

## 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 : MERCEDES-BENZ FLEET MANAGEMENT SINGAPORE P1

FAX:

1 GATEWAY DRIVE #15-08

WESTGATE TOWER SINGAPORE 608531

TEL :

ATTN: ACCOUNTS DEPT

YOUR REF NO : SLK6922A CLAIM TYPE : THIRD PARTY

TP INS. CO. : INDIA INTERNATIONAL INSURANCE PTE LTD

ACCIDENT DATE : 15/10/2024 TP VEH REG NO : SLK6922A

## **ESTIMATE**

NO : QUOT202410-000044(00)

DATE : 22/10/2024 POLICY NO : SP2003907937

VEH REG NO : SMZ1054Y

MAKE/MODEL : MERCEDES BENZ GLA180

URBAN (R18 LED)

CHASSIS NO : WDC1569422J604808

ENGINE NO : 27091031843097

REG. DATE : 2019

## Estimate Repair Cost to Vehicle No : SMZ1054Y

	Description	Quantity	Unit Price	Amount
			<u>S\$</u>	<u>S\$</u>
	NET PRICE			
1	Front fender - RH	1	1,068.00	1,068.00
2	Front fender wheel arch garnish - RH	1	288.00	288.00
3	Front door - RH	1	2,230.00	2,230.00
4	Front door weatherstrip - RH	1	360.00	360.00
5	Front door trimboard rivet - RH	20	12.00	240.00
6	Rear door sticker - RH	1	44.00	44.00
7	Rear fender wheel arch garnish - RH	1	305.00	305.00
8	Front sport rim - RH	1	836.00	836.00
			_	5,371.00
			Less 10%	537.10
			_	4,833.90
	LABOUR	¥		
9	To transfer RH front door interior mechanism & glass to new door	1	150.00	150.00
10	To check and rectify wiring system	1	80.00	80.00
11	To panel beat RH rear door, RH centre pillar, RH front fender inner panel, including replacement of parts and align when necessary, to refit and adjust the same	1	1,200.00	1,200.00
12	To putty and spray paint on the affected areas	1	1,200.00	1,200.00
13	To computerise check wheel alignment	1	120.00	120.00
14	To apply rust-proofing on replaced & repaired panels	1	120.00	120.00
			_	2,870.00
			TOTAL	S\$ 7,703.90
		ADD GST @ 9.00%		693.36
		GF	GRAND TOTAL	

SINGAPORE DOLLAR EIGHT THOUSAND THREE HUNDRED NINETY-SEVEN AND CENTS TWENTY-SIX ONLY

FOR TONG LUCK AUTO PTE LTD

**AUTHORISED SIGNATURE** 



### 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

INDIA INTERNATIONAL INSURANCE PTE LTD 64 CECIL STREET #04-05 IOB BUILDING SINGAPORE 049711 23 October 2024

Attn: MOTOR CLAIMS DEPT

Dear Sirs / Madam,

RE: ACCIDENT INVOLVING VEHICLE NO.: SMZ1054Y & SLK6922A ON 15/10/2024 @ 17:45 HRS

**CLEMENTI ROAD** 

We hereby authorized by our client MERCEDES-BENZ FLEET MANAGEMENT SINGAPORE PTE LTD,

the owner/driver of the above mentioned vehicle No.: SMZ1054Y

We notice that the above accident was caused by your insured/driver negligent driving and/or management of motor vehicle No.: SLK6922A

Therefore we are instructed by our client to claim against you/your insured driver in connection with the above captioned accident involving our client's vehicle No.: **SMZ1054Y** and vehicle No.: **SLK6922A** by your insured/driver at the material time. As a result, our client's vehicle was damaged and our client has been put to loss and expenses. Please assign your surveyor to inspect the above mentioned vehicle in the next 48hrs. Filling which, we will proceed to the repair of the vehicle. Details of claim will submitted to you in due course.

The vehicle is now garage at: TC

TONG LUCK AUTO PTE LTD

160 Sin Ming Drive #07-01/06 Sin Ming Autocity

Singapore 575722 Tel: 6250 0088

Your kind attention to the matter would be much appreciated.

Yours faithfully,

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 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.

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 First Submission 16/10/2024 16:59 (SGT) Reported by **Actual Driver** Date of Accident 15/10/2024 17:45 (SGT) Exact Location of Accident Clementi Rd, Singapore Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

SMZ1054Y

WDC1569422J604808

INSURED/POLICYHOLDER Is company? Yes Name Of Registered Owner MERCEDES-BENZ FLEET MANAGEMENT SINGAPORE PTE LTD 1XXXXX778Z Email Address too\_tong.tan@mercedes-benz.com Mobile Phone No (Phone) +65-96890101 Alternative Phone No (Office) +65-82821711

VEHICLE PARTICULARS

Vehicle Registration Number

Manufacturer Mercedes Model Gla180 URBAN (R18 LED) Exact purpose for which vehicle was being used at time of 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 1595 Petrol First Regisration Date

INSURANCE COMPANY

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

DRIVER

Chassis no

Effective Date/Time of Ownership

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	NG BOON HIANG RANDY SXXXX003D 14/08/1974 Outdoor 31/08/1992 3 Valid 32 YEARS AND 2 MONTHS Male (Phone) +65-96890101 - too_tong.tan@mercedes-benz.com 2M JALAN REMAJA #09-04 - 668671 No Hirer No
insurance Company of Other Verlicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Change/cross lane Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's ID  Translator's phone number  Translator's email  Original language used in the statement	No 2 No - Yes 4 No
PASSENGER 1	
Name Gender	UNKNOWN Male
PASSENGER 2	
Name Gender	UNKNOWN Male
PASSENGER 3	
Name Gender	UNKNOWN Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -

CIRCUMSTANCES OF ACCIDENT

ON THE 15/10/2024 AT AROUND 1745 HRS, I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER (SMZ1054Y) ALONG CLEMENTI ROAD TOWARDS COMMONWEALTH AVENUE WEST. I WAS EN-ROUTE 2M JALAN REMAJA HEADED TOWARDS DOVER ROAD TO GET TO WORK. SUDDENLY, THERE WAS AN IMPACT FROM THE RIGHT FRONT PORTION OF VEHICLE (B) BEARING REGISTRATION NUMBER (SLK6922A) COLLIDED FRONTAL LEFT ONTO RIGHT FRONT PORTION OF VEHICLE (A). DAMAGES WERE FOUND ON THE RIGHT FRONT OF VEHICLE (A) AND FRONTAL LEFT OF VEHICLE (B). NO INJURIES WERE SUSTAINED AT THE TIME OF ACCIDENT.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

Yes

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SLK6922A Honda VEZEL HYBRID 1.5X A
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	ONG LAY TIONG
Contact Number	(Phone) +65-96616212
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONTAL LEFT DAMAGE
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	
The of the description (morading birtor)	•

### Made with Xodo PDF Reader and Editor

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please correctly report the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorized Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any willful 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 center and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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.
- (ii) 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.

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

Sketch Plan

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

16/10/2024 - 1205 HRS

A - SMZ1054Y

B - SLK6922A

**CLEMENTI RD** 

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Describe Circumstances of the Accident

ON THE 15/10/2024 AT AROUND 1745 HRS, I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER (SMZ1054Y) ALONG CLEMENTI ROAD TOWARDS COMMO AVENUE WEST. I WAS EN-ROUTE 2M JALAN REMAJA HEADED TOWARDS DOVER REGET TO WORK. SUDDENLY, THERE WAS AN IMPACT FROM THE RIGHT FRONT PORT VEHICLE (A). VEHICLE (B) BEARING REGISTRATION NUMBER (SLK6922A) COLLIDED LEFT ONTO RIGHT FRONT PORTION OF VEHICLE (A). DAMAGES WERE FOUND ON THE FRONT OF VEHICLE (A) AND FRONTAL LEFT OF VEHICLE (B). NO INJURIES WERE STATTHE TIME OF ACCIDENT.	OAD TO ION OF D FRONTAL THE RIGHT

## Declaration

tWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel