eneth	ASSIGNMENT
From: Date:	Veh No: SCW 7046 Tr Regn: 02 18
Estimated Cost:	
<u> </u>	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD TP I WS I TP RES I OD RES / EVA / INV / MY	Truck / Trailer or Wojan
To Inspect Vehicle No:	Make: Mr GIA 180 c.c 1583
at Workshop m/s	Luck Colour M. Red AC: Insured / Std / NI / NA
of	Sp.Reading 1934 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No: 53729 4790
Policy No.	CNO: WDC 1569422 J 66-3000
Claims No. <u>2594494782SG</u>	Gen. Cond: Good Fair / Poor / Burnt
Sum Insured: Excess:	1700 Steering: Inqrder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked J Burnt or
Make of Veh:	Modi: NII / S/RIm / STO A/Bim or
	Tyre Size: F: 235/50RIf
(Policy Condition)	
Remark: The veh had commenced its	R:
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / FIR / SUMI / TOYO / YOKO or
Bal. or Market Value: 8 Mark 1/4/c	
IDAC Accident Rport: Consistent? : Yes or No	Front Rear
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 7 mm R/Bal. 5 mm
Est. Repairs: 04 days Res.: Yes or No	1004 07/0 / mm
Lum Sum: /-B./% 3 Val.: Yes or No	0112121 0.01. 3/3/202
	Sulvey 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 /89 N/S
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
03/21@10.52am revert to AIG via 1	10/4 : 14 :
03/21@2.26pm Kök Chong informe	A 2 ov: \$1700 by omeil
	A & ex:\$1700 by email
Kenneth confirmed final fig	\$8158 (Red \$1163.80, 12%)
Time, File Pass to? : Prell. Report	Davis Of D
4/05 Typist : Final Report	Days Of Repair: 4
Ine, File Return to?	Resurvey No. of Trip: 1 Survey Fee:
	Transportation
Ad	G Fee: Site Insp (\$) S-RS. SI
rt Format : MFR-OD	: Interview (\$) Faces
	Tech Invs (\$): Others
Sum / I.B.I: (\$ 8158	Weekend (\$
	TOTAL



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

: AIG ASIA PACIFIC INSURANCE PTE. LTD.

FAX: 6415 3723

78 SHENTON WAY #07-16 Not 100....
Reformy B4 pasmy
x:6415 3723
4days

AIG BUILDING

SINGAPORE 079120

ATTN: MOTOR CLAIM DEPT

TEL: 6419 3000

YOUR REF NO

: OWN DAMAGE **CLAIM TYPE**

ACCIDENT DATE : 27/02/2021

ESTIMATE

NO

: QUOT202103-000004(00)

: 03/03/2021 DATE : 999995580

POLICY NO VEH REG NO : SLW7046J

MAKE/MODEL: MERCEDES BENZ GLA180

URBAN (R18 LED)

CHASSIS NO : WDC1569422J479099

: 27091031544719 **ENGINE NO**

REG. DATE : 2018

Estimate Repair Cost to Vehicle No: SLW7046J

107	Description	Quant	ity		Unit Price	Amount	
	Description				<u>S\$</u>	<u>s\$</u>	
	PARTS					CM 620.00	
1	Wiper switch	211	1	1.0	620.00	020.00	, ,,
2	Headlamp assy - RH / LH	NISCM	2	015 1	1,550.00	3,100.00	
3	Front grille		1		260.00	260.00	_
4	Front grille top beam		1		185.00	185.00	
5	Front grille lower beam		1		185.00	185.00	
6	Front grille center logo		1		98.00	CM 98.00	
7	Front grille logo base		1		68.00	NU 68.00	
8	Front bumper		1		850.00	CM 850.00	_
9	Front bumper reinforcement		1		290.00	290.00	?
10	Front bumper sponge		1		108.00	CM 108.00	_
11	Front bumper side retainer - LH		1		58.00	58.00	?
12	Front bumper fog lamp cover - LH		1		68.00	MIY 68.00	_
13	Front bumper fog lamp cover base - LH	I KK Auto Com II	_1		70.00	Mir 70.00	_
14	Front bumper lower grille outer chrome	LKK Auto Consultants hence notify the Repairer of the following:	1		580.00	CM 580.00	
15	Front number plate garnish	To resurvey before/after coray points	1		98.00	CM 98.00	
		To display damaned nact/ol dust	у		2	6,638.00	
		to prices die cilniert to continue			Add 10%		
		Third party survey is on a "Without Prejudic No illegal modification(s) is allowed			,	7,301.80	
40	SPECIAL NET	Suppliementary it m/a)	and				
16	Front number plate	approval from insurance (Company		40.00	DV 40.00	
	LABOUR	Acknowledged by Repairer			•	40.00	
17	To remove and refit front bumper sensor	Signature: Date:					1
	To check and rectify wiring system	Date.	1		100.00	100.00	
		L. Division			80.00		201
	To panel beat and straighten RH front fend frame, including replcement of parts and al refit and adjust the same	der, RH front chassis lign where necessry, to	1		1,000.00	1,000.00	
	To putty and spray paint on affected areas		1		800.00		001
					000.00	800.00	
						1,980.00	•**
					TOTAL	S\$ 9,321.80	
			AD	D GS1	T @ 7%	652.53	}
			G	RAND	TOTAL	S\$ 9,974.33	3
					_		_

SINGAPORE DOLLAR NINE THOUSAND NINE HUNDRED SEVENTY-FOUR AND CENTS THIRTY-THREE ONLY

G SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

5. Internation provided intakes to destinate the provided internation of 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

28/02/2021 16:23 (SGT) Date of Submission 27/02/2021 17:15 (SGT) Date of Accident Exact Location of Accident Bukit Timah Rd, Singapore SLIP ROAD OF BUKIT TIMAH ROAD AND KAMPONG JAVA Additional Location Information ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SLW7046J**

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD. Company Reg No 1XXXXXX78Z Email Address derrick.lee@daimler.com Mobile Phone No (Phone) +65-68498118 Alternative Phone No (Office) +65-68498118

VEHICLE PARTICULARS

Manufacturer Mercedes Model GLA180 URBAN (R18 LED) 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 TONG MUN HON NRIC No SXXXX047H Date Of Birth 19/02/1973



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Vehicle Registration Number

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 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 3. Information provided must be as truthful and accurate as possible. Any willul misrepresentation.

 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.

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 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	
Date of Accident	28/02/2021 16:23 (SGT)
Exact Location of Assidons	27/02/2021 17:15 (SGT)
Additional Location Information	Bukit Timah Rd, Singapore
Location miorination	SLIP ROAD OF BUKIT TIMAH ROAD AND KAMPONG JAVA
Country/State of Loss	ROAD
and yrotate of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW7046J
INSURED/POLICYHOLDER	Since the control of the second of the secon
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes DAIMLER FLEET MANAGEMENT SINGAPORE PTE 1 TD
VEHICLE PARTICULARS	M Subject to the contract of t

Manufacturer	Mercedes
Model	GLA180 URBAN (R18 LED)
Variant	
Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category	Private hire Yes 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	TONG MUN HON
NRIC No	A CONTRACTOR OF THE PARTY OF TH
Date Of Birth	19/02/1973

Page 1 of 32

Indoor Occupation 31/08/2001 **Date Of Driving Pass** 19 YEARS AND 6 MONTHS Driving experience Gender (Phone) +65-91056088 Mobile Number Alt, Phone Number tongmunhon@yahoo.com.sg Email Address Rio Vista, 32 Upper Serangoon View 534209 #10-42 Address Address complement Postcode ... No Is the driver the policyholder? If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? 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 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 PASSENGER 1 Name Jennifer Gender 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 travelling along SLIP ROAD OF BUKIT TIMAH ROAD AND KAMPONG JAVA ROAD it was a 2 lane traffic and my vehicle was positioned in the left side suddenly third party vehicle ahead of me stopped after the broken white lines and I was looking for oncoming traffic and therefore my vehicle front collided onto third party rear. Due to impact, my hand hit onto wiper switch causes the switch broken. I got cut on my hand. ATTACHMENT(S) Yes Are accident photos available for attachment? No Was there any video captured by Car Camera? No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SJY3796S Vehicle Registration Number Vehicle Manufacturer **BMW** 740li Vehicle Model Page 2 of 32

Accident report SA0A212S0004

Date & Time:

(if driver is not the policyholder) Date & Time:

Name: NRIC/FIN No .: