

ASS. REC. BY:

REF:

21005441/kb

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. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBT 27114 Yr Regn: 18

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

Truck / Trailer or _____

Make: Mercedes 109 CDI c.c. 1961Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 61708 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDF 41560524 2544 97Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NII / S/Rlm / STD A/Rlm or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or GRMAX

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 8 mmL/Bal. 7 mm L/Bal. 8 mmD.O.A. 21/4/21 D.O.I. 4/5/2021

Survey held at _____

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

O/S Rear

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1)

Date/Time, File Return to?

☐ : Final Report

Resurvey No. of Trip: _____

Survey Fee: _____

2)

Add Fee: ☐ : Site Insp (\$ _____)

Transportation: _____

☐ : Interview (\$ _____)

Fees: _____

☐ : Tech Invs (\$ _____)

Others: _____

☐ : Weekend (\$ _____)

TOTAL

Report Format: _____

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 : DAIMLER FLEET MANAGEMENT S'PORE PTE LTD

1 GATEWAY DRIVE

#15-08 WESTGATE TOWER

SINGAPORE 608531

TEL : 6849 8118

FAX :

ATTN : ACCOUNTS DEPT

YOUR REF NO : YN3402J

CLAIM TYPE : THIRD PARTY

TP INS. CO. : INDIA INTERNATIONAL INSURANCE PTE LTD

ACCIDENT DATE : 21/04/2021

TP VEH REG NO : YN3402J

ESTIMATE

NO : QUOT202105-000002(00)

DATE : 03/05/2021

POLICY NO : 999995580

VEH REG NO : GBJ271H

MAKE/MODEL : MERCEDES BENZ CITAN 109
CDI EL 5MT 6DR

CHASSIS NO : WDF4156052U254497

ENGINE NO : K9KE628D626524

REG. DATE : 2018

Not Authorized
Repair After Paint
4 days

Estimate Repair Cost to Vehicle No : GBJ271H

Description	Quantity	Unit Price	Amount
		S\$	S\$
NET PRICE			
1 Rear bumper	1	0.00	0.00
2 Rear bumper pad	1	580.00	580.00
3 Rear bumper side retainer - RH	1	215.00	215.00
4 Rear bumper clips	15	5.50	82.50
5 Rear fender - RH	1	2,490.00	2,490.00
			3,367.50
		Less 10%	336.75
			3,030.75
LABOUR			
6 To remove and refit rear bumper sensor	1	100.00	100.00
7 To check and rectify wiring system	1	80.00	80.00
8 To panel beat and straighten RH rear chasidid frame, RH rear fender inner panel, to cut and align where necessary, to refit and adjust the same	1	800.00	800.00
9 To putty and spray paint on affected areas	1	1,000.00	1,000.00
10 To apply rust-proofing on replaced and repaired panel	1	80.00	80.00
11 To supply artwork and paste decal on RH rear fender and rear bumper	1	580.00	580.00
			2,640.00
TOTAL			S\$ 5,670.75
ADD GST @ 7%			396.95
GRAND TOTAL			S\$ 6,067.70

SINGAPORE DOLLAR SIX THOUSAND SIXTY SEVEN AND CENTS SEVENTY ONLY

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 "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

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 22/04/2021 16:46 (SGT)
Date of Accident 21/04/2021 15:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information Woodland Industrial Park E4
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ271H
INSURED/POLICYHOLDER
Is company? Yes
Name Of Registered Owner DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD
Company Reg No 9XXXX5580
Email Address faizal.mohamed@daimler.com
Mobile Phone No (Phone) +65-68498118
Alternative Phone No (Office) +65-68498118

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Citan
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? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 1461

INSURANCE COMPANY

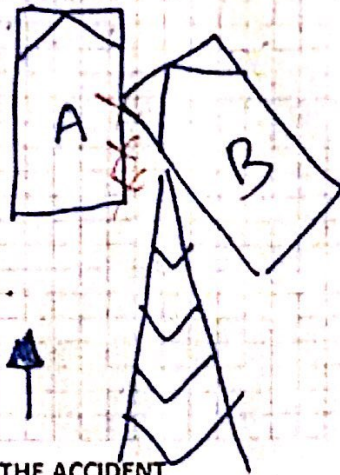
Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 999995580
Cover Note Number -

DRIVER

Name of Driver MD MAZLAN BIN MOHD MYDIN
NRIC No SXXXX881B

SKETCH PLAN

WOODLAND IND.
PARK E 4.



A - GBJ271H
B - YN3402J

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: 22/4/21

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

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