nneth	ASSIGNMENT
From: Date:	Veh No: GBG- 9738K Yr Regn: 12, 17
Estimated Cost	Type: M.Car/M.Orda/Bus (70)
ODITPIWS ITPRES I OD RES I EVA / INV I MY	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
To Inspect Vehicle No:	(///)
at Workshop m/s Tanp lu	Make: New Citan 109 CD; 140
of Section 1	colour white AC: Insured/Std/NI/NA
Insured:	Sp.Reading 59968 T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No.	CNO: WOF 415605.2U 2215
Sum Insured: Excess:	Gen. Cond. Good / Fair / Poor / Burnt
(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Brake: Inorder / Jammed / Leaked / Burnt or
	Modi: NII / S/Rim / STD/A/Rim or
(Policy Condition)	Tyre Stze: F: GY 195/65R15
Remark: The veh had commenced its	R: Mil
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Bal. or Market Value: \$5416	TOYO / YOKO or
DAC Accident Rport: Consistent?: Yes or No	Fron! Rear
GIA / PR Seen: Consistent?: Yes or No	R/Bal mm R/Bal mm
est Repairs: 05 days Res.: Yes or No	L/Bal. 4 mm L/Bal. 4 mm
um Sum: /://////////////////////////////////	0.0.1. 20/4/201
0	Survey held at
CA I REV I REP. I 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
ate:Person Contacted:	: IN/OUT OIS PS
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
Time, File Pass to? : Prell. Report	Days Of Repair:
: Final Report	Pagunos No
Time, File Return to?	
Add	d Fee: : Site Insp (\$
	:Interview (\$
ort Format :	Tech Invs (\$ ) Fortys
p Sum / 1.B.1: (S	Weekend (\$



# 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.

78 SHENTON WAY #07-16 AIG BUILDING

SINGAPORE 079120

Petuna Bepain FAX: 6415 3723 Sclay

ATTN: MOTOR CLAIM DEPT

TEL: 6419 3000

YOUR REF NO :

: OWN DAMAGE **CLAIM TYPE** ACCIDENT DATE : 07/04/2021

**ESTIMATE** 

: QUOT202104-000019(00)

: 20/04/2021 DATE : 999995580 **POLICY NO** 

VEH REG NO : GBG9738K

MAKE/MODEL: MERCEDES BENZ CITAN 109

CDI EL 5MT 6DR

: WDF4156052U221537

**CHASSIS NO** : K9KE628D403982 **ENGINE NO** 

: 2017 REG. DATE

### to Renair Cost to Vehicle No : GBG9738K

_		Quantity	Unit Price	Amount	
8	Description		<u>\$\$</u>	<u>\$\$</u>	
	PARTS		450.00	CM 450.00	L
1	Support Panel	1	580.00	CM 580.00	
2	Headlamps assy - RH		210.00	Sh 210.00	
3	Front apron panel		58.00	vn 58.00	
4	Front apron centre emblem		7.00	No 14.00	
5	Front apron emblem nuts	2	320.00	Bu 320.00	
6	· ABAR MANAGEMENT OF ALL	1	185.00	185.00	
7		1	4	m 110.00	
8	Front fender inner shield clips - RH	20	5.50		
9	Front bumper	1	110-15	1,080.00 125.00	
10			125.00	125.00 125.00	
11			450.00		
12	· ·	1	42.00	CM 42.00	
13	Front bumper top panel (inner)	1	295.00	295.00	
14		ols? Nish x 2	98.00	98.00	
15	Front bumper fog lamp cover - RH / LH	ols? NISSn X 2	98.00	196.00	
16	Front bumper fog lamp - RH	1	115.00	115.00	
17	Front bumper towing cover	LKK Auto Consultants hence notify	28.00	Per 28.00	
18	Front bumper under cover	the Repairer of the following:	115.00	ام 115.00 ما	,
	The state of the s	To resurvey before/after spray painting		4,471.00	
		To display damaged part(s) during resurvey     Parts prices are subject to confirmation	Add 10%		
	SPECIAL NET	Third party survey is on a "Without Prejudice" basis		4,918.10	
9	Front number plate	No illegal modification(s) is allowed	40.00	Sec 40.00	
		Supplementary item(s) must be resurveyed and is subject to final approval from to surance Company	40.00		
	LABOUR	Despects and approval in the draine of ingary		40.00	
0	To remove and refit air-con condenser, pipe	Schnowled Hill air -con "gas 1	150.00	150.00	1
1	To check and rectify wiring system system	Signature: Date:	80.00	80.00	
!	To panel beat and straighten bonnet, RH TO	ont render inner panel.	1,000.00		
	front chassis frame, including replacement where necessary, to refit and adjust the sar	of parts and align	1,000.00	1,000.00	١.
3	To putty & spray paint on affected areas				
	To reset and re-programe headlamp fault co	nde	1,200.00	1,200.00	)
-	, and the state of	oae	250.00	250.00	)
		46.		2,680.00	5

REE. AILI

SA0A2148000C-01 / A ENTRY DATE & TIME SAUAZ 148000C-01 / A JIX 1 ars Pie Ltd ENTRY DATE & TIME: D8 /4/2021 23:3 SUBMITTED BY: Sabits VERSION: 2 (12/04/2021 19:19 (SGT)) 4/2021 23:30 (SGT)

## **SINGAPORE ACCIDENT STATEMENT**

IMPORTANT NOTICE

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

5. Into that of the insurance companies is not an admission of policy liability on the part of the insurance companies.

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 the production of the produ 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 Date of Accident Exact Location of Accident** Additional Location Information Country/State of Loss

08/04/2021 23:30 (SGT) 07/04/2021 13:00 (SGT) 210 Tanah Merah Coast Rd, Singapore 498805

Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

GBG9738K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD 1XXXXX778Z derrick.lee@daimler.com (Phone) +65-68498118 (Office) +65-68498118

VEHICLE PARTICULARS

Manufacturer Model 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 **Transmission** CC

Mercedes Citan Employment

Yes Commercial vehicle

Auto

INSURANCE COMPANY

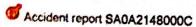
Name of Insurance Company Type of Coverage Fleet Policy **Policy Number** Cover Note Number

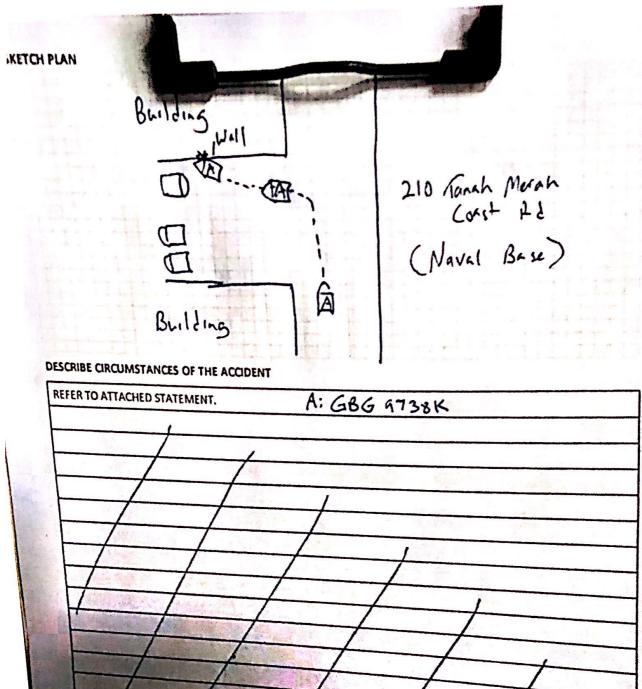
AIG Asia Pacific Insurance Pte. Ltd. Comprehensive Yes 999995580

DRIVER

Name of Driver Passport No/FIN

**GUDLA DURGA RAO** GXXXX218T





Accident report SA0A2148000C

ENT STATEMENT (2000 characters)	- to to clowed down and slupp
er making a right turn. When I steppe e brake system seems not working. Hold with vehicle in front. My vehicle en	ed on the brake to slowed down and stopped on the brake to swerve to the right due nded brushed onto the building wall. Show that the braking system was not stage.
st after the incident, floor a video foo nctioning very well. Refer to video foo	
Taxi Voucher No.:	
	AND THE PROPERTY OF THE PROPER
DECLARATION	The second secon
DECLARATION  I/We declare that the above particulars & information pro	ovided above are true in every aspect
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VERIFIED BY AJAX MARS REPORTING OFFICER -	5 Dur
I/We declare that the above particulars & information provening of the second of the s	Devided above are true in every aspect  Registered Owner or Driver's Signature
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VERIFIED BY AJAX MARS REPORTING OFFICER - AIZAM BIN ATAN  MARS Officer	Registered Owner or Driver's Signature