



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

YOUR REF NO : YP8899R
CLAIM TYPE : THIRD PARTY
TP INS. CO. : LONPAC INSURANCE BHD
ACCIDENT DATE : 25/11/2020
TP VEH REG NO : YP8899R

ESTIMATE

NO : QUOT202011-000081(00)
DATE : 27/11/2020
POLICY NO : 999995580
VEH REG NO : SMV1278P
MAKE/MODEL : MERCEDES BENZ GLC300
4MATIC COUPE (R19 LED)
CHASSIS NO : W1N2533842F836695
ENGINE NO : 26492080074066
REG. DATE : 2020

Estimate Repair Cost to Vehicle No : SMV1278P

Description	Quantity	Unit Price	Amount
		<u>S\$</u>	<u>S\$</u>
NET PRICE			
1 Tailgate	1	3,085.00	3,085.00
2 Tailgate reflector - RH / LH	2	540.00	1,080.00
3 Tailgate trimboard	1	450.00	450.00
4 Tailgate trimboard clips	15	12.00	180.00
5 Tailgate hinges - RH / LH	2	193.00	386.00
6 Tailgate lock	1	320.00	320.00
7 Tailgate weathertrip	1	1,000.00	1,000.00
8 Tailgate centre logo	1	170.00	170.00
9 Tailgate 'GLC300' emblem	1	128.00	128.00
10 Tailgate '4 MATIC' emblem	1	122.00	122.00
11 Rear end panel	1	1,840.00	1,840.00
12 Rear end panel top garnish	1	368.00	368.00
13 Rear bumper (upper)	1	1,350.00	1,350.00
14 Rear bumper (lower)	1	775.00	775.00
15 Rear bumper lower chrome (center)	1	168.00	168.00
16 Rear bumper lower chrome - RH / LH	2	190.00	380.00
17 Rear bumper reinforcement	1	795.00	795.00
18 Rear bumper sensor	2	190.00	380.00
19 Rear bumper sensor seals	6	12.00	72.00
20 Rear bumper clips	15	9.00	135.00
			13,184.00
		Less 10%	1,318.40
			11,865.60
SPECIAL NET			
21 Rear windscreen sealant	1	60.00	60.00
22 Tailgate 'C & C' emblem	1	38.00	38.00
23 Rear number plate	1	40.00	40.00
			138.00
LABOUR			
24 To transfer damaged tailgate interior mechanism to new tailgate	1	120.00	120.00
25 To remove and refit rear windscreen glass	1	150.00	150.00
26 To remove and refit rear bumper sensor	1	100.00	100.00
27 To check and rectify wiring system	1	80.00	80.00



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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 :

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YOUR REF NO : YP8899R

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TP INS. CO. : LONPAC INSURANCE BHD

ACCIDENT DATE : 25/11/2020

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ESTIMATE

NO : QUOT202011-000081(00)

DATE : 27/11/2020

POLICY NO : 999995580

VEH REG NO : SMV1278P

MAKE/MODEL : MERCEDES BENZ GLC300
4MATIC COUPE (R19 LED)

CHASSIS NO : W1N2533842F836695

ENGINE NO : 26492080074066

REG. DATE : 2020

Estimate Repair Cost to Vehicle No : SMV1278P

Description	Quantity	Unit Price	Amount
		<u>S\$</u>	<u>S\$</u>
28 To panel beat and straighten rear floorboard panel, rear chassis frame, to cut and weld rear end panel, including replacement of parts and align where necessary, to refit and adjust the same	1	1,200.00	1,200.00
29 To putty and spray paint on affected areas	1	1,200.00	1,200.00
30 To apply rust-proofing on replaced and repaired panels.	1	120.00	120.00
			<u>2,970.00</u>
		TOTAL	<u>S\$ 14,973.60</u>
		ADD GST @ 7%	<u>1,048.15</u>
		GRAND TOTAL	<u><u>S\$ 16,021.75</u></u>

SINGAPORE DOLLAR SIXTEEN THOUSAND TWENTY-ONE AND CENTS SEVENTY-FIVE 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

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

27 November 2020

Attn: MOTOR CLAIMS DEPT

Dear Sirs / Madam,

RE: ACCIDENT INVOLVING VEHICLE NO.: SMV1278P & YP8899R ON 25/11/2020 @ 10:30 HRS ALONG
TOH GUAN RD FILTER TO TOH GUAN ROAD EAST

We hereby authorized by our client **DAIMLER FLEET MANAGEMENT S'PORE PTE LTD**, the owner/driver
of the above mentioned vehicle No.: **SMV1278P**

We notice that the above accident was caused by your insured/driver negligent driving and/or management
of motor vehicle No.: **YP8899R**

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.: **SMV1278P** and vehicle No.: **YP8899R** 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

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	25/11/2020 14:18
Date Of Accident	25/11/2020 10:30
Exact Location Of Accident	TOH GUAN RD FILTER TO TOH GUAN ROAD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV1278P
Insured/Policyholder	
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD
Co Reg No	1XXXXX778Z
Email Address	OSMAN.AFFAN@DAIMLER.COM
Mobile Phone No	
Alternative Phone No	OFFICE-88762072
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	GLC300 4MATIC COUPE (R19 LED)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	PRIVATE CAR
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	NA
Driver	
Name of Driver	ANG POH WAH
NRIC No	SXXXX340I
Date Of Birth	30/10/1971
Occupation	INDOOR
Date Of Driving Pass	29/04/1994
Driving Experience	26 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97372107
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	COLLISION - HEAD TO REAR
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

At the filter lane, my vehicle was already stopped to look out for on coming vehicle. Suddenly I felt a hard impact from behind and saw a vehicle had already hit onto my vehicle rear bumper. I will seek for medical attention.

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	YP8899R
Vehicle Make/Model/Colour	MITSUBISHI / CANTER FEB21ER4SDEB (CBU)
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUTHIAH GANESAN
NRIC/Passport Number	GXXXX838P
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

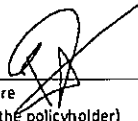
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

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

Policyholder's Signature
Date & Time:



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

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

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

A: SMV 12-74P

A: YP 2341A

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 MAPS, INC.
REPORTING OFFICER
AJAZM SA ATAN

Reporting Officer's Signature
Home
MHC/PIN No:

ACCIDENT STATEMENT (2000 characters)

At the filter lane, my vehicle was already stopped to look out for on coming vehicle. Suddenly I felt a hard impact from behind and saw a vehicle had already hit onto my vehicle rear bumper. I will seek for medical attention.

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

25 November 2020 at 12:00 PM

Date/Time:

25 November 2020 at 12:00 PM