

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Tay Luck

of _____

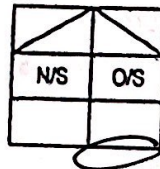
Insured: _____

Policy No. 0999993662Claims No. 5651414737SGSum Insured: _____ Excess: 5500

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: \$138k

IDAC Accident Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 1.81 % 3 Val.: Yes or NoCA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SBK 3168Z Yr Regn: 12, 18

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

Truck / Trailer or WagonMake: Toy Veltrik C.C. 2894Colour M. B/gck A/C: Insured / Std / NI / NASp. Reading 127591 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTNGF3D1H508020174Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: NI / S/Rim / STD A/Rim orTyre Size: F: 235/50R18

R: _____

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

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 23/2/21 D.O.I. 4/3/2021

Survey held at _____

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

Rear o/s

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

Date / Time Action / Instruction

29/3/21 Submit preli report- revised fig \$5926.50 check items \$149.60

Date/Time, File Pass to?

☒ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2) 29/3/21-Typist

Days Of Repair: 4

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

) S + RS. \$

) Fuel

) Others

TOTAL

Report Format: Merimen

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

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 : 23/02/2021

ESTIMATE

NO : QUOT202102-000070(00)

DATE : 03/03/2021

POLICY NO : 999995580

VEH REG NO : SBK3168Z

MAKE/MODEL : TOYOTA VELLFIRE ELEGANCE
MOONROOF (AUTO)

CHASSIS NO : JTNGF3DH508020174

ENGINE NO : 2ARJ211217

REG. DATE : 2018

Not Authorized
Penalty Bk paint
4 days

Estimate Repair Cost to Vehicle No : SBK3168Z

Description	Quantity	Unit Price S\$	Amount S\$
PARTS			
1 Rear windscreen glass	1 <i>Shenton</i>	650.00	650.00 ✓
2 Tailgate	1 <i>Bz</i>	920.00	920.00 ✓
3 Tailgate center chrome	1 <i>CM</i>	480.00	480.00 ✓
4 Tailgate spoiler	1 <i>Blum</i>	1,050.00	1,050.00 ✓
5 Tailgate center logo	1 <i>me</i>	78.00	78.00 ✓
6 Tailgate 'VELLFIRE' emblem	1 <i>me</i>	62.00	62.00 ✓
7 Tailgate hinges - RH / LH	2	68.00	136.00 ?
8 Taillamp assy (inner) - RH	1 <i>CM</i>	480.00	480.00 ✓
9 Taillamp assy (outer) - RH	1 <i>SL</i>	520.00	520.00 X
10 Rear bumper	1 <i>Bu</i>	420.00	420.00 ✓
11 Rear bumper clips	15 <i>me</i>	5.00	75.00 ✓
			4,871.00
		Add 10%	487.10
			5,358.10
SPECIAL NET			
12 Rear windscreen sealant	1	60.00 <i>me</i>	60.00 <i>40.00</i>
			60.00
LABOUR			
13 To remove and refit rear windscreen glass	1	150.00	150.00 <i>120.00</i>
14 To transfer damaged tailgate interior mechanism to new tailgate	1	180.00	180.00 <i>60.00</i>
15 To remove and refit rear bumper sensor	1	100.00	100.00 <i>50.00</i>
16 To check and rectify wiring system	1	100.00	100.00 <i>20.00</i>
17 To panel beat and straighten roof top panel, rear end panel, including replacement of parts and align where necessary, to refit and adjust the same	1	1,200.00	1,200.00 <i>400.00</i>
18 To putty and spray paint on affected areas	1	1,200.00	1,200.00 <i>600.00</i>
			2,930.00
TOTAL			S\$ 8,348.10
ADD GST @ 7%			584.37
GRAND TOTAL			S\$ 8,932.47

SINGAPORE DOLLAR EIGHT THOUSAND NINE HUNDRED THIRTY-TWO AND CENTS, FORTY-SEVEN ONLY

Acknowledged by Repairer
Signature:
Date:

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	24/02/2021 20:40 (SGT)
Date of Accident	23/02/2021 13:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	8 BOON LAY DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBK3168Z
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD.
Company Reg No	1XXXXXX8Z
Email Address	faizal.mohamed@daimler.com
Mobile Phone No	(Phone) +65-68498118
Alternative Phone No	(Office) +65-68498118

VEHICLE PARTICULARS

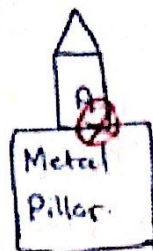
Manufacturer	Toyota
Model	VELLFIRE ELEGANCE MOONROOF (AUTO)
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	999995580
Cover Note Number	-

DRIVER

Name of Driver	YAP CHO HIAN VICTOR
NRIC No	SXXXX078F
Date Of Birth	28/01/1955
Occupation	Outdoor



Vehicle N° SBK3168Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

1/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:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SAIFULLAH S/O SYED MASOOD

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

ACCIDENT STATEMENT (2000 characters)

I was dropping off my guest at 8 BOON LAY DRIVE after dropping my guest off I reversed and there was an slanted metal pillar behind which wasn't visible from my side and rear mirror therefore when I reversed my vehicle rear right area collided onto the metal pillar causing the rear windscreen in the back to shatter and some damages on the rear right roof area. No injuries 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 -
MOHAMED SAIFULLAH S/O SYED MASOOD

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

24 February 2021 at 5:23 PM

Date/Time:

24 February 2021 at 5:23 PM