

ASS. REC. BY:

REF:

AG2/ 22 002151/K4

C

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.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

02 days

Res.: Yes or No

Lum Sum: _____

1.81 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

Smp 3973J Yr Regn: 09, 19

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

Truck / Trailer or

Make: _____

M. (A) GLA180 c.c. 1595

Colour

M. Black

A/C: Insured / Std / NI / NA

Sp. Reading

80736

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

WDC 1569 422 J 653277

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Rlm or

Tyre Size: F: _____

R: _____

235/50R18

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

TOYO / YOKO or

Front

Rear

R/Bal. _____

7 mm

R/Bal. _____

7

mm

L/Bal. _____

7 mm

L/Bal. _____

7

mm

D.O.A. _____

22/2/22

D.O.I. _____

8/3/2022

Survey held at _____

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

Rear N/S

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

Date / Time

Action / Instruction

6/4 84.939.80 Carhu (Red: 1462.50, 1662.50 : 2570)

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee: _____

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee: _____

Transportation: _____

S + RS. SI

Fees

Others

TOTAL

Report Format: TP

Lump Sum / I.B.I. (\$) 4939.80



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 : SJB9328S

CLAIM TYPE : THIRD PARTY

TP INS. CO. : AUTO & GENERAL INSURANCE (SINGAPORE) F

ACCIDENT DATE : 22/02/2022

TP VEH REG NO : SJB9328S

ESTIMATE

NO : QUOT202203-000010(00)

DATE : 07/03/2022

POLICY NO : 999995580

VEH REG NO : SMP3973J

MAKE/MODEL : MERCEDES BENZ GLA180
URBAN (R18 LED)

CHASSIS NO : WDC1569422J653277

ENGINE NO : 27091031903250

REG. DATE : 2019

Estimate Repair Cost to Vehicle No : SMP3973J

Description	Quantity	Unit Price	Amount
		S\$	S\$
NET PRICE			
1 Headlamp assy - LH	1	2,772.00	2,772.00
2 Front bumper	1	1,495.00	1,495.00
3 Front bumper side retainer - LH	1	38.00	38.00
4 Front bumper fog lamp cover - LH	1	78.00	78.00
5 Front bumper lower skirt - LH	1	152.00	152.00
6 Front bumper sensor	1	205.00	205.00
7 Front bumper sensor seals	6	12.00	72.00
8 Front fender wheel arch garnish - LH	1	235.00	235.00
			5,047.00
		Less 10%	504.70
			4,542.30
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 LH front fender, LH 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 apply rust proofing on replaced and repaired panels	1	80.00	80.00
			1,860.00

To program & reset headlamp fault code

8200/-

6602.30 TOTAL S\$ 6,402.30

ADD GST @ 7% 448.16

GRAND TOTAL S\$ 6,850.46

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

AUTHORISED SIGNATURE

SINGAPORE DOLLAR SIX THOUSAND EIGHT HUNDRED FIFTY AND CENTS FORTY-SIX ONLY

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	22/02/2022 23:35 (SGT)
Date of Accident	22/02/2022 15:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	31 Lorong 5 changi
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP3973J
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE LTD
Company Reg No	1XXXXXX78Z
Email Address	derrick.lee@daimler.com
Mobile Phone No	(Phone) +65-82821711
Alternative Phone No	(Office) +65-68498118

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla180
Variant	URBAN (R18 LED)
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	999995580
Cover Note Number	-

DRIVER

Name of Driver	VICTOR CHEW SZE CHYE
NRIC No	SXXXX330E

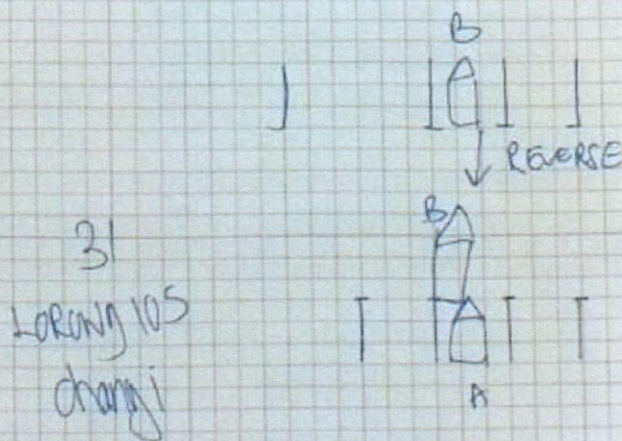
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

ACCIDENT DIAGRAM

Ver. 30042021

A-SMP3973J

B-SJB 9328C



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR

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