.

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH

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

ACCIDENT STATEMENT (2000 characters)

I was reversing into an empty car parking lot inside my condo. Upon reversing I didn't hear any beeping sound on the reverse sensor. Suddenly I felt a light impact from the rear. I found out that the rear of the vehicle had already lightly hit the pillar at the parking lot.

No injury 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 -
MOHAMMAD AZALY BIN ABDULLAH



MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time:

4 February 2021 at 6:56 PM

4 February 2021 at 6:56 PM



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

ATTN : MOTOR CLAIM DEPT

TEL : 6419 3000

FAX : 6415 3723

YOUR REF NO :

CLAIM TYPE : OWN DAMAGE

ACCIDENT DATE : 04/02/2021

ESTIMATE

NO : QUOT202102-000065(00)

DATE : 01/03/2021

POLICY NO : 999995580

VEH REG NO : SMP7790T

MAKE/MODEL : MERCEDES BENZ A200
SALOON PROGRESSIVE (R18
LED)

CHASSIS NO : WDD1771872W014205

ENGINE NO : 28291480051523

REG. DATE : 2019

Estimate Repair Cost to Vehicle No : SMP7790T

Description	Quantity	Unit Price	Amount
		<u>S\$</u>	<u>S\$</u>
PARTS			
1 Taillamp assy - RH	1	450.00 <i>cm</i>	450.00 <i>✓</i>
2 Taillamp lower bracket - RH	1	85.00 <i>sn</i>	85.00 <i>X</i>
3 Rear bumper	1	880.00 <i>cm</i>	880.00 <i>✓</i>
4 Rear bumper side retainer - RH	1	98.00 <i>diy</i>	98.00 <i>✓</i>
5 Rear bumper sensor	1	138.00 <i>sn</i>	138.00 <i>X</i>
6 Rear bumper sensor seals	6	8.00 <i>nn</i>	48.00 <i>✓</i>
7 Rear bumper clips	15 <i>50sn</i>	5.50 <i>nn</i>	82.50 <i>✓</i>
8 Rear fender - RH	1	1,350.00 <i>R</i>	1,350.00 <i>X</i>
9 Rear fender inner shield clips - RH	20	6.50 <i>nn</i>	130.00 <i>X</i>
			3,261.50
		Add 10%	326.15
			3,587.65
SPECIAL NET			
10 Rear windscreen sealant	1	60.00 <i>nn</i>	60.00 <i>X</i>
			60.00
LABOUR			
11 To remove and refit rear windscreen glass	1	150.00 <i>nn</i>	150.00 <i>X</i>
12 To remove and refit RH rear interior garnishes and trimboard to facilitates the repairs	1	180.00	180.00 <i>801</i>
13 To remove and refit rear bumper sensor	1	100.00	100.00 <i>601</i>
14 To check and rectify wiring system	1	80.00	80.00 <i>201</i>
15 To panel beat and straighten RH rear chassis frame, RH rear fender inner panel, to cut and weld RH rear fender, including replacement of parts and align where necessary, to refit and adjust the same	1	1,200.00	1,200.00 <i>5001</i>
16 To putty and spray paint on affected areas	1	800.00	800.00 <i>4001</i>
			2,510.00
		TOTAL	S\$ 6,157.65
		ADD GST @ 7%	431.04
		GRAND TOTAL	S\$ 6,588.69

SINGAPORE DOLLAR SIX THOUSAND FIVE HUNDRED EIGHTY-EIGHT AND CENTS SIXTY-NINE ONLY

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed

is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:



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: 2

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 : 04/02/2021

ESTIMATE

NO : QUOT202102-000065(00)

DATE : 01/03/2021

POLICY NO : 999995580

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MAKE/MODEL : MERCEDES BENZ A200
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Estimate Repair Cost to Vehicle No : SMP7790T

Description	Quantity	Unit Price	Amount
		S\$	S\$

FOR TONG LUCK AUTO PTE LTD

AUTHORISED SIGNATURE