



## 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

LONPAC INSURANCE BHD  
300 BEACH ROAD #17-04/07  
THE CONCOURSE  
SINGAPORE 199555

06 November 2019

Attn: MOTOR CLAIMS DEPT

Dear Sirs / Madam,

RE: ACCIDENT INVOLVING VEHICLE NO.: GBH5171R & YN9515C ON 01/11/2019 @ 15:40 HRS ALONG  
415 ANG MO KIO AVE 10 OPEN CARPARK

---

We hereby authorized by our client **DAIMLER FLEET MANAGEMENT S'PORE PTE LTD**, the owner/driver of the above mentioned vehicle No.: **GBH5171R**

We notice that the above accident was caused by your insured/driver negligent driving and/or management of motor vehicle No.: **YN9515C**

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.: **GBH5171R** and vehicle No.: **YN9515C** 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



# 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 : DAIMLER FLEET MANAGEMENT S'PORE PTE LTD

1 GATEWAY DRIVE

#15-08 WESTGATE TOWER

SINGAPORE 608531

TEL : 6849 8118

FAX :

ATTN : ACCOUNTS DEPT

## ESTIMATE

NO : QUOT201911-000013(00)

DATE : 06/11/2019

POLICY NO : 999995580

VEH REG NO : GBH5171R

MAKE/MODEL : MERCEDES BENZ VITO 114  
CDI PANEL VAN LONG AT ABS  
5DR

CHASSIS NO : WDF44760323334100

ENGINE NO : 65195034196832

REG. DATE : 2017

YOUR REF NO :

CLAIM TYPE : THIRD PARTY

TP INS. CO. : LONPAC INSURANCE BHD

ACCIDENT DATE : 01/11/2019

TP VEH REG NO : YN9515C

## Estimate Repair Cost to Vehicle No : GBH5171R

Description	Quantity	Unit Price	Amount
		<u>S\$</u>	<u>S\$</u>
<b>NET PRICE</b>			
1 Taillamp assy - RH	1	733.00	733.00
2 Taillamp lower garnish - RH	1	140.00	140.00
3 Rear bumper	1	1,240.00	1,240.00
4 Rear bumper clips	15	9.00	135.00
			2,248.00
		Less 10%	224.80
			2,023.20
<b>SPECIAL NET</b>			
5 Rear bumper sensor (set)	1	380.00	380.00
			380.00
<b>LABOUR</b>			
6 To remove and refix rear bumper sensor	1	100.00	100.00
7 To check and rectify wiring system	1	80.00	80.00
8 To panel beat and straighten RH rear fender, RH taillamp panel, RH rear chassis frame including replacement of parts and align where necessary, to refit and adjust the same	1	800.00	800.00
9 To putty and spray same on affected areas	1	800.00	800.00
10 To supply and paste logos/letterings on RH rear fender	1	680.00	680.00
			2,460.00
		TOTAL	<b>S\$ 4,863.20</b>
		ADD GST @ 7%	340.42
		GRAND TOTAL	<b>S\$ 5,203.62</b>

SINGAPORE DOLLAR FIVE THOUSAND TWO HUNDRED THREE AND CENTS SIXTY-TWO 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	02/11/2019 20:26
Date Of Accident	01/11/2019 15:40
Exact Location Of Accident	415 ANG MO KIO AVE 10 OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5171R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD
Co Reg No	199803778Z
Email Address	FAIZAL.MOHAMED@DAIMLER.COM
Mobile Phone No	
Alternative Phone No	OFFICE-81268670

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	VITO 114 CDI PANEL VAN LONG AT ABS 5DR
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	KAMSANI BIN ABDUL KARIM
NRIC No	S7221251G
Date Of Birth	07/06/1972
Occupation	OUTDOOR
Date Of Driving Pass	01/09/2009
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87485587
Fax Number	
Contact Number	
Email Address	NOEMAIL



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	SIDE SWIPE
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : P1 GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

My vehicle was already stopped due to giving way for the pedestrian crossing. While waiting, suddenly I felt an impact from behind. A lorry had already reversed from the parking lot and hit onto my vehicle right side rear portion.

#### 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	YN9515C
Vehicle Make/Model/Colour	ISUZU / NMR85UH5A / WHITE
Details Of Properties	N.A
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	BALASUBRAMANIAM KAMATCHIYIN SELVAM
NRIC/Passport Number	
Contact Number	62611069
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

## Sketch Plan

### 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:

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
AIZAM BIN ATAN

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

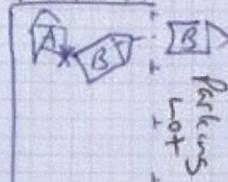


# Sketch Plan #2

## SKETCH PLAN

Ang Mo Kio  
Bik 415  
Ave 10

Shelter



A: GBH 5171R  
B: YN 9515C

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

## DECLARATION

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  
AIZAM BIN ATAN

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

**ACCIDENT STATEMENT (2000 characters)**

My vehicle was already stopped due to giving way for the pedestrian crossing. While waiting, suddenly I felt an impact from behind. A lorry had already reversed from the parking lot and hit onto my vehicle right side rear portion.

Taxi Voucher No.:

**DECLARATION**

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
AIZAM BIN ATAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

2 November 2019 at 6:00 PM

Date/Time:

2 November 2019 at 6:00 PM