



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 : SLN7284K

CLAIM TYPE : THIRD PARTY

TP INS. CO. : MSIG INSURANCE (SINGAPORE) PTE LTD

ACCIDENT DATE : 02/08/2022

TP VEH REG NO : SLN7284K

ESTIMATE

NO : QUOT202208-000030(00)

DATE : 19/08/2022

POLICY NO : 999995580

VEH REG NO : SMS2584P

MAKE/MODEL : MERCEDES BENZ CLA200
PROGRESSIVE (R18 LED SR)

CHASSIS NO : W1K1183872N080975

ENGINE NO : 28291480294637

REG. DATE : 2020

Estimate Repair Cost to Vehicle No : SMS2584P

Description	Quantity	Unit Price	Amount
		S\$	S\$
NET PRICE			
1 Bonnet	1	2,040.00	2,040.00
2 Headlamp assy - LH	1	3,545.00	3,545.00
3 Front fender - LH	1	688.00	688.00
4 Front fender inner shield - LH	1	219.00	219.00
5 Front fender inner shield clips - LH	20	9.00	180.00
6 Front bumper	1	1,510.00	1,510.00
7 Front bumper side retainer - LH	1	38.00	38.00
8 Front bumper sensor seals	6	12.00	72.00
9 Front bumper clips	15	9.00	135.00
			8,427.00
		Less 10%	842.70
			7,584.30
LABOUR			
10 To remove and refix front bumper sensor	1	100.00	100.00
11 To check and rectify wiring system	1	80.00	80.00
12 To putty and spray paint on affected areas	1	1,200.00	1,200.00
13 To reset and re-programme headlamp fault code	1	350.00	350.00
14 To apply rust-proofing on replaced and repaired panels	1	120.00	120.00
15 To computerise check wheel alignment	1	120.00	120.00
			1,970.00
		TOTAL	S\$ 9,554.30
		ADD GST @ 7%	668.80
		GRAND TOTAL	S\$ 10,223.10

SINGAPORE DOLLAR TEN THOUSAND TWO HUNDRED TWENTY-THREE AND CENTS TEN ONLY

FOR TONG LUCK AUTO PTE LTD

AUTHORISED SIGNATURE



TONG LUCK AUTO PTE LTD

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Tel: 6250 0088 Fax: 6250 5545

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MSIG INSURANCE (SINGAPORE) PTE LTD
4 SHENTON WAY #21-01
SGX CENTRE
SINGAPORE 068807

19 August 2022

Attn: MOTOR CLAIMS DEPT

Dear Sirs / Madam,

RE: ACCIDENT INVOLVING VEHICLE NO.: SMS2584P & SLN7284K ON 02/08/2022 @ 16:15 HRS
ALONG 7 STRAITS VIEW PICK UP POINT

We hereby authorized by our client **DAIMLER FLEET MANAGEMENT S'PORE PTE LTD**, the owner/driver of the above mentioned vehicle No.: **SMS2584P**

We notice that the above accident was caused by your insured/driver negligent driving and/or management of motor vehicle No.: **SLN7284K**

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.: **SMS2584P** and vehicle No.: **SLN7284K** 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 Actual 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 GlA 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	03/08/2022 13:13 (SGT)
Reported by	Driver
Date of Accident	02/08/2022 16:15 (SGT)
Exact Location of Accident	7 Straits View, Singapore 018936
Additional Location Information	7 STRAITS VIEW PICK UP POINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS2584P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD
Company Reg No	1XXXXX778Z
Email Address	eugene1.koh@mercedes-benz.com
Mobile Phone No	(Phone) +65-68498118
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla200
Variant	ROGRESSIVE (R18 LED SR)
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	999995580

DRIVER

Name of Driver	CHEW KEE LOON (ZHOU QILUN)
NRIC No	SXXXX618C
Date Of Birth	29/11/1981
Occupation	Outdoor

Date Of Driving Pass	01/02/2002
Driving experience	20 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91910180
Alt. Phone Number	-
Email Address	Adrianckl81@gmail.com
Address	623A PUNGGOL CENTRAL
Address complement	#17-346
Postcode	821623
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 - Opening Door of Vehicle
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	P1
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

ON 2/8/2022 AT ABOUT 1615HOURS, I WAS DRIVING ALONG 7 STRAITS VIEW, DROP OFF POINT WHEN VEHICLE B WHO WAS ON MY LEFT OPENED ITS DOOR ON THE RIGHT WITHOUT CHECKING. THIS RESULTED IN A COLLISION WITH THE LEFT SIDE OF MY VEHICLE.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN7284K
Vehicle Manufacturer	Toyota

Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	SALAM
Contact Number	(Phone) +65-89049463
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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 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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 3/8/2022

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre
Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

0 TENTH

ACCIDENT DIAGRAM

7. Sketched View
Drop off point

A. SMC 3584P
B. SMC 3584P

Witnessed By Reporting Officer:
Wong Jun Kiat

Witnessed By Reporting Centre
Personnel

Policyholder's Signature / Date & Time

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

AXAX MARIS PTE LTD

Describe Circumstances of the Accident

ON 2/8/2022 AT ABOUT 1615HOURS, I WAS DRIVING ALONG 7 STRAITS VIEW, DROP OFF POINT WHEN VEHICLE B WHO WAS ON MY LEFT OPENED ITS DOOR ON THE RIGHT WITHOUT CHECKING. THIS RESULTED IN A COLLISION WITH THE LEFT SIDE OF MY VEHICLE.

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 3/8/2022

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre
Personnel