



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 : AIG ASIA PACIFIC INSURANCE PTE. LTD.

78 SHENTON WAY #07-16
AIG BUILDING
SINGAPORE 079120

ATTN : MOTOR CLAIM DEPT

TEL : 6419 3000 FAX : 6415 3723

YOUR REF NO :

CLAIM TYPE : OWN DAMAGE

ACCIDENT DATE : 03/05/2021

ESTIMATE

NO : QUOT202105-000037(00)

DATE : 17/06/2021

POLICY NO : 999995580

VEH REG NO : SMG2469C

MAKE/MODEL : MERCEDES BENZ A200 COMPT
SALN PROGRESSIVE (R18
LED)

CHASSIS NO : WDD1770872J037805

ENGINE NO : 28291480027612

REG. DATE : 2018

Estimate Repair Cost to Vehicle No : SMG2469C

Description	Quantity	Unit Price	Amount
		S\$	S\$
PARTS			
1 Rear bumper	1	880.00	880.00
2 Rear bumper side retainer - RH	1	78.00	78.00
3 Rear bumper reinforcement	1	410.00	410.00
4 Rear bumper reflector - RH	1	48.00	48.00
5 Rear bumper sensor	1	138.00	138.00
6 Rear bumper sensor seals	6	8.00	48.00
7 Rear bumper clips	15	5.50	82.50
			1,684.50
		Add 10%	168.45
			1,852.95
LABOUR			
8 To panel beat & repair 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 remove and refit rear bumper sensor	1	100.00	100.00
10 To check and rectify wiring system	1	80.00	80.00
11 To putty and spray on affected areas	1	800.00	800.00
			1,780.00
		TOTAL	S\$ 3,632.95
		ADD GST @ 7%	254.31
		GRAND TOTAL	S\$ 3,887.26

SINGAPORE DOLLAR THREE THOUSAND EIGHT HUNDRED EIGHTY-SEVEN AND CENTS TWENTY-SIX 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 Submission	04/05/2021 21:11 (SGT)
Date of Accident	03/05/2021 08:10 (SGT)
Exact Location of Accident	9 Everitt Rd N, Singapore 428522
Additional Location Information	Outside 138d Everitt rd
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG2469C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD
Company Reg No	1XXXXX778Z
Email Address	eugene.koh@daimler.com
Mobile Phone No	(Phone) +65-91876216
Alternative Phone No	(Office) +65-68498118

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1332

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	-

DRIVER

Name of Driver	YEM AI LIN
NRIC No	SXXXX560D

Date Of Birth	31/10/1971
Occupation	Indoor
Date Of Driving Pass	21/05/1991
Driving experience	30 YEARS
Gender	Female
Mobile Number	(Phone) +65-97615008
Alt. Phone Number	-
Email Address	Yemailin@gmail.com
Address	138d everitt rd
Address complement	-
Postcode	428676
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 on collision
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 check my rear and it was clear for me to reverse out. I reverse slowly when suddenly veh b reverse fast towards my vehicle to make a 3 point turn and collided with my car. My right rear was damaged. Driver of vehicle b came out and appologise. He mention that he was not aware of my vehicle.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC812R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT 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:

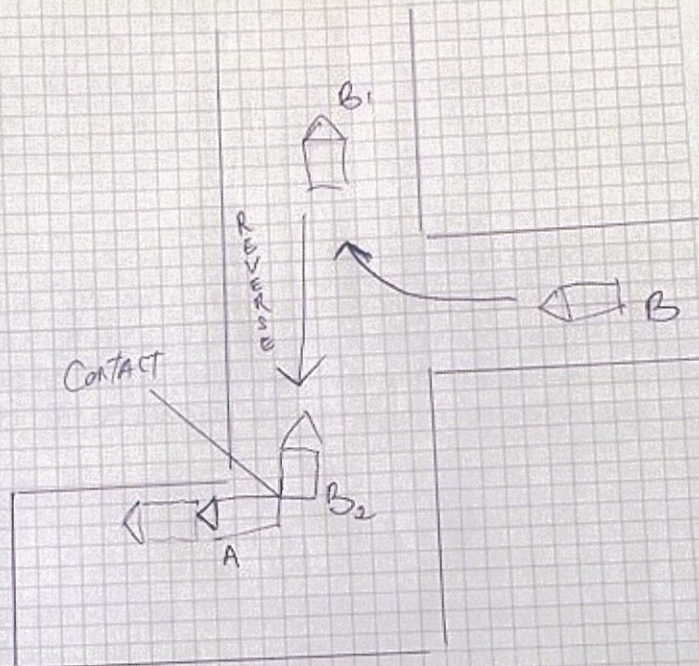
Driver's Signature
(If driver is not the policyholder)
Date & Time:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

IDENT DIAGRAM

A-SMG2465C

B-S/C 812R



1380 EVERITT RD.

[Signature]

Policyholder's Signature
Date & Time:

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

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR

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

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I check my rear and it was clear for me to reverse out. I reverse slowly when suddenly veh b reverse fast towards my vehicle to make a 3 point turn and collided with my car. My right rear was damaged. Driver of vehicle b came out and appologise. He mention that he was not aware of my vehicle.

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 SHARIL BIN SATAR

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



HOTLINE TEL: (65) 6419-3000

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT(CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

COMPREHENSIVE COMMERCIAL MOTOR	OWN DAMAGE EXCESS S\$1,700.00 (1)
CERTIFICATE NO. 999993662/100875499-00000	WINDSCREEN EXCESS S\$100.00 (for policies with effect from 1st November 2002)
	SUM INSURED S\$1.00
	INSURING WITH COE/PAF YES
1) VEHICLE REGISTRATION NO.	SMG2469C
2) NAME OF INSURED	Daimler Fleet Management Singapore Pte Ltd
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	1 Jan 2021
4) DATE OF EXPIRY OF INSURANCE	31 Dec 2021
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *	
1) Any drivers who is driving on the Insured's order or with their permission. 2) Excess \$2,500 applies to drivers age 21 to 26 years old unless otherwise specified 3) Additional Excess \$3,500 applies to drivers age below 21 or above 65 years old and or less than years driving experience unless otherwise specified	
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
6) LIMITATION AS TO USE *	
1) Use for social, domestic, pleasure purposes and business purposes of the Insured and or hirer whom the vehicle is hired to. The Policy does not cover: 1) Use for the carriage of passengers for hire or reward 2) Use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing. 3) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 4) Use for any purpose in connection with the Motor Trade.	
In the event of accident claim, the repairs to the Vehicle must be carried out by either one of our AIG Authorized Repairers or a particular Repairer approved by AIG	
LOSS OF USE NOT INCLUDED	
* NAMED DRIVER N/A	
HIRE PURCHASE COMPANY NA	
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.	

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 22 Feb 2021

AIG ASIA PACIFIC INSURANCE PTE. LTD.

030023-000
JLT MANAGEMENT PTE LTD
#09-02, 8 MARINA VIEW
ASIA SQUARE TOWER 1
SINGAPORE 018960

Authorized Representative

ORIGINAL

SSCNFY

