



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

AXA INSURANCE SINGAPORE PTE LTD
8 SHENTON WAY
#24-01 AXA TOWER
SINGAPORE 068811

22 October 2019

Attn: MOTOR CLAIMS DEPT

Dear Sirs / Madam,

RE: ACCIDENT INVOLVING VEHICLE NO.: GBE6689Z & SJC5892A ON 09/10/2019 @ 17:40 HRS ALONG
UBI CRESCENT UBI TECHPARK LOBBY E CARPARK

We hereby authorized by our client **DAIMLER FLEET MANAGEMENT S'PORE PTE LTD**, the owner/driver
of the above mentioned vehicle No.: **GBE6689Z**

We notice that the above accident was caused by your insured/driver negligent driving and/or management
of motor vehicle No.: **SJC5892A**

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.: **GBE6689Z** and vehicle No.: **SJC5892A** 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: **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



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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 FAX :

ATTN : ACCOUNTS DEPT

YOUR REF NO : SJC5892A

CLAIM TYPE : THIRD PARTY

TP INS. CO. : AXA INSURANCE SINGAPORE PTE LTD

ACCIDENT DATE : 09/10/2019

TP VEH REG NO : SJC5892A

ESTIMATE

NO : QUOT201910-000055(00)

DATE : 22/10/2019

POLICY NO : 999995580

VEH REG NO : GBE6689Z

MAKE/MODEL : TOYOTA TOYOTA HIACE VAN
TURBO 5 DR MANUAL

CHASSIS NO : JTFHT02P100191018

ENGINE NO : 1KD2594346

REG. DATE : 2016

Estimate Repair Cost to Vehicle No : GBE6689Z

Description	Quantity	Unit Price	Amount
		<u>S\$</u>	<u>S\$</u>
LIST PRICE			
1 Taillamp assy - LH	1	280.00	280.00
2 Taillamp lower garnish - LH	1	85.00	85.00
3 Rear fender - LH	1	1,700.00	1,700.00
4 Rear bumper	1	390.00	390.00
5 Rear bumper clips	15	5.00	75.00
6 Rear wheel hup cap - LH	1	180.00	180.00
			2,710.00
		Less 25%	677.50
			2,032.50
LABOUR			
7 To remove and refit rear bumper sensor	1	100.00	100.00
8 To check and rectify wiring system	1	80.00	80.00
9 To remove and refix LH rear fender interior garnishes and trimboard to facilitate the repair	1	120.00	120.00
10 To computerised check wheel alignment	1	80.00	80.00
11 To panel beat and straighten LH taillamp panel, LH rear chassis frame, to cut and weld out LH rear fender, including replacement of parts and align where necessary, to refit and adjust the same	1	800.00	800.00
12 To putty and spray same on affected areas	1	800.00	800.00
13 To apply rust proofing on repaired and replaced panels	1	80.00	80.00
14 To supply artwork and paste sticker on LH body panel	1	1,100.00	1,100.00
			3,160.00
TOTAL			S\$ 5,192.50
ADD GST @ 7%			363.48
GRAND TOTAL			S\$ 5,555.98

SINGAPORE DOLLAR FIVE THOUSAND FIVE HUNDRED FIFTY-FIVE AND CENTS NINETY-EIGHT ONLY

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 Authorised 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 Report	10/10/2019 18:13
Date Of Accident	09/10/2019 17:40
Exact Location Of Accident	UBI CRESCENT UBI TECHPARK LOBBY E CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE6689Z
Insured/Policyholder	
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD
Co Reg No	199803778Z
Email Address	OSMAN.AFFAN@DAIMLER.COM
Mobile Phone No	
Alternative Phone No	OFFICE-68498118

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5 DR MANUAL
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995580
Cover Note Number	N.A

Driver

Name of Driver	MOHAMED HARDY BIN HJ ANUAR
NRIC No	S9050051A
Date Of Birth	28/12/1990
Occupation	OUTDOOR
Date Of Driving Pass	22/02/2011
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92339974
Fax Number	
Contact Number	
EMail Address	MD.LUQMAN@OUTLOOK.COM

Address	NA
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES EAST NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 263 TAMPINES STREET 21 #01-128 , POSTCODE: 520263 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7839999 - FAX NO: 67832500
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: ON THE ABOVE MENTIONED DATE TIME AND LOCATION, I WAS DRIVING ALONG THE SINGLE LANE ROAD TOWARDS LOBBY A WHEN ANOTHER VEHICLE CAME OUT FROM LOBBY D AND WAS MAKING A RIGHT TURN. SUBSEQUENTLY I FELT AN IMPACT ON MY REAR AND DISCOVERED THAT SAID VEHICLE HAD COLLIDED ONTO THE REAR LEFT OF MY VEHICLE. THE IMPACT CAUSE MY REAR LEFT TO BE DENTED AND SCRATCHES AS WELL. AFTERWHICH WE EXCHANGE PARTICULARS AND LEFT FOR OUR RESPECTIVE INSURANCE. THE FOLLOWING DAY I WOKE UP UNWELL AND WENT TO THE SAID CLINIC AND WAS GIVEN A 5 DAYS MC FOR NECK AND BACK STIFFNESS AS WELL AS BRUISES ON MY LEFT RIB. I WISH TO STATE THAT THE VEHICLE BELONGS TO MY COMPANY 'DHL' AND I ALSO DID NOTICED THAT THE SAID DRIVER WAS LOOKING TO HIS LEFT WHEN TRYING TO MAKE THE SAID TURN. THE OTHER PARTY PARTICULARS IS AS FOLLOWS: S2635494C JIANG ENZE 96274819

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJC5892A
Vehicle Make/Model/Colour	MAZDA / 3 SP / GREY
Details Of Properties	N.A
Vehicle Category	PRIVATE CAR
Name of Driver	JIANG ENZE

NRIC/Passport Number	S2635494C
Contact Number	96274819
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	MOHAMED HARDY BIN HJ ANUAR
Approximate Age	
Injuries Sustain	NECK AND BACK STIFFNESS AS WELL AS BRUISES ON MY LEFT RIB
Injured person in which vehicle?	GBE6689Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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 Authorised 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. 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 centre 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

10 Oct 2019

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SAIFULLAH S/O SYED MASOOD

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

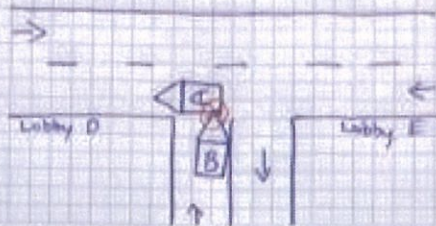
Sketch Plan #2

SKETCH PLAN

Uthi Testpark

Vehicle A: GBE6589Z

Vehicle B: 5JC5892A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

I/We 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:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SAIFULLAH S/O SYED MASOOD

Reporting Centre Personnel's Signature
Name:
NRIC/IN No.:

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**SINGAPORE
POLICE FORCE**


T/20191010/2093

1 of 3

Report No: T/20191010/2093

Police Station Of Origin:
Tampines North NPP
481 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/10/2019 14:44	Video Report No.:	Station Diary No.: 11
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Informant's Particulars

Name of Informant: MOHAMED HARDY BIN HJ ANUAR		Address: APT BLK 831 TAMPINES STREET 83 #03-34 SINGAPORE 520831	
ID Type / ID No.: NRIC NO / S9050051A		Contact No.: Home/Office	Mobile: 92339974
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 28	Date of Birth: 28/12/1990	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: DHL COURIER		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/10/2019 17:40	Type of Location: Straight Road
Location: Along Road 1 UBI CRESCENT				
Ubi Teckpark Lobby E Carpark				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE6689Z	Van					0
SJC5892A	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-58 SINGAPORE
520481
Tel No: 1800-7818999



7/201910102093 2 of 3
Report No. 7/201910102093

CONTINUATION OF REPORT

Driver			
Name	MOHAMED HARDY BIN HJ ANUAR	ID No.	S9050051A
Related Vehicle	GBE6689Z (Van)	Contact No.	92339974
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/10/2019	Date Discharge	10/10/2019
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On the above mentioned date time and location, I was driving along the single lane road towards Lobby A when another vehicle came out from Lobby D and was making a right turn. Subsequently I felt an impact on my rear and discovered that said vehicle had collided onto the rear left of my vehicle. The impact cause my rear left to be dented and scratches as well.

Afterwhich we exchange particulars and left for our respective insurance.

The following day I woke up unwell and went to the said clinic and was given a 5 days MC for neck and back stiffness as well as bruises on my left rib.

I wish to state that the vehicle belongs to my company 'DHL' and I also did noticed that the said driver was looking to his left when trying to make the said turn.

The other party particulars is as follows:

S2635494C
Jiang Enze
96274819

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20191010/2093

3 of 3

Report No. T/20191010/2093

Police Station Of Origin:
Tampines North NPP
481 Tampines Street 44 #01-58 SINGAPORE
520461
Tel No: 1800-7818999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /
Sgt 2 HO CHUN HAO, PATRICK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/10/2019 14:44

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:



Authentication Stamp
NP165

SIGNATURE