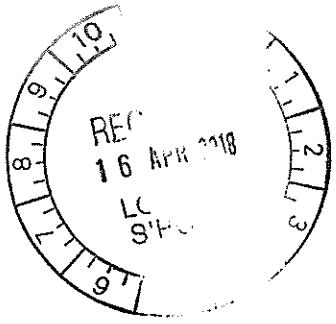
江氏修理汽車私人有限公司
KANG CAR REPAIRERS PTE LTD
1 KAKI BUKIT AVE 6 #02-06 AUTOBAY@KAKI BUKIT SINGAPORE 417883
TEL: 67477636, 67473005 FAX: 67485071 Email: kangcar@singnet.com.sg
Co. Reg. No. 201300201N GST Reg. No. 201300201N

Our Ref: KCR0420181379LON
Your Ref: SCW6863E

13.04.2016

WITHOUT PREJUDICE
BY FAX



Lonpac Insurance Bhd
Claims Department
100 Beach Road
#19-00 Shaw Towers
Singapore 189702

Dear Sirs,

Notice to Inspect our client's damaged motor-vehicle SKE1379U. Accident involving SKE1379U & SCW6863E on 12/04/2018 along Hougang St 21 –Kovan Mall Carpark Entrance.

Our client's motor vehicle no:SKE1379U which was damaged as a result of negligence of your driver, is now lying at our premises/workshop awaiting for repairs to be carried out.

As you are the insurer of the motor-vehicle no: SCW6863E, we hereby give you NOTICE TO INSPECT OUR CLIENT'S DAMAGED MOTOR VEHICLE at our premises/workshop. If your representative/surveyor does not inspect our client's damaged motor vehicle within the next two(2) days, we shall proceed to repair our client's damaged motor vehicle without any further notice and our client will thereafter look to you/your insured for the repair costs. This is without prejudice to our client's claim for damages, loss of use and incidental loss.

We enclosed herewith our estimate cost of repairs and our clients' accident report for your reference.

Please let us have your list of your panel surveyors for our consideration.

Thank you.

Yours faithfully,
KANG CAR REPAIRERS PTE LTD

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Kang Car Repairers Pte Ltd

1 Kaki Bukit Ave 6, #02-06 Autobay@ Kaki Bukit Singapore 417883
TEL: 6747 7636 FAX: 6748 5071 Email: kangcar@singnet.com.sg
GST:201300201N

M/S : LONPAC INSURANCE BHD
100 BEACH ROAD
#19-00 SHAW TOWERS
SINGAPORE 189702
TEL: 62507388 FAX: 62962706
ATTN: Motor Claim Department

Estimate No: **EST1800098**
Date: 13 Apr 2018

Veh Reg No: **SKE1379U**
Make/Model: TOYOTA VIOS E AUTO
Chasis No: MR053HY9305288081
Reg. Date: 10/02/2012
Your Ref No: SCW6863E

Claim Type: Third Party
Accident Date: 12/04/2018
TP Veh Reg No: SCW6863E

Estimate Repair Cost to Vehicle No :SKE1379U

	Quantity	Description	List Price S$	Amount S$
		List Price		
1	1 PC	REAR BUMPER	481.90	
2	1 PC	REAR BUMPER SIDE RETAINER RH	113.90	
3	1 PC	TAIL LAMP - RH	409.60	
			1,005.40	
		Less 25%	251.35	754.06
		Special Net		
4	1 SET	REAR BUMPER STICKER	195.00	
5	2 PCS	"L" PLATE BRACKET	70.00	
6	1 SET	REAR BUMPER CLIPS	48.00	
7	1 PC	REAR FENDER STICKER	200.00	
			513.00	513.00
		Labour		
8	1	TO SPRAY PAINTING	500.00	
9	1	TO REMOVE AND REPLACE THE DAMAGED PARTS, KNOCK OUT ACCIDENT DENTED PORTIONS, AND FOR CUTTING/WELDING WORKS.	400.00	
10	1	TO REMOVE AND REPLACE REAR BUMPER STICKER	80.00	
			980.00	980.00

Kang Car Repairers Pte Ltd

1 Kuki Bukit Ave 6, #02-06 Autobay@ Kaki Bukit Singapore 417883
TEL: 6747 7636 FAX: 6748 5071 Email: kangcar@singnet.com.sg
GST:201300201N

M/S : LONPAC INSURANCE BHD
100 BEACH ROAD
#19-00 SHAW TOWERS
SINGAPORE 189702
TEL: 62507388 FAX: 62962706
ATTN: Motor Claim Department

Claim Type: Third Party
Accident Date: 12/04/2018
TP Veh Reg No: SCW6863E

Estimate No: **EST1800098**
Date: 13 Apr 2018

Veh Reg No: **SKE1379U**
Make/Model: TOYOTA VIOS E AUTO
Chasis No: MR053HY9305288081
Reg. Date: 10/02/2012
Your Ref No: SCW6863E

Estimate Repair Cost to Vehicle No :SKE1379U

Quantity	Description	List Price S$	Amount S$
	Total		S$ 2,247.06
	Add GST @ 7%		157.29
	Total Amount Payable		S$ 2,404.35

TOTAL: SINGAPORE DOLLAR TWO THOUSAND FOUR HUNDRED AND FOUR AND CENTS THIRTY FIVE ONLY

This is only an estimate based on our preliminary inspection and does not cover additional parts, labour time which may be required after work has begun.

For Kang Car Repairers Pte Ltd

AUTHORISED SIGNATURE

MKCR18049244 / Kang Car Repairers Pte Ltd - HQ
ENTRY DATE & TIME: 13/04/2018 15:30
SUBMITTED BY: Yee Mei Chang

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 ability.
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	13/04/2018 15:30
Date Of Accident	12/04/2018 22:15
Exact Location Of Accident	HOUGANG ST 21-KOVAN MALL CARPARK ENTRANCE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKE1379U
Insured/Policyholder	
Name Of Registered Owner	COMFORTDELGRO DRIVING CENTRE PTE LTD
Co Reg No	199601882C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67401660
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
Exact Purpose for which vehicle was being used at time of accident	TRAINING
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	M489523
Cover Note Number	
Driver	
Name of Driver	LOW KOK HOONG
NRIC No	S1504469A
Date Of Birth	14/10/1961
Occupation	OUTDOOR
Date Of Driving Pass	20/04/1982
Driving Experience	35 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91871263
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 238 COMPASSVALE WALK #13-552
Postcode	540238
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles 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?	YES
If Yes,Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	**ROAD:** 10 UBI AVENUE 3 , **POSTCODE:** 408865 , **COUNTRY:** SINGAPORE
Police Station Contact	**TEL NO:** - **FAX NO:**
Was notice of Intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

SEE ATTACHED POLICE REPORT NO: T/20180413/2040

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCW6883E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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 company(ies).
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 confirm 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 the 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 by/or 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.

Senior Project Executive

Policyholder's Signature
Date & Time:

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

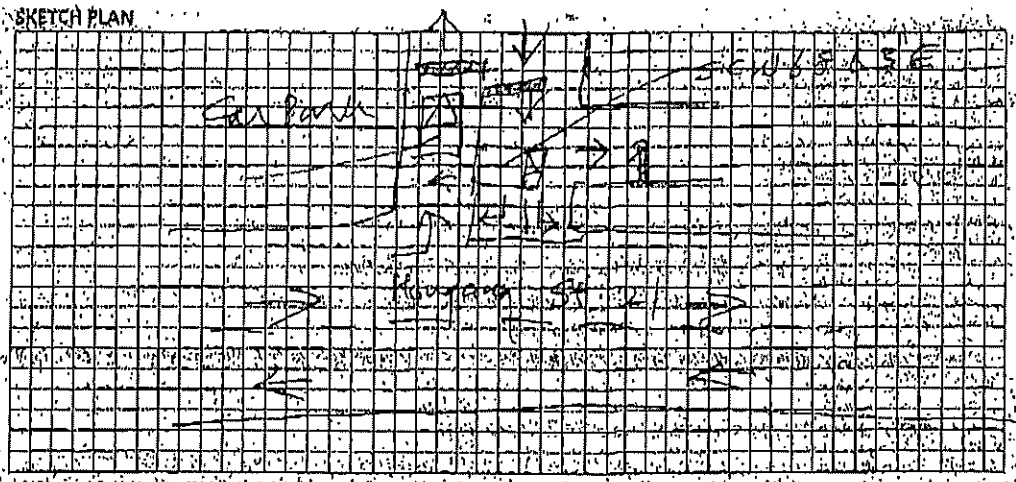
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ComfortDelGro Driving Centre Pte Ltd
205 Ubi Ave 4
Singapore 408805

GIARMC sketch plan form_08

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12 April 2018 at around 2215 hrs I was stopping at the gantry barrier towards Kovan. Mail car park. A 3rd party Vehicle SCW 6863E on my right make a sudden U-turn. Before it collided into my car, I sounded my horn, but the car did not stop reversing and collided into the road right of my vehicle and then came out of my car but the 3rd party did not stop he did and sped off. I chased him and he turned into the condition Kovan Square. Nobody was injured, that is all.

DECLARATION

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

Loy Hin Soo
Senior Project Executive - Clinical Services

Policyholder's Signature
Date & Time:

Lou Mok Hoong

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

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

Certified Automobile Driving Centre Pte Ltd
205 Ubi Ave 4
Singapore 408805

2

Sketch Plan Pg. 3

SINGAPORE POLICE FORCE

T/20180413/2040

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180413/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
13/04/2018 11:38		

Informant's Particulars

Name of Informant: LOW KOK HOONG			Address: APT BLK 238 COMPASSVALE WALK #13-552 HDB- KANGKAR SINGAPORE 540238	
ID Type / ID No.: NRIC NO / S1504469A			Contact No.: Home/Office: Mobile: 91871263	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 56	Date of Birth: 14/10/1961	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Driving Instructor/tester			Driving Licence Information: Class: 2B,2A,2,3,4,5	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/04/2018 22:15	Type of Location: Car Park
Location: Along Road 1 HOUGANG STREET 21 HOUGANG STREET 21, KOVAN MALL CARPARK ENTERANCE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCW6863E	Car				Slightly Damaged	0
SKE1379U	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan Pg. 4

SINGAPORE POLICE FORCE

T/20180413/2040

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Driver			
Name	LOW KOK HOONG	ID No.	S1504469A
Related Vehicle	NIL	Contact No.	91871263
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.
12/04/2018 @2215HRS (HOUGANG STREET 21, KOVAN MALL CARPARK ENTERANCE)

ON 12 APRIL 2018 AT AROUND 2215HRS, I WAS STOPPING AT THE GANTRY BARRIER TOWARDS KOVAN MALL CARPARK. A 3RD PARTY VEHICLE SCW6863E ON MY RIGHT MAKE AN ILLEGAL U-TURN BEFORE HE COLLIDED INTO MY CAR, I SOUNDED MY HORN BUT THE CAR DID NOT STOP REVERSING AND COLLIDED INTO THE REAR RIGHT OF MY VEHICLE. I THEN CAME OUT OF MY CAR BUT THE 3RD PARTY DID NOT STOP HIS CAR AND SPEED OFF. I FOLLOWED HIM AND HE TURNED INTO THE CONDOMINIUM "KOVAN ESQUIRE". NOBODY WAS INJURED.
THAT'S ALL

SINGAPORE POLICE FORCE

T/20180413/2040

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474886 stating the **report number** as reference.

Signature Of Officer Recording The Report: TP / KEE CHUAN JIA MARCUS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/04/2018 11:38
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079	Classification Of Case:
Authentication Stamp NP168	SINGAPORE POLICE FORCE Signature: