

Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s Tony Luck
 of _____
 Insured: _____
 Policy No. 999993662
 Claims No. 8596853991SG
 Sum Insured: _____ Excess: 5200
 (Client's Record)
 Make of Veh: _____

Veh No: SMQ 2435Y Yr Regn: 11, 19
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or A) Wagon
 Make: MV GLA180 c.c. 1595
 Colour: M. Red A/C: Insured / Std / NI / NA
 Sp. Reading: 19348 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WDC 1569422 J 063008
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rlm / STD / Rlm or
 Tyre Size: F: 235/50R18
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Continental
 Front R/Bal. 9 mm Rear R/Bal. 9 mm
 L/Bal. 9 mm L/Bal. 9 mm
 D.O.A. 17/2/21 D.O.I. 3/3/2021
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
015191
 The UIC / Chassis frame / Body Structure affected due to collision.

N/S	O/S

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: \$126k
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 03 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
05/03/21	Candy informed that the owner withdraw claim. (excess more than COR)
09/03/21	Submit Preli. report.

Date/Time, File Pass to? : Preli. Report
 : Final Report
 11/09/03 Typist
 Date/Time, File Return to?

Days Of Repair: 3
 Resurvey No. of Trip: _____

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

Survey Fee:	
Transportation:	
S - RS - SI	
Fees	
Others	
TOTAL	

Report Format: MER-OD
 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

ESTIMATE

NO : QUOT202102-000069(00)
DATE : 03/03/2021
POLICY NO : 999995580
VEH REG NO : SMQ2435Y
MAKE/MODEL : MERCEDES BENZ GLA180
URBAN (R18 LED)
CHASSIS NO : WDC1569422J663008
ENGINE NO : 27091031914487
REG. DATE : 2019

ATTN : MOTOR CLAIM DEPT

TEL : 6419 3000

FAX : 6415 3723

YOUR REF NO :

CLAIM TYPE : OWN DAMAGE

ACCIDENT DATE : 17/02/2021

Not Notified
Permy B4 painting
3 days

Estimate Repair Cost to Vehicle No : SMQ2435Y

Description	Quantity	Unit Price	Amount
		S\$	S\$
PARTS			
1 Headlamp assy - RH	1	1,480.00	1,480.00 ✓
2 Front bumper	1	850.00	850.00 ?
3 Front bumper side retainer - RH	1	38.00	38.00 X
4 Front bumper sensor	2 / 1	138.00	276.00 ✓
5 Front bumper sensor seals	6	8.00	48.00 ?
6 Front bumper fog lamp cover - RH	1	68.00	68.00 ✓
7 Front bumper fog lamp cover base - RH	1	70.00	70.00 ?
8 Front bumper lower grille outer chrome	1	580.00	580.00 ✓
			3,410.00
		Add 10%	341.00
			3,751.00
LABOUR			
9 To remove and refit front bumper sensor	1	100.00	100.00 ✓
10 To check and rectify wiring system	1	80.00	80.00 ✓
11 To panel beat and straighten RH front chassis frame, including replacement of parts and align where necessary, to refit and adjust the same	1	800.00	800.00 ✓
12 To putty and spray paint on affected areas	1	800.00	800.00 ✓
13 To reset and reprogramme headlamp fault-code	1	350.00	350.00 ?
			2,130.00

(No painting)

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a Withhold basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

TOTAL S\$ 5,881.00
ADD GST @ 7% 411.67
GRAND TOTAL S\$ 6,292.67

SINGAPORE DOLLAR SIX THOUSAND TWO HUNDRED NINETY-TWO AND CENTS SIXTY-SEVEN ONLY

Acknowledged by Repairer
Signature:

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 18/02/2021 21:40 (SGT)
Date of Accident 17/02/2021 08:30 (SGT)
Exact Location of Accident Pasir Ris, Singapore
Additional Location Information PASIR RIS DRIVE 4
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ2435Y

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) +65-68498118
Alternative Phone No +65-68498118

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Gla180
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 No
Policy Number 999995580
Cover Note Number -

DRIVER

Name of Driver ZALEHA BTE AHMAD
NRIC No SXXXX822G
Date Of Birth 10/07/1965
Occupation Indoor

Date Of Driving Pass 01/12/2020
 Driving experience 2 MONTHS
 Gender Female
 Mobile Number (Phone) +65-97267653
 Alt. Phone Number -
 Email Address osman.affan@daimler.com
 Address HDB Tampines, 125 Tampines Street 11 -#02-482
 Address complement -
 Postcode 521125
 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 on collision
 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) 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? Yes
 Police Station Name Pasir Ris Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18005852999
 Alt. Police Station Phone No (Fax) +65-65855261
 Police Station Address 1 Pasir Ris Drive 4 #01-01 Singapore 519457
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

ON THE 17/02/2021 AT ABOUT 0830HRS, I DROVE MY VEH BEARING PLATE NUMBER (SMQ2435Y) INTO THE BASEMENT CARPARK OF PASIR RIS EAST COMMUNITY CENTRE. I WISHED TO INFORM THAT THE BASEMENT CARPARK WAS UTILIZED BY MULTIPLE STAFFS OF THE COMMUNITY CENTRE INCLUDING POLICE VEHICLES. AFTER ENTERING THE CARPARK I PROCEEDED TO COMMENCE PARKING MY VEHICLE. HOWEVER, AS I WAS REVERSING INTO THE PARKING LOT, I HEARD A SOUND COMING FROM THE RIGHT OF MY VEHICLE. AS SUCH, I ALIGHTED MY VEHICLE TO MAKE A CHECK AND REALIZED THAT MY VEHICLE HAD COME INTO CONTACT WITH THE NUMBER PLATE OF A POLICE VEHICLE(QX307M). THE POLICE VEHICLE WAS STATIONARY AND THERE WAS NO ONE INSIDE. I WISHED TO STATED THE INCIDENT CAUSED THE FRONT NUMBER PLATE OF THE VEHICLE TO FALL OFF. AFTER DISCOVERING I IMMEDIATELY WENT TO THE POLICE STATION TO REPORT THE INCIDENT. I WISHED TO STATE THAT NO ONE WAS INJURED IN THE INCIDENT.

I WOULD LIKE TO MAKE AN AMENDMENT TO AN EARLIER POLICE REPORT T/20210217/2014 AS I HAD DISCOVERED THAT THE RIGHT BOTTOM PART OF MY VEHICLE'S FRONT BUMPER SUSTAINED SOME SCRATES & DENTS.

ATTACHMENT(S)

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

