

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: SMH 3324A

Policy No. _____

Claims No. AMMAISCL2022-00034fq

Sum Insured: _____

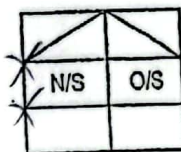
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SNB 82584

Yr Regn: 16/9/21

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

Truck / Trailer or

Make: Mercedes-Benz CLA180 c.c. 1332

Colour: Black

A/C: Insured / Std / NI / NA

Sp. Reading: 5999

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WIK1183842N245372

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt orModl: Nil ☒ S/Rim / STD A/Rim or

Tyre Size: F: 225/45 R18

R: 11

☒ BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal. 5 mm

R/Bal. 5 mm

L/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 11/3/22

D.O.I. 17/5/22

Survey held at

Cycle & Garage

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

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

Date / Time Action / Instruction

MR 197K

16/8/22 Steve informed final fig \$6851.35 (Red 3103.46, 31%)

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

2) 17/8/22-typist

Report Format: TP

Lump Sum / I.C.E. (\$) \$6851.35

Days Of Repair: 6

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL



Mercedes-Benz

Cycle & Carriage
Industries Pte Limited
Authorised Dealer
Company No. 196400367W
GST Reg No. MR 8500111-X

ESTIMATE FOR SNB8258U

Ms Phane

1 Gateway Drive
#15-08 Westgate Tower
Singapore 608531
Attn: Ms Phane Ai Lang
Mobile: +6568498379

Vehicle & Document Information

WIP No 55407
Reg No/Reg Date SNB8258U / 16/09/2021
Date In/Mileage / 0
Chassis No W1K1183842N2453228
Engine No 28291480671954
Make/Model MB/CLA 180 COUPE
Colour/Trim 021 191 Cosmos Blac/ 041 111 Leather Bla

Account No	Terms	Date/Time Printed	CSE	Operator			
CSM00128	Cash	07/03/2022/ 10:44		305 / Alan Quek Ai Lun			
Description of Goods / Services				Qty	Unit Price	Disc%	Amount

M BPNSUN

POLICY NO/ACC DATE : 7990000103 // 04-03-2022
DRIVE IN: 05-03-2022 // TP CAR NO: SMH3324A (ALLIANZ INSURANCE)
DATE IN/DATE SURVEY:
BY/AUTHORIZED ON :

A BPILAB

USE XENTRY TO CHECK CONTROL UNITS & RESET MEMORY TO
STANDARD SETTINGS.NETT

S BPNSUB

SUPPLY & TRANSFER IPC REAR LEFT RIM
PURCHASE ORDER NO:

A BPILAB

INSPECT & CONDUCT WHEEL ALIGNMENT.NETT

A BPILAB

TRANSFER MECHANICAL & ELECTRICAL COMPONENTS TO NEW DOOR.NETT

A BPILAB

REMOVE & REPLACE FRONT LEFT DOOR & REPAIR REAR LEFT DOOR AND REAR LEFT
FENDER

A BPIRES

RESPRAY FRONT LEFT DOOR, REAR LEFT DOOR & REAR LEFT FENDER

M LH/F DOOR SHELL

M LH/F DOOR INSULATION

M LH/F DOOR SEALING RAIL

M LH/F DOOR WEATHERSTRIP

M LH/R DISC WHEEL

M LEFT WING MIRROR ASSEMBLY

1.00	1756.67	00.00	1756.67
1.00	21.36	00.00	21.36
1.00	104.89	00.00	104.89
1.00	306.29	00.00	306.29
1.00	710.38	00.00	710.38
1.00	868.19	00.00	868.19

Alan Quek

Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center

DID: 6771 4377 HP: 9186 5112 Fax: 6872 1272

Email: alan.quek@cyclecarriage.com.sg

Star: (LKK)
17/5/22, 11.00

6 Lp
WIP
PIP

Confirmed & accepted by the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation

Authorized signatory and company stamp

No illegal modification(s) allowed

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required.

Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.

Date:

Nett	9,947.78
7% GST on	9947.78
	696.34
Total Payable	10,644.12

Pandan Loop Service Center
188 Pandan Loop
Singapore 128378
Tel: 6777 8388
Fax: 6779 5383
www.mercedes-benz.com.sg



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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	07/03/2022 10:04 (SGT)
Date of Accident	04/03/2022 12:17 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WEST COAST HIGHWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB8258U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE LTD
Company Reg No	1XXXXX778Z
Email Address	AI_LANS.PHANE@DAIMLER.COM
Mobile Phone No	(Phone) +65-68498379
Alternative Phone No	+65-68498379

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	ClA180
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1332

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	799000103
Cover Note Number	-

DRIVER

Name of Driver	NG CONG CHUN SHANE
NRIC No	SXXXX125B



Accident report SC1S22370005

Date Of Birth	18/12/1987
Occupation	Indoor
Date Of Driving Pass	14/10/2015
Driving experience	6 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98777606
Alt. Phone Number	-
Email Address	SHANG.NG@GMAIL.COM
Address	1 KEPPEL BAY VIEW #01-04
Address complement	-
Postcode	098402
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	REFER TO CSE AQ
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH3324A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

SKETCH PLAN

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. The 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 lodgment 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.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

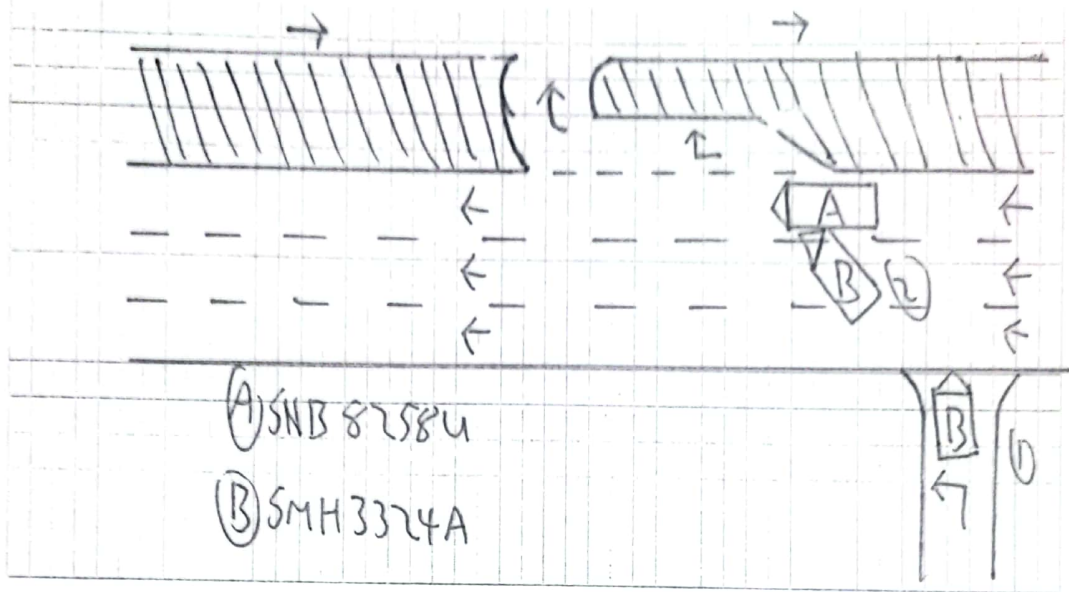
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's
Name: *Alan Quah*

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref police report for detail.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's

Name: Alan Gilm

05/03/22



**SINGAPORE
POLICE FORCE**

POLICE REPORT (NP299)

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No 1800-7740000



D/20220305/7009

1 of 2

Report No. D/20220305/7009

Date/Time Report Made 05/03/2022 12:25	Vide Report No.	Station Diary No.
Name Of Informant NG CONG CHUN, SHANE	Address 1 KEPPEL BAY VIEW #01-04 SINGAPORE 098402	
ID Type / ID No. NRIC NO / S8742125B	Contact No. Home/Office:	Mobile: 98777606
Nationality SINGAPORE CITIZEN	Email Address SHANE.NG@GMAIL.COM	
Occupation Lawyer (excluding advocate and solicitor)	Sex Male	Age 34
Institution/School Name	Date of Birth 18/12/1987	Race Chinese
Date/Time Of Incident 04/03/2022 12:17 - 04/03/2022 12:17	Language English	
	Location Of Incident WEST COAST HIGHWAY 9 KM	

Brief details.

A car/van hit me on the left as I was going straight. I was on the road to the highway and there was no where to stop. I was checking my rearview mirror for the car to follow me so we could stop somewhere safe to exchange particulars. However the car turned took a u-turn in the opposite direction in the next break in the road.

Subjects Involved	
Victim	
Person Name	NG CONG CHUN, SHANE

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/03/2022 12:25
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at West Coast NPP Kiosk



**SINGAPORE
POLICE FORCE**



D/20220305/7009

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20220305/7009

ID Type	NRIC NO	ID No	S8742125B
Gender	Male	Age	34
Race	Chinese	Language	English
Occupation	Lawyer (excluding advocate and solicitor)	Address	1 KEPPEL BAY VIEW #01-04 SINGAPORE 098402
Mobile No	98777606	Is Informant A Victim?	Yes
Person Name NG CONG CHUN, SHANE (Informant)			

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:
05/03/2022 12:25

Classification Of Case:

This report is lodged at West Coast NPP Kiosk