

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

: SLL7627R

CLAIM TYPE

YOUR REF NO

: THIRD PARTY

TP INS. CO. : INDIA INTERNATIONAL INSURANCE PTE LTD

ACCIDENT DATE : 11/04/2021 TP VEH REG NO : SLL7627R

ESTIMATE

NO

: QUOT202104-000028(00)

DATE

: 15/04/2021

POLICY NO

: 999995580

VEH REG NO : SMQ4697U

MAKE/MODEL: MERCEDES BENZ GLC200

(R18 LED)

ENGINE NO

REG. DATE

CHASSIS NO : WDC2539422F672007

: 27492031880677

: 2019

Estimate Repair Cost to Vehicle No: SMQ4697U

	Description	Quantity	Unit Price	Amount
			<u>S\$</u>	<u>S\$</u>
	NET PRICE			
1	Rear end panel	1	1,600.00	1,600.00
2	Taillamp assy - RH	1	565.00	565.00
3	Rear bumper (upper)	1	1,690.00	1,690.00
4	Rear bumper (lower)	1	558.00	558.00
5	Rear bumper reinforcement	1	812.00	812.00
6	Rear bumper reflector - RH	1	33.00	33.00
7	Rear bumper reverse sensor	2	190.00	380.00
8	Rear bumper sensor seals	6	12.00	72.00
9	Rear bumper lower chrome	1	510.00	510.00
10	Rear bumper tow cover	1	65.00	65.00
11	Rear bumper clips	15	9.00	135.00
12	Rear exhaust end chrome - RH	1	450.00	450.00
			-	6,870.00
			Less 10%	687.00
			-	6,183.00
	LABOUR			
13	To remove and refix rear bumper sensor	1	100.00	100.00
14	To check and rectify wiring system	1	80.00	80.00
15	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 necessry, to refit adjust the same.	1	1,000.00	1,000.00
16	To putty and spray paint on affected areas	1	800.00	800.00
17	To apply rust-proofing on replaced and repaired panels	1	80.00	80.00
			-	2,060.00
			TOTAL	S\$ 8,243.00
			ADD GST @ 7%	577.01
			GRAND TOTAL	S\$ 8,820.01



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: INDIA INTERNATIONAL INSURANCE PTE LTD

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REG. DATE : 2019

VEH REG NO : SMQ4697U

CHASSIS NO : WDC2539422F672007

Estimate Repair Cost to Vehicle No: SMQ4697U

Description Quantity **Unit Price** Amount S\$ S\$

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

15 April 2021

Attn: MOTOR CLAIMS DEPT

Dear Sirs / Madam,

RE: ACCIDENT INVOLVING VEHICLE NO.: SMQ4697U & SLL7627R ON 11/04/2021 @ 11:20 HRS ALONG TPE TURNING INTO CTE

We hereby authorized by our client DAIMLER FLEET MANAGEMENT S'PORE PTE LTD, the owner/driver of the above mentioned vehicle No.: SMQ4697U

We notice that the above accident was caused by your insured/driver negligent driving and/or management of motor vehicle No.: SLL7627R

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.: SMQ4697U and vehicle No.: SLL7627R 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

SA0A214B0005-01 / Ajax Mars Pte Ltd ENTRY DATE & TIME: 11/04/2021 19:44 (SGT) SUBMITTED BY: Sharil VERSION: 2 (15/04/2021 15:32 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process,
- 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 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 Submission Date of Accident **Exact Location of Accident**

Additional Location Information Country/State of Loss

TPE, Singapore TPE TURNING INTO CTE

11/04/2021 19:44 (SGT)

11/04/2021 11:20 (SGT)

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMQ4697U

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address Mobile Phone No Alternative Phone No. Yes

DAIMLER FLEET MANAGEMENT SINGAPORE PTE, LTD.

1XXXXXX78Z

derrick.lee@daimler.com (Phone) +65-68498118 (Office) +65-68498118

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

Mercedes Glc200

Private hire

No - Claiming third party

Private car Auto 1991

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number

DRIVER

Name of Driver NRIC No

AIG Asia Pacific Insurance Pte. Ltd.

Comprehensive

Yes

999995580

NA

JOANNE LEE WEI MIN

SXXXX937H



Date Of Birth 30/05/1973 Occupation Indoor Date Of Driving Pass 21/11/1996

Driving experience 24 YEARS AND 5 MONTHS

Gender Female

Mobile Number (Phone) +65-97775540

Alt. Phone Number

Email Address temperancejo@gmail.com

Address HDB Ghim Moh Green, 1 Ghim Moh Road 270001

Address complement #09-364 Postcode 270001 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? No

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

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 the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes Number of Passengers (Including Driver) 3

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance? No

PASSENGER 1

Name Katherine Gender Female

PASSENGER 2

Name Melody Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I was driving along TPE to enter into CTE and the vehicles in front of me suddenly stopped. I had to do an emergency break. The vehicle behind me could not break on time and hence hit my car at the back bumper. One of my passenger mentioned that she felt a strain on her neck. I may ask her to visit a GP for further assessment.

No serious injury involved.

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 NumberSLL7627RVehicle ManufacturerMazdaVehicle Model3Vehicle Variant-Vehicle Colour-

Vehicle Category Private car
Name of Driver JOHNNY LIM

Contact Number (Phone) +65-96927647

Address - Address complement - Postcode - Insurance Company Name -

Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person
Address
Address Complement

Katherine
-

Post Code - Approximate Age Years Old -

Injuries Sustained FELT STRAIN ON NECK

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

No

SKETCH PLAN

SMA1522U

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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 cour orders

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH

Reporting Centre Personnel's Signature

Policyholder's Signature Date & Time:

(If driver is not the policyholder)
Date & Time: 11 Apr 2021

NRIC/FIN No.:

			A -	SMQ46970	1
DESCRIPE CIPCINS	ANCES OF THE ACCIDENT	A B A	8	S LL 7627R	
REFER TO ATTACHED					
		,	7		
DECLARATION					
	particulars are true in every respen	+/	,	/ERIFY BY AJAX MARS (ARC)	
I/We declare the foregoing	Bur	/		REPORTING OFFICER HAMMAD AZALY BIN ABDULLA	

ACCIDENT STATEMENT (2000 characters)

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One of my passenger mentioned that she felt a strain on her neck.

I may ask her to visit a GP for further assessment.

No serious injury involved.

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 -MOHAMMAD AZALY BIN ABDULLAH

MARS Officer

Dar

Registered Owner or Driver's Signature

Job Complete Date/Time

11 April 2021 at 2:19 PM

Date/Time:

11 April 2021 at 2:19 PM