



江氏修理汽車私人有限公司
KANG CAR REPAIRERS PTE LTD

1 KAKI BUKIT AVE 6 #02-06 AUTOBAY@KAKI BUKIT SINGAPORE 417883
TEL: 67477636, 67473005 FAX: 67485071 Email: kangcar@singnet.com.sg
Co. Reg. No. 201300201N GST Reg. No. 201300201N

Our Ref : KCR0820246516CTI
Your Ref : XE9131K

Date : 3 JUN 2025

WITHOUT PREJUDICE

China Taiping Insurance (Singapore) Pte Ltd
C/O LKK Auto Consultant Pte Ltd
51 Ubi Ave 1
#01-25 Paya Ubi Industrial Pk
Singapore 4089 33
Attention : Motor Claim Department

Dear Sirs,

Accident involving SNG6516L and XE9131K on 15.08.2024 along Junction of Loyang Ave twds Paku Rd.

We refer to the above accident. On our record showed that you are the insurer of motor vehicle XE9131K.

We are instructed that the accident was caused by your insured's negligent driving and/or management of his vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense.

On behalf of and as authorized by Mr Loh Wai Sheng, the owner of motor-vehicle no: SNG6516L, we submit his claim to you:

Cost of repairs (Inclusive of GST)	\$ 7,630.00
Loss of use (6 days (5+1Sunday) x \$100.00)	\$ 600.00
Medical Fee – Chow Lan	\$ 34.25
LTA search fee by Law Firm	\$ 27.25
	<u>\$ 8,291.50</u>
	=====

Enclosed herewith are copies of the following documents in support of our client's claim:

- 1) Tax invoice no: KCR-INV2500321
- 2) GIA report of SNG6516L
- 3) Police Report No: T/20240816/2060
- 4) LTA search fee and invoice
- 5) Medical Tax Invoice from CareLite Medical Clinic
- 6) Police Investigation Result

We hope to receive your early reply soon.

Thank you.

Yours faithfully,
KANG CAR REPAIRERS PTE LTD

.....



江氏修理汽車私人有限公司
KANG CAR REPAIRERS PTE LTD

1 KAKI BUKIT AVE 6 #02-06 AUTOBAY@KAKI BUKIT SINGAPORE 417883
TEL: 67477636, 67473005 FAX: 67485071 Email: kangcar@singnet.com.sg
Co. Reg. No. 201300201N GST Reg. No. 201300201N

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

3 ANSON ROAD
#16-00 SPRINGLEAF TOWER
SINGAPORE 079909

Tel: 63896111 Fax: 62247175
Attn: Motor Claim Department

Your Ref No: XE9131K
Claim Type: Third Party
Accident Date: 15 August 2024
TP Veh Reg No: XE9131K

Claim No: EST2400371
No: KCR-INV2500321
Date: 02 Jun 2025
Policy No: 5142816809
Veh Reg No: SNG6516L
Make/Model: MERCEDES BEN
GLA180 URBAN (R18
LED)
Chassis No: WDC1569422J688432
Engine No: 27091031947396
Reg. Date: 07 Feb 2020

TAX INVOICE SNG6516L

As agreed to proceed repair at Lump Sum Repair	7,000.00
Add GST @ 9%	630.00
Total Amount Payable SGD	<u>7,630.00</u>

SINGAPORE DOLLAR SEVEN THOUSAND SIX HUNDRED THIRTY ONLY

For Kang Car Repairers 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 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 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 First Submission	16/08/2024 16:51 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/08/2024 18:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF LOYANG AVE TWDS PAKU RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG6516L
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOH WAI SHENG
NRIC No	SXXXX140G
Email Address	BEDOKHOMES@GMAIL.COM
Mobile Phone No	(Phone) +65-96680107
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla180
Variant	
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600
Vehicle Fuel	
First Registration Date	
Chassis no	
Effective Date/Time of Ownership	

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5142816809

DRIVER

Name of Driver	LOH WAI SHENG
NRIC No	SXXXX140G
Date Of Birth	07/08/1975
Occupation	Outdoor
Driving Pass Date	25/10/1997
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	26 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96680107
Alt. Phone Number	-
Email Address	BEDOKHOMES@GMAIL.COM
Address	BLK 11 SIMEI ST 4 #11-08
Address complement	-
Postcode	529866
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Side Swipe
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
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	LOH YIM WAI
Gender	Female

PASSENGER 2

Name	LOH XING ZE
Gender	Male

PASSENGER 3

Name	LOH XIN TANG
Gender	Female

PASSENGER 4

Name	CHOW LAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999

Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	

CIRCUMSTANCES OF ACCIDENT

I'M AT THE TRAFFIC LIGHT JUNCTION OF LOYANG AVE TO PAKU ROAD (CHANGI BEACH) , I WAS AT THE MOST LEFT LANE OF THE ROAD WHILE THE LORRY AT THE CENTRE LANE. SO AFTER TRAFFIC LIGHT TURN GREEN, I GOING STRAIGHT AND COME TO A MERGERING LANE AND I NOTICED FROM MY RIGHT SIDE MIRROR THAT THE LORRY WAS VERY CLOSE TO US FROM BEHIND AND I'M SURPRISED WHY HE DIDN'T SLOW DOWN WHILE IT WAS OBVIOUSLY I WAS AT THE FRONT AND THE LORRY HIT MY REAR RIGHT SIDE AND WE STOPPED NEAR THE BUS STOP. LUCKILY NO PEOPLE WERE INJURED DUE TO LORRY HEIGHT AT HIS BLIND SPOT.

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	XE9131K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	QIU KUN
Passport No/FIN	GXXXX599L
Contact Number	(Phone) +65-80392504
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHOW LAN
Gender	Female
Phone No	(Phone) +65-92961089
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNG6516L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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' 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.

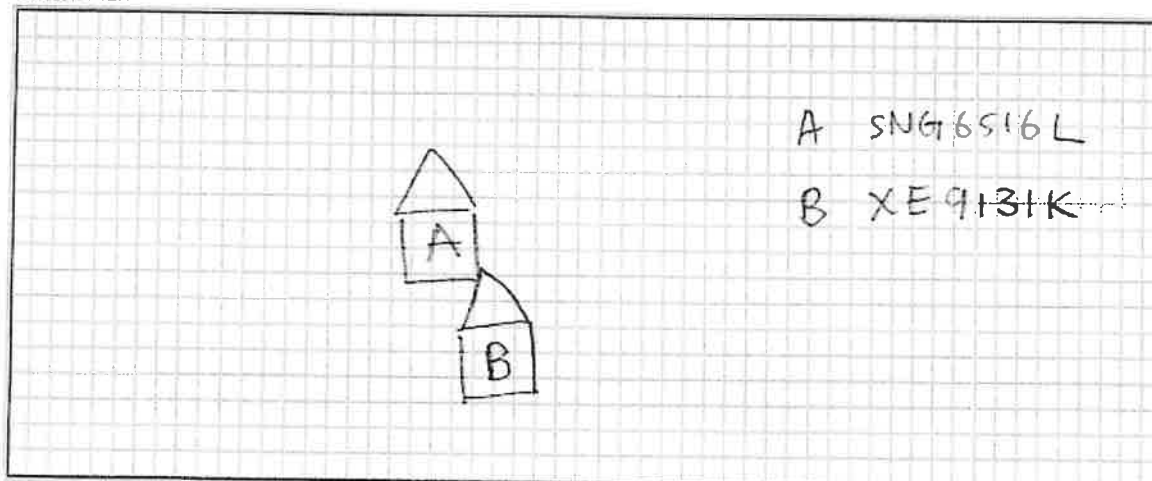
 16/8
Policyholder's Signature / Date & Time

10.15am

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


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



v.Jun2022

Describe Circumstance of the Accident

I'm at the traffic light junction of Loyang Ave to Paka Road (Changi Beach). I was at the most left lane of the road while the lorry at the centre lane. So after traffic light turn green, I going straight and come to a merging lane and I noticed from my right side mirror that the lorry was very close to us from behind and I'm surprised why he didn't slow down while it was obviously I was at the front and the lorry hit my rear right side and we stopped near the bus stop. Luckily no people were injured due to lorry height at his blind spot.

Declaration

I/We declare the foregoing particulars are true in every respect

 16/08

Policyholder's Signature / Date & Time

 16/08

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)


**SINGAPORE
POLICE FORCE**


T/20240816/2560

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 4

Report No: T/20240816/2560

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/08/2024 16:08		Vide Report No.:		Station Diary No.: 20	
Informant's Particulars					
Name of Informant: LOH WAI SHENG			Address: 11 SIMEI STREET 4 #11-08 SINGAPORE 529866		
ID Type / ID No.: NRIC NO / S7523140G			Contact No.: Home/Office: Mobile: 96680107		
Nationality: SINGAPORE CITIZEN			Email: bedokhomes@gmail.com		
Sex: Male	Age: 49	Date of Birth: 07/08/1975	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: Real estate agent			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 15/08/2024 18:10	Type of Location: Straight Road
Location: LOYANG AVENUE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNG6516L	Motor car	MERCEDES BENZ	GLA180	Black	Slightly Damaged	4
XE9131K	Lorry	mitsubishi	Fuso	White	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNG6516L	NTUC Income Insurance Co-Operative Limited	5142816809		



**SINGAPORE
POLICE FORCE**



T/20240816/2060

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

2 of 4

Report No. T/20240816/2060

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOH WAI SHENG	ID No.	S7523140G
Related Vehicle	SNG6516L (Motor car)	Contact No.	96680107
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	Loh Yim Wai	ID No.	S8024421E
Related Vehicle	SNG6516L (Motor car)	Contact No.	90689049
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	Loh Xing Ze	ID No.	T1702367A
Related Vehicle	SNG6516L (Motor car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20240816/2060

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529314
Tel No: 1800-5872999

3 of 4

Report No. T/20240816/2060

CONTINUATION OF REPORT

Passenger			
Name	Chow Lan		ID No. S0963863F
Related Vehicle	SNG6516L (Motor car)		Contact No. 92961089
Hospital/Clinic	Carelite Medical Clinic		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date Treatment	16/08/2024	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
Passenger			
Name	Loh Xin Tang		ID No. T1332858C
Related Vehicle	SNG6516L (Motor car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	Oiu Kun		ID No. G6218599L
Related Vehicle	XE9131K (Lorry)		Contact No. 80392504
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the above-mentioned date time and location. I was driving along Loyang Ave on the left most lane towards Changi Beach after the cross Junction at Changi Village. While at the merging lane, I noticed that the lorry bearing VRN: XE9131K (Supervisor: Raymond Sia, 91549629) in the middle lane was very close to my vehicle. I subsequently felt an impact from the back and quickly came to a stop. I went out of my vehicle and made a check and observed that there were scratches and dent on the rear right side of my vehicle. I also observed that the right rear light was also cracked. I subsequently took photos of the accident and exchanged particulars with the driver of the mentioned vehicle. I would like to mention that my mother-in-law (Chow Lan, 92961089) was not feeling well when she reached home after the accident. I am lodging this report for Insurance purposes.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20240816/2060

4 of 4

Report No. T/20240816/2060

CONTINUATION OF REPORT

Signature of Officer Recording The
G /
SGT 2 MUHAMAD ZIKRI BIN
BAHARUDIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
INSP (2) LOW MENG FATT
Contact No.: 97577566

Signature Of Informant:

Date/Time:
16/08/2024 16:08

Classification Of Case:

NP168

Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 15 Aug 2024 / 18:10:01)

Vehicle Insurance Details

Vehicle No.:

XE9131K

Make Description/Model:

MITSUBISHI / FUSO FV70HJD2VDEA

Insurance Company Name:

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Business Transaction Reference No.:

20240820113137374164

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Save as PDF

OK →

Print



Thank you


You have successfully logged out.

Your last login date and time was 20 Aug 2024, 11:30:39.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S/No. 	Asset Type 	Asset ID 	Transaction Type 	Transaction Amount(S\$) 	Log Date/Time 
1	Vehicle	XE9131K	18.19 Enquire Veh Owner Info (Others) by Law Firm	27.25	20 Aug 2024 / 11:31:37



**SINGAPORE
POLICE FORCE**
SAFEGUARDING EVERY DAY

Our Ref: TP/IP/25825/2024
Date: 18/02/2025

000100

LOH WAI SHENG
11 SIMEI STREET 4
#11-08
SINGAPORE 529866

TRAFFIC POLICE
10 UBI AVENUE 3
SINGAPORE 408865
<https://eservices1.police.gov.sg>

Dear Sir

**TRAFFIC ACCIDENT INVOLVING XE9131K AND SNG6516L ALONG LOYANG AVENUE ON
15/08/2024 AT ABOUT 6.10 PM**

I refer to the above accident.

2 We have completed our investigation into the case. Action has been initiated against the driver of XE9131K for the offence of **DRIVING WITHOUT DUE CARE AND ATTENTION CAUSING HURT UNDER SEC 65 (1)(a) OF THE RTA 1961 (HEAVY VEHICLE)**.

3 Please be informed that our decision does not preclude you from pursuing insurance / civil claims.

4 If you have any clarification, you may contact the Investigation Officer, Low Meng Fatt at office number: 97577566.

Yours faithfully,
INSP (2) LOW MENG FATT
IO (ACCIDENT ENQUIRY & INVESTIGATION)
SINGAPORE POLICE FORCE

This is a computer-generated letter. No signature is required.

GST Reg No : 202240143G

Co Reg No : 202015050M

TAX INVOICE

CHOW LAN

2 BEDOK SOUTH AVENUE 1

#04-895

S(460002)

Invoice No. : 4836

Our Ref : 13327

Date : 16 Aug 2024

Patient : CHOW LAN (SXXXX863F)

Attending Doctor : PHUA NGEE BOON

Description	Qty	Fee
ANAREX	20.00 tabs	\$16.00
KEFENTECH [KETOPROFEN] 30 MG PLASTER	9.00 pcs	\$18.00
CONSULTATION		\$19.00
Sub-Total		\$53.00
Add GST 9.0%		\$4.77
Total Bill Before Subsidy		\$57.77
Receipt No. 5420 - CHAS Subsidy		- \$23.50
Rounding Adjustment		\$-0.02
Total Amount Payable		\$34.25
Receipt No. 5420 - CASH Payment Received		\$34.25
Outstanding Balance		\$0.00

All Cheques should be crossed and made payable to :

CARELITE MEDICAL AND WELLNESS CLINIC (BEDOK) PTE. LTD.

This is a computer generated Invoice which does not require a signature

Claims made from Medisave or CHAS are subjected for Approval from the Authority