

ASS. REC. BY:

REF: ALS / CC3/AIS23003605/Kvy3Kenneth

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. SP23003902365Claims No. 202332006820

Sum Insured: _____

Excess: _____

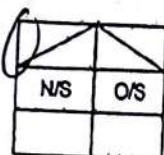
3400

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: \$130-140K

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 03 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

Date / Time

Action / Instruction

26/4/23

Submit preli report-revised fig \$2868.35 check items \$680

Veh No: GBM174PAYr Regn: 12, 22Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Mercedes

C.C. _____

Colour Blue/White

A/C: Insured / Std / NI / NA

Sp. Reading 3254

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: W1V44780324182801Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Mod: NI / S/Rim / STD A/Rim or _____Tyre Size: F: 225/55R17

R: _____

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

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 1/3/23D.O.I. 6/4/2023

Survey held at _____

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair: 3

1)

☐

: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

Add Fee: ☐

: Site Insp (\$ _____)

Transportation: _____

☐

: Interview (\$ _____)

: Fuel (\$ _____)

☐

: Tech Invs (\$ _____)

: Others (\$ _____)

☐

: Weekend (\$ _____)

TOTAL

26/4/23-typist

Report Format: Merimen

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

PAGE: 1

M/S : ALLIANZ INSURANCE SINGAPORE PTE TLD
79, ROBINSON ROAD #09-01
SINGAPORE 068897

ESTIMATE

NO : QUOT202303-000040(00)
DATE : 06/04/2023
POLICY NO : SP2003902365
VEH REG NO : GBM1749A
MAKE/MODEL : MERCEDES BENZ EVITO 112
LONG AT
CHASSIS NO : W1V44760324162801
ENGINE NO :
REG. DATE : 2022

ATTN : MOTOR CLAIMS DEPT

TEL :

FAX :

YOUR REF NO :

CLAIM TYPE : OWN DAMAGE

ACCIDENT DATE : 01/03/2023

*Not Authorise
Repair After 3 days
Ex TBA*

Estimate Repair Cost to Vehicle No : GBM1749A

Description	Quantity	Unit Price	Amount
		S\$	S\$
PARTS			
1 Headlamp assy - LH	1	580.00	580.00 X
2 Front bumper	1	1,880.00	1,880.00 ✓
3 Front bumper reinforcement	1	620.00	620.00 X
4 Front bumper side retainer - LH	1	58.00	58.00 X
5 Front bumper holder - LH	1	58.00	58.00 X
6 Front bumper electric charger inner cover	1	78.00	78.00 ✓
7 Front bumper electric charger outer cover	1	60.00	60.00 ✓
8 Front bumper charger cover push button switch	1	98.00	98.00 ✓
9 Front bumper charger push button actuator	1	85.00	85.00 ?
10 Front bumper socket access	1	215.00	215.00 X?
11 Front bumper electrical wiring harness	1	1,950.00	1,950.00 X
12 Front bumper clips	15	5.50	82.50 ✓
			5,202.50
		Add 10%	1,138.45
			6,340.95
LABOUR			
13 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	800.00 200
14 To putty and spray paint on affected areas	1	800.00	800.00 250
15 To reset & reprogram electric charger wiring system (online)	1	350.00	350.00 ?
			1,950.00

TOTAL S\$ 8,290.95

ADD GST @ 8% 663.28

GRAND TOTAL S\$ 8,954.23

SINGAPORE DOLLAR EIGHT THOUSAND NINE HUNDRED FIFTY-FOUR AND CENTS TWENTY-THREE ONLY

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- 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 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	02/03/2023 14:59 (SGT)
Reported by	Driver
Date of Accident	01/03/2023 15:10 (SGT)
Exact Location of Accident	14 Simei Street 1, Singapore 529941
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBM1749A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MERCEDES-BENZ FLEET MANAGEMENT SINGAPORE PTD LTD
Company Reg No	1XXXXX778Z
Email Address	too_tong.tan@mercedes-benz.com
Mobile Phone No	(Phone) +65-80169685
Alternative Phone No	(Office) +65-91085157

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	BENZ / EVITO 112 LONG AT
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2003902365

DRIVER

Name of Driver	HUO KEWANG
Passport No/FIN	GXXXX056K
Date Of Birth	06/03/1991

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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 sited outside of Singapore, for one or more of the above Purposes.

[Signature]

[Signature]

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time **01/03/2023 2000HRS**

Witnessed by Reporting Centre Personnel **DHIYAA**

Sketch Plan

A - GBM1749A
B - GBH4947B
14 SIMEI STREET 1

