

ASS. REC. BY:

REF:

A15/

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

☒ TP / WS / TP RES / QD RES / EVA / INV / MY

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.

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLF 1938U

Yr Regn:

11, 20

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

Truck / Trailer or

Make:

Mer

CLA 180

c.c

1332

Colour

M. Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

29478

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WIK 118 3842 N121691

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

Modl: Nil / S/R/m / STD / R/m or

Tyre Size:

F:

R:

225/40R18

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.I.

J

mm

J

mm

21/2/23

J

mm

J

mm

27/2/2023

Survey held at

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

ols Rear

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

Date/Time, File Return to?

☐

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS, SI

Fuel

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format:

Lump Sum / I.B.I.: (\$

☐

Tech Invs (\$

☐

Weekend (\$

Format:



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 : MERCEDES-BENZ FLEET MANAGEMENT SINGAPORE P1
1 GATEWAY DRIVE #15-08
WESTGATE TOWER
SINGAPORE 608531

TEL :
ATTN : ACCOUNTS DEPT

FAX : *Renny Blyssm*

4 days

ESTIMATE

NO : QUOT202302-000070(00)
DATE : 24/02/2023
POLICY NO : SP2003907937
VEH REG NO : SLF1936U
MAKE/MODEL : MERCEDES BENZ CLA180
COUPE PROGRESSIVE
CHASSIS NO : W1K1183842N121691
ENGINE NO : 28291480367184
REG. DATE : 2020

YOUR REF NO : YQ5746M
CLAIM TYPE : THIRD PARTY
TP INS. CO. : ALLIANZ INSURANCE SINGAPORE PTE TLD
ACCIDENT DATE : 21/02/2023
TP VEH REG NO : YQ5746M

Estimate Repair Cost to Vehicle No : SLF1936U

Description	Quantity	Unit Price	Amount
		S\$	S\$
NET PRICE			
1 Rear fender RH	1	3,390.00	3,390.00 X
2 Rear fender inner shield RH	1	154.00	154.00 X
3 Rear fender inner shield clips	8	10.00	80.00 X
4 Rear bumper	1	1,456.00	1,456.00 7
5 Rear bumper clips	15	10.00	150.00 7
6 Rear bumper retainer - RH	1	103.00	103.00 X
7 Rear bumper sensor	1	215.00	215.00 X
8 Rear bumper sensor seal	6	12.00	72.00 X
9 Rear sport rim RH	1	853.00	853.00 X
		103	6,473.00
		Less 5%	316.15
			6,156.85
SPECIAL NET			
10 Rear windscreen sealant	1	60.00	60.00 X
			60.00
LABOUR			
11 To remove and refit rear bumper sensor	1	100.00	100.00 ?
12 To remove and refit rear windscreen glass	1	150.00	150.00 X
13 To panel beat and straighten rear fender inner panel rear chassis frame, to cut and weld rear RH fender, including replacement of parts and align where necessary, to refit and adjust the same	1	1,300.00	1,300.00 500
14 To putty and spray paint on affected areas	1	1,300.00	1,300.00 500
15 To check and rectify wiring system	1	100.00	100.00 200
16 To apply rust-proofing on replaced and repaired panels	1	120.00	120.00 X
17 To check wheel alignment by computerised	1	200.00	200.00 500
			3,270.00
		TOTAL	S\$ 9,486.85
		ADD GST @ 8%	758.95
		GRAND TOTAL	S\$ 10,245.80

SINGAPORE DOLLAR TEN THOUSAND TWO HUNDRED FORTY FIVE AND CENTS EIGHTY 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 Work is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

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	22/02/2023 10:11 (SGT)
Reported by	Driver
Date of Accident	21/02/2023 16:35 (SGT)
Exact Location of Accident	Loyang Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF1936U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MERCEDES-BENZ FLEET MANAGEMENT SINGAPORE PTE LTD
Company Reg No	1XXXXX778Z
Email Address	too_tong.tan@mercedes-benz.com
Mobile Phone No	(Phone) +65-97882941
Alternative Phone No	(Office) +65-82821711

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	BENZ / CLA180 COUPE PROGRESSIVE
Variant	-
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	1332

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2003907937

DRIVER

Name of Driver	SADANAND VARMA
NRIC No	SXXXX991D
Date Of Birth	24/07/1959

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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 based outside of Singapore, for one or more of the above Purposes.

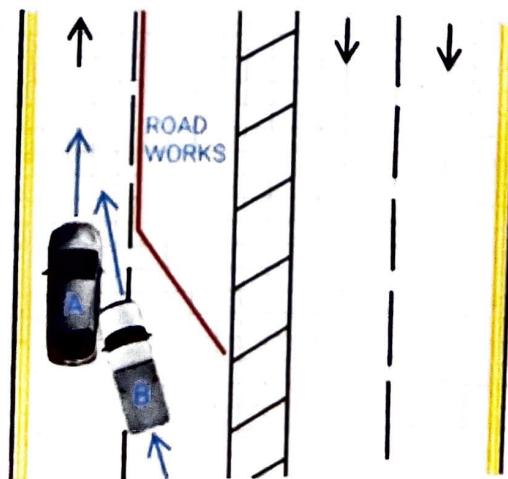
Policyholder's Signature / Date & Time

Sketch Plan

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

21/02/2023 2230

Witnessed by Reporting Centre Personnel



LOYANG AVENUE

A - SLF1936U
B - YQ5746M