	22008533/Kc
Kenneth A	SSIGNMENT
From: Date:	
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailes or
To Inspect Vehicle No:	Make: No GWA 185 CC 1585
at Workshop m/s Tung Luck	Colour M-Black A/C: Insured / Std / NI / NA
of	Sp.Reading // 7 882 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CNO: WOC1569422 J52848
Claims No.	Gen. Cond Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorger Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder/Jammed/Leaked/Burnt or
Make of Veh:	Modi: Nil / S/Rlm / STD/A/Rim or
	Tyre Size: F: 235/50RI8
(Folicy Condition)	R: 2
Remark: The veh had commenced its N/S O/S	3
repair at the time of inspection.	TOYO / YOKO OF
Bal. or Market Value:	
IDAC Accident Rport: Consistent? : Yes or No	- Front 7 Rear 7
	R/Bal. / mm R/Bal. / mm
	L/Bal. 7 mm L/Bal. 7 inm
Est. Repairs: O3 days Res.: Yes or No	D.O.A. 19/8/22 D.O.I. 1/9/20.
Lum Sum: 1.B. / % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt Rear O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
The Factorial Total	
Time, File Pass to? Prell. Report	Days Of Repair:
: Final Report	
Time, File Return to?	
	Transportation
Add Fee:	: Site Insp (\$)s - RSSI
·	: Interview (\$) For its
ort Format :	Took law (\$
Sum / I.B.I: (S	
)	Weekend (\$
•	
	10.14F



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

NO

PAGE: 1

A314-32-0

M/S : DAIMLER FLEET MANAGEMENT S'PORE PTE LTD

1 GATEWAY DRIVE

#15-08 WESTGATE TOWER

: THIRD PARTY

: ECICS LIMITED

SINGAPORE 608531

TEL : 6849 8118

CLAIM TYPE

TP INS. CO.

ATTN: ACCOUNTS DEPT

YOUR REF NO : SMQ357C

ACCIDENT DATE : 19/08/2022 TP VEH REG NO : SMQ357C

FAX:

Not Nothorn Policy NO : 999995580

Nothing BG passy MAKE/MODEL : MERCEDES BENZ GLA URBAN (R18 LED)

3day, CHASSIS NO : WDC1569422J528487

FNGINE NO : 27091031682954

ESTIMATE

: QUOT202208-000061(02)

MAKE/MODEL : MERCEDES BENZ GLA180

REG. DATE : 2018

Estimate Repair Cost to Vehicle No : SMD4564M

3#scription	Quantity		Unit Price	Amount
NET PRICE			<u>s\$</u>	<u>\$\$</u>
1 Rear bumper	1	×	1,300.00	1 ,300.00
2 Rear bumper reinforcement			678.00	1,300.00
3 Rear bumper side retainer - RH / LH	1		1	678.00 48.00
4 Rear bumper reverse sensor	2 ; 2		24.00 215.00	48.00 h 430.00
5 Rear bumper reverse sensor seal			12.00	
6 Rear bumper lower spoiler	6	nulla		72.00
7 Rear bumper inner frame	1			652.00
8 Rear bumper clips	1		82.00	82.00
9 Rear bumper towing cover	LKK Auto Consultants hence notify 1		10.00	60.00
Rear bumper top chrome	the Repairer of the following:		120.00	120.00
1 Rear end panel	 To resurvey before/after spray painting 		240.00	240.00
? Taillamp assy - RH	To display damaged part(s) during resurvey		1,467.00	1,467.00
Tanana accident	 Parts prices are subject to confirmation 1 Third party survey is on a "Without Prejudice" to 	nacie	848.00	848.00
	No illegal modification(s) is allowed	Jasis		5,997.00
	 Supplementary item(s) must be resurveyed an 	d	Less 10% _	599.70
LABOUR	is subject to final approval from Insurance Con	npany		5,397.30
To remove & refit rear bumper sensor	Acknowledged by Repairer		400.00	
To check & rectify wiring system	Signature:		100.00	100.00
To panel beat and straighten rear floorboar			80.00	80.08
frame, to cut and weld rear end panel, , inc	luding replacement of		1,000.00	1,000.0
parts and alighn where necessary, to refit a	and adjust the the			
same				2
To putty & spray paint on affected area	1		1,000.00	1,000.0
To apply rust-proofing on replaced and repai	aired panels 1		120.00	~~ 120.0
				2,300.0
			TOTAL	
		ADD GS	ST @ 7%	S\$ 7,697.3
				538.8
		GRANI	TOTAL	S\$ 8,236.1



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual 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

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.

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 Reported by Date of Accident Eract Location of Accident Additional Location Information 21/08/2022 15:31 (SGT) Driver 19/08/2022 18:50 (SGT) Singapore

Filtering along new upper Changi rd towards Bedok south ave 3

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMD4564M

INSURED/POLICYHOLDER

Country/Citate of Loss

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

Mobile Phone No Alternative Phone No.

DAIMLER FLEET MANAGEMENT SINGAPORE PTE LTD

1XXXXX778Z

derrick.lee@mercedes-benz.com

(Phone) +65-91876216 (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

GLA180 URBAN (R18 LED)

Private use

No - Claiming third party

Private car Auto

1595

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd.

999995580

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

NADIRAH SEE TOH ZAINI

SXXXX992Z 09/07/1987 Indoor



ACCIDENT DIAGRAM 15 B- 2MQ357C d I Std I HI I HA AN INI DIE I DE 0020133 Book NE 35/55RIA OHTSU PIR SUMII Rear R/Bal. 12022 UBal. D.O.I. NIS I UIC I Rooftop or dy Structure affected due to collision. Survey Fee: Transportation S . RS._SI) Lin 138) Others

TOTAL

ACCIDENT DIAGRAM

Ver. Jun2022

A-SMD 4564M B-SMG3576

beack
sutth
nve
ns
Contact
New
Upper change

Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer Mohamed Sharil Bin Satar

Witnessed by Reporting Centre Personnel