

ASS. REC. BY:

REF: ASM

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / LWS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Tony Luck

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

Bal. or Market Value: \$187k

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SM7 2835D Yr Regn: 09, 21

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

Truck / Trailer or CA1 Wagen

Make: Mer GLB180 c.c. 1332

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 34556 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WIN 24768 42W 100445

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / A/Rim or

Tyre Size: F: 235/50R19

R: _____

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

TOYO / YOKO or Continental

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 19/9/22

Rear

R/Bal. 7 mm

L/Bal. 7 mm

D.O.I. 26/9/2022

Survey held at _____

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?

: Prell. Report

: Final Report

1) _____
Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS: \$ _____

Parts

Others

TOTAL

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

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

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M/S : DAIMLER FLEET MANAGEMENT S'PORE PTE LTD
1 GATEWAY DRIVE
#15-08 WESTGATE TOWER
SINGAPORE 608531

TEL : 6849 8118
ATTN : ACCOUNTS DEPT

FAX :

*Not Authorised
Running By pain
2 days*

ESTIMATE

NO : QUOT202209-000038(00)
DATE : 22/09/2022
POLICY NO : 999995580
VEH REG NO : SMZ2835D
MAKE/MODEL : MERCEDES BENZ GLB 180
AMG LINE
CHASSIS NO : W1N2476842W100445
ENGINE NO : 28291480493339
REG. DATE : 2020

YOUR REF NO : SH9052Z
CLAIM TYPE : THIRD PARTY
TP INS. CO. : AXA INSURANCE SINGAPORE PTE LTD
ACCIDENT DATE : 19/09/2022
TP VEH REG NO : SH9052Z

Estimate Repair Cost to Vehicle No : SMZ2835D

Description	Quantity	Unit Price	Amount
		S\$	S\$
NET PRICE			
1 Front bumper	1	1,578.00	1,578.00 ✓
2 Front bumper outer garnish	1	135.00	135.00 ✓
3 Front bumper side retainer RH	1	55.00	55.00 X
4 Front bumper sensor RH	1	215.00	215.00 ✓
5 Headlamp RH	1	3,480.00	3,480.00 X
6 Front wheel arch panel RH	1	250.00	250.00 ✓
			5,713.00
			Less 10% 571.30
			5,141.70
LABOUR			
7 To check and rectify wiring system	1	80.00	80.00 201
8 To panel beat front bumper, including replacement of parts and align where necessary, to refit and adjust the same	1	650.00	650.00 2501
9 To putty and spray paint on affected areas	1	800.00	800.00 2501
10 To apply rust-proofing on replaced and repaired panels	1	150.00	150.00 X
			1,680.00
		TOTAL	S\$ 6,821.70
		ADD GST @ 7%	477.52
		GRAND TOTAL	S\$ 7,299.22

SINGAPORE DOLLAR SEVEN THOUSAND TWO HUNDRED NINETY-NINE AND CENTS TWENTY-TWO 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 Actual 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	20/09/2022 00:50 (SGT)
Reported by	Driver
Date of Accident	19/09/2022 07:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Lorong Chuan
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ2835D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD.
Company Reg No	1XXXXX778Z
Email Address	derrick.lee@mercedes-benz.com
Mobile Phone No	(Phone) +65-68498118
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	GLB 180 AMG LINE
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	Private car
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	999995580

DRIVER

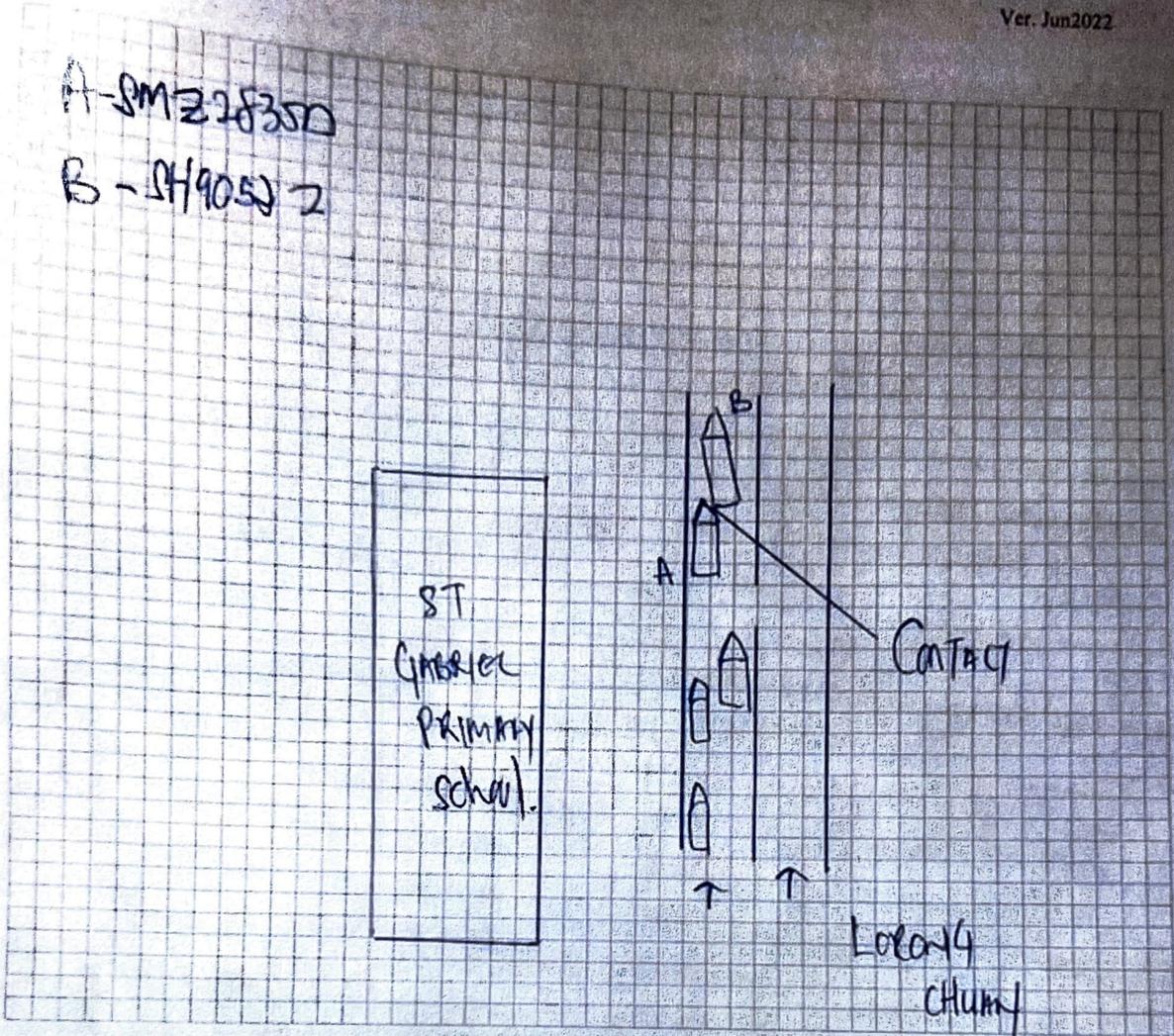
Name of Driver	LAU KIT LING
NRIC No	SXXXX950I
Date Of Birth	27/12/1982
Occupation	Indoor

ACCIDENT DIAGRAM

Ver. Jun2022

A - SMZ2835D

B - SH905J 2



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