



AUTO ENGINEERING PTE LTD

Sin Ming Auto City

160 Sin Ming Drive #02-16 Singapore 575722 Tel: 6556 0103 (Main Line) Fax: 6556 1015
Email: kangauto@singnet.com.sg



M/S AIG Asia Pacific Insurance Pte Ltd

AIG Building

78 Shenton Way, #07-16

Singapore 079120

Attn: Motor Claims Dept

Date : 23/4/2018

Your Insured: SKC4901C

Our Insured : SJN2989S

OUR REF: TP18/04/1099

Notice to conduct Pre-Repair Inspection within 2 working days pursuant to paragraph 6.2 of Pre-Action Protocol for NIMA Case.

We act for MM Car Leasing Pte Ltd, the owner of motor vehicle SJN2989S who has appointed us Kang Auto Engineering Pte Ltd to act on his behalf to claim against your insured's vehicle SKV4901C in regards to the road traffic accident on 20.04.2018 ALONG TPE towards KPE.

Please be informed that the said motor vehicle can be inspected at :

Kang Auto Engineering Pte Ltd
Sin Ming AutoCity
160 Sin Ming Drive, #02-16
Singapore 575722
Tel: 6556 0103 fax: 6556 1015
Contact : May

Please note that if you fail to conduct the pre-repair inspection within the next 2 working days excluding and intervening Saturday, Sunday or Public holiday, the said workshop will commence repairs thereafter without further reference to you.

YOURS FAITHFULLY,

KANG AUTO ENGINEERING PTE LTD

Specialised in :

• Motor Insurance Claims • Repairs all Types of Motor Cars • Vehicle Inspection Services • Car Rental • Sourcing of Motor Insurance Premium



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M/S MM CAR LEASING PTE LTD
160 SIN MING DRIVE
#08-04
SINGAPORE 575722

POLICY NO : THIRD PARTY CLAIMS
OUR REF : TP18/04/1099
VEHICLE NO : SJN2989S
MAKE/MODEL : TOYOTA AXIO
DATE OF ACCIDENT : 20.04.2018

1 PC	BOOTLID		S\$	623.60	
1 PC	BOOTLID EMBLEM			45.00	
1 PC	BOOTLID 'AXIO' BADGE			58.00	
1 PC	BOOTLID LOCK			85.60	
1 PC	BOOTLID RUBBER			175.00	
1 PC	REAR BUMPER			562.20	
1 PC	REAR BUMPER SIDE RETAINER	55.60		111.20	
1 PC	REAR BUMPER BRACKETS	68.00		136.00	
1 PC	REAR BUMPER CLIPS			40.00	
				<u>S\$</u>	<u>1,836.60</u>
				LESS 25%	459.15
					<u>1,377.45</u>
1 SET	REVERSE SENSOR		S\$	250.00	S'NETT
TO CHECK WIRING				S\$	30.00
TO APPLY RUST PROOFING AND REPLACED/REPAIRED PANEL					80.00
TO PUTTY AND SPRAY PAINT CHARGES					800.00
LABOUR CHARGES					600.00
				<u>S\$</u>	<u>3137.45</u>

SGD THREE THOUSAND ONE HUNDRED THIRY-SEVEN AND CENTS FORTY-FIVE ONLY.

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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	20/04/2018 17:53
Date Of Accident	20/04/2018 07:00
Exact Location Of Accident	TPE TOWARDS KPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN2989S
Insured/Policyholder	
Name Of Registered Owner	MM CAR LEASING PTE LTD
Co Reg No	201802112N
Email Address	MMCARLEASING@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-88117879

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO-1.5 X (M)

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? NO

If No, Please state action to be taken THIRD PARTY
 Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5097696766
Cover Note Number	

Driver

Name of Driver	HUNG ZHICHENG
NRIC No	S8933971E
Date Of Birth	26/09/1989
Occupation	INDOOR
Date Of Driving Pass	09/10/2010
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97658930
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 430D FERNVALE LINK #08-243
Postcode	794430
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RENTAL
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	
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)	2
Passenger 1	NAME: : WONG DEHUI GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

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 Number	SKV4901C
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KAREN
NRIC/Passport Number	S8006611B
Contact Number	98237425
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.



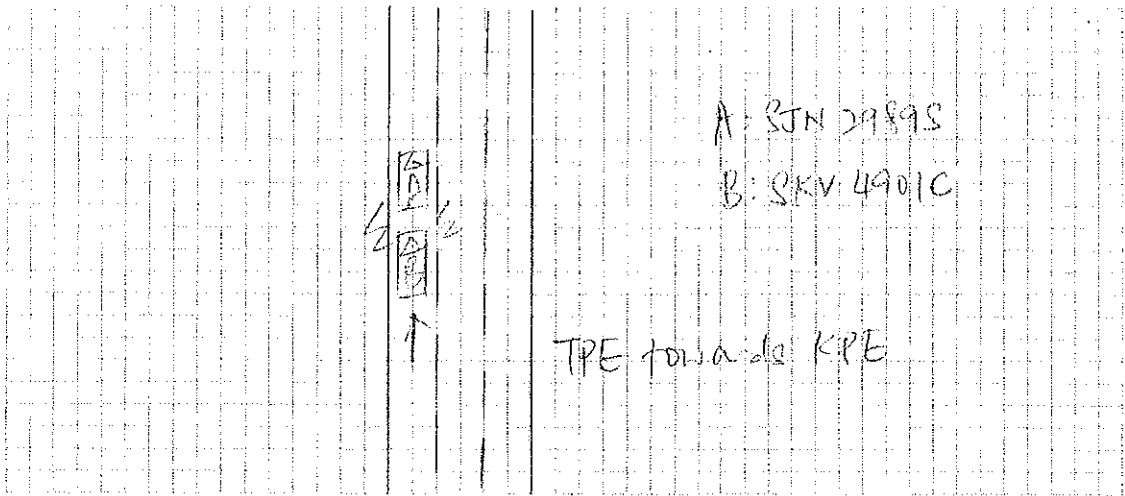
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 20/4/18



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 2014118 @ 580pm

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20th April around 7am, I was driving to Paya Lebar via TPE. There was a traffic jam & I slowed down my car to a complete stop. Around 2 to 3 seconds later, I felt a bang at the back of my car. I stopped & got out to check. I realised the car behind, SKV4901C had ~~hit~~ bang my rear bumper.

Repair at other workshop.

DECLARATION

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

Policyholder's Signature
Date & Time:

Company Chop (if applicable)

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

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



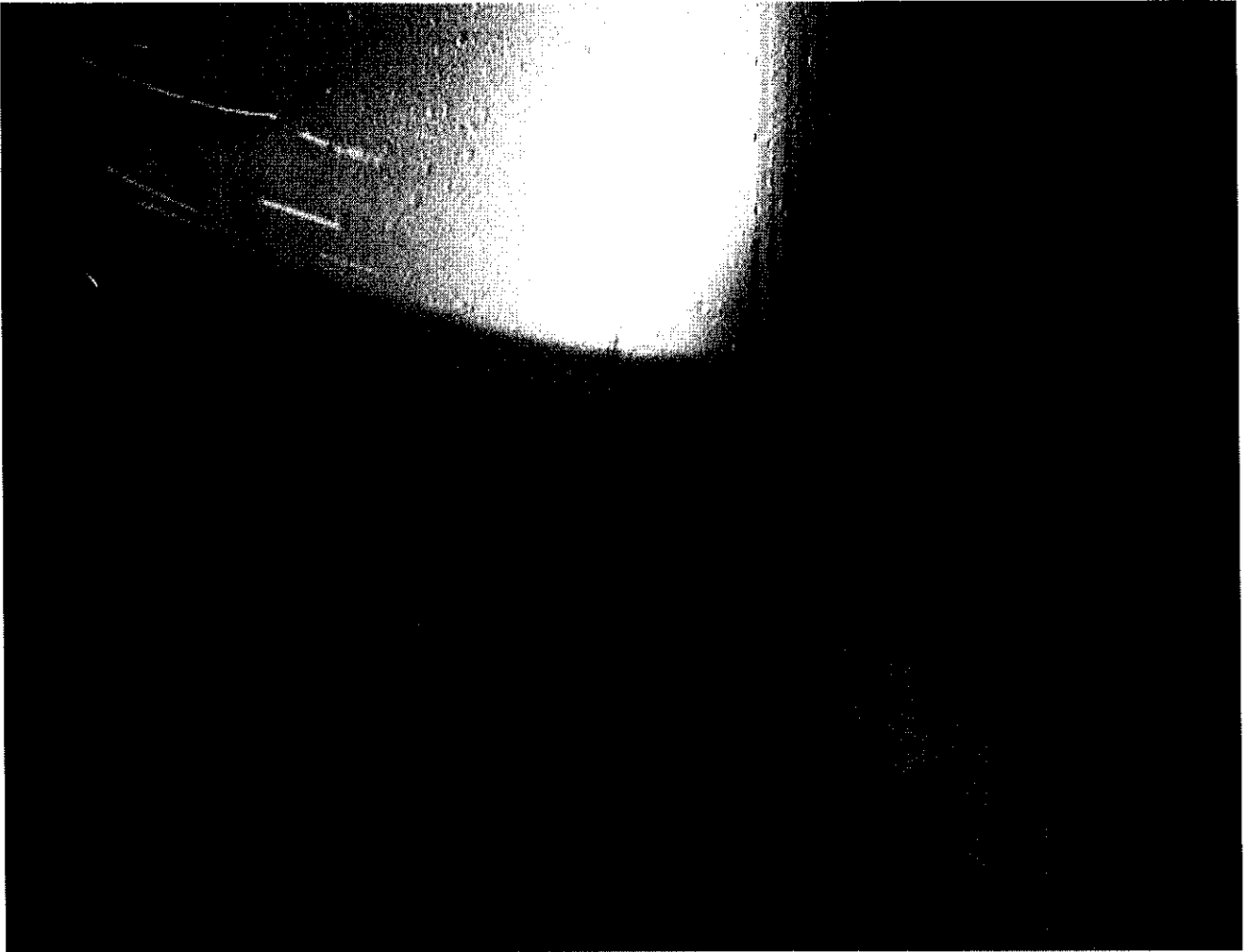
Shuman

20/4/2018 @
5:00pm

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
SKV4901C	20 Apr 2018 / 20:00:00	AIG ASIA PACIFIC INSURANCE PTE. LTD.

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