



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 : KCR1020185732CTI
Your Ref : SLZ5732J

Date : 30 JAN 2019

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 408913
Attention : Motor Claim Department

Dear Sirs,

Accident involving SLZ5732J /GZ1570U and others on 01.10.2018 along Slip Rd of CTE twds City near Bus Bay 60089.

We refer to the above accident. On our record showed that you are the insurer of motor vehicle GZ1570U.

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 M/S Kelvin & Geraldine, the owner of motor-vehicle no: SLZ5732J, we submit his claim to you:

Cost of repairs (Inclusive of 7% GST)	\$ 7,971.50
Loss of rental (7 days x \$120.00)	\$ 840.00
GIA search fee	\$ 2.00
	<u>\$ 8,813.50</u>
	=====

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

- 1) Tax invoice no: KCR-INV1900046
- 2) GIA report of SLZ5732J
- 3) GIA search fee and invoice
- 4) Rental agreement and invoice

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

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TEL: 67477636, 67473005 FAX: 67485071 Email: kangcar@singnet.com.sg
Co. Reg. No. 201300201N GST Reg. No. 201300201N

M/S : CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
3 ANSON ROAD
#16-00 SPRINGLEAF TOWER
SINGAPORE 079909
TEL: 63896111 FAX: 62247175
ATTN: Motor Claim Department

Final No: KCR-INV1900046
Claim No: EST1800305
Date: 30 Jan 2019
Policy No: 5100612169
Veh Reg No: SLZ5732J
Make/Model: HONDA SHUTTLE
HYBRID 1.5A
Chassis No: GP71208522
Engine No: LEB6550408
Reg. Date: 09/05/2018

Your Ref No: GZ1570U
Claim Type: Third Party
Accident Date: 01/10/2018
TP Veh Reg No: GZ1570U

Tax Invoice to Vehicle No :SLZ5732J

PAGE:1

Description	Quantity	List Price	Amount
		<u>S\$</u>	<u>S\$</u>
As recommended by surveyor to proceed repair at total cost/lumpsum cost			S\$ 7,450.00
Add GST @ 7%			521.50
Total Amount payable			<u>S\$ 7,971.50</u>

TOTAL: SINGAPORE DOLLAR SEVEN THOUSAND NINE HUNDRED SEVENTY ONE AND CENTS FIFTY ONLY

For Kang Car Repairers Pte Ltd

E. & O. E.

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 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	01/10/2018 17:17
Date Of Accident	01/10/2018 14:30
Exact Location Of Accident	SLIP RD OF CTE TWDS CITY NEAR BUS BAY 60089
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ5732J
Insured/Policyholder	
Name Of Registered Owner	KELVIN & GERALDINE
Co Reg No	53358675E
Email Address	RONNAVIN@YAHOO.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-83813753

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE & REWARD
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100612169
Cover Note Number	

Driver

Name of Driver	TING MING LIANG,KELVIN
NRIC No	S8113472C
Date Of Birth	11/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	04/03/2006
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83813753
Fax Number	
Contact Number	
EEmail Address	RONNAVIN@YAHOO.COM.SG

Address	BLK 216A COMPASSVALE DRIVE #04-538
Postcode	541216
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE

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

I WAS DRIVING STRAIGHT ALONG SLIP RD OF CTE TWDS CITY NEAR BUS BAY 60089. A VEHICLE IN FRONT OF ME STOPPED TO GIVE WAY TO THE BUS. SO I SLOWED DOWN & SUDDENLY, I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE. WHEN I ALIGHTED FROM MY CAR, I REALISED VEHICLE GZ1570U COLLIDED TO MY REAR PORTION CAUSING DAMAGE AND A CAR, SJJ2326B WAS ALSO INVOLVED IN THIE CHAIN COLLISION. MY VEHICLE HAD 3 FEMALE PASSENGERS.

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	GZ1570U
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HOSAEN MOHAMMAD ANWAR

NRIC/Passport Number	G8421669R
Contact Number	91937115
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJJ2326B
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
Vehicle Category	PRIVATE HIRE
Name of Driver	CHOO BENG TIONG
NRIC/Passport Number	S7324911B
Contact Number	97200819
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHOO BENG TIONG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJJ2326B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 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.

KELVIN & GERALDINE
Co Reg No: 53358675E


Policyholder's Signature
Date & Time:

01 OCT 2018
16 03 hrs

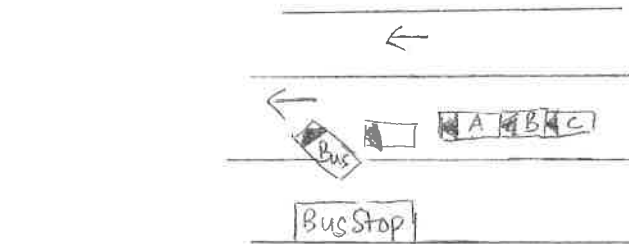

Driver's Signature
(If driver is not the policyholder)
Date & Time:

01 OCT 2018
16 03 hrs


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

Sketch Plan Pg. 2

SKETCH PLAN



A: SLZ 5732J

B: GZ15704

C: SJJ 2326B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along slip road of CTE towards City near
bus bay 60689. A vehicle in front of me stopped to give way to the bus.
So I slowed down & suddenly, I felt a great impact from the rear
of my vehicle. When I alighted from my car, I realised vehicle GZ15704
collided onto my car rear portion causing damage and a car SJJ 2326B
was also involved in the chain collision.
My vehicle had 3 female passengers.

DECLARATION

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

KELVIN & GERALDINE
Co Reg No: 53358675E

Policyholder's Signature
Date & Time:

01 OCT 2018
1603hrs

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

01 OCT 2018
1603hrs

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



TAX INVOICE

GST REG. NO.: 200106276D

INVOICE TO
TING MING LIANG KELVIN BLK 216A COMPASSVALE DRIVE #04-538 SINGAPORE 541216

DATE	INVOICE NO.
16-Oct-2018	A 38329

DESCRIPTION	VHA NO.	DUE DATE	VEH. NO.
	A 38329	16-Oct-2018	SLK 3456-Z
DESCRIPTION	NO. OF DAYS	RATE	AMOUNT
RENTAL FROM 01 OCTOBER 2018 TO 08 OCTOBER 2018 YOUR REF: SLZ 5732 J	7	112.15	785.05
GST @ 7%			\$54.95
TOTAL			\$840.00

All cheques must be made payable to BKW Rent A Car Pte Ltd.
Please write the vehicle and invoice number on the reserve.

VEHICLE HIRING AGREEMENT

HIRER'S PARTICULARS

Name (as in I/C) Ting Ming Ling, Kelvin
NRIC/Passport No: SSIM472L Date of Birth: 11-05-1981
Address: BK216A Conquest Dr Age: 36
04-538 S(541216)
Name & Address of Employer: _____
Occupation: _____ Driving Exp: _____
Driving Licence No: _____ Passed Date: 04-03-2006
D/L Type: Local/Int'l/Others: _____
Tel(O) _____ (R) _____ HP 82813753

DRIVER'S PARTICULARS

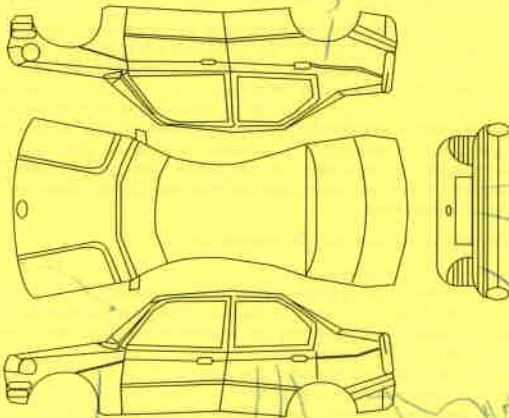
Name (as in I/C) _____
NRIC/Passport No: _____ Date of Birth: _____
Age: _____ S(_____)
Occupation: _____ Driving Exp: _____ Yrs
Driving Licence No: _____ Passed / Expiry Date: _____
D/L Type: Local/Int'l/Others: _____ Contact No: _____

Hirer's Own Vehicle No: L257323 Replace Veh No: _____
Loan Vehicle No: SLK 3456 VR No: _____
Make & Model: Mercedes Auto/Manual Group: _____
CHARGES : \$ cts
Daily 7 day @ \$ 120 Per day \$840
Weekly/Monthly week @ \$ Per week/Monthly
Others
CDW/PAI @ \$ Per day/Monthly
Delivery/Collection Svc
GST
OR No: (A) SUB-TOTAL \$840
Petrol Level & Surcharge: OUT IN E 1/4 1/2 3/4 F
First _____ km FREE per day GST
Excess mileage is chargeable at _____ cents per km TOTAL CHARGES

Security Deposit : \$ Bank: _____
CASH/NETS/VISA/MC/AMEX/CHQ No: _____
Expiry Date: Card ID No: _____
Name as in Card: _____

NON WAIVER EXCESS (Subject to GST): \$ 2000/2000
ACCESSORIES CHECK
☐ Data Cards ☐ Camera Systems ☐ Hub Cap ☐ Radio / CD Cartridge
☐ Jack ☐ Tyre Opener ☐ Petrol Cap ☐ Spare Tyre

INDICATE:
A - Accidents
D - Dents
S - Scratches
X - Crack



Hirer's Signature: _____ Additional Driver's Signature: _____
SINGAPORE Use Only

I have read and agree to the terms and condition on both sides of this agreement. If I have presented a charge/credit card for payment. I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have been given BKW Rent A Car Pte Ltd in connection with this agreement is true.

IMPORTANT

- The Hirer and the authorized driver must be over 23 years of age and under 65 years and be holding valid driving licenses and have a minimum of 2 years regular and qualified driving experience. Failure to observe stipulation may return all damages costs to be Borne by the Hirer/the Authorised Driver.
- All vehicles are supplied with petrol and should returned with petrol level likewise. A service charge of \$5 on top of a petrol surcharge is payable by the hirer should he fail to return the vehicle at the appropriate petrol level.
- No refund for early return of vehicle. The hirer shall be liable for additional charges for any late return at the rate shown per hour per day, inclusive of CDW and/or PAI where applicable. Any returns after our operation hours will be charged as a full day rental.
- Use of the vehicle for illegal purpose (For instance: in connection with theft, drug peddling or trafficking, smuggling), is strictly prohibited.
- Vehicle strictly for Singapore use only and may not be driven out of Singapore without prior written consent of BKW Rent A Car Pte Ltd. The hirer is liable for a penalty fee of \$200 in addition to the appropriate insurance top up in the case of non-disclosure of Malaysia usage.
- The hirer and/or driver shall be responsible for all damages or losses howsoever caused, all traffic violations, fines and penalties imposed on the vehicle for whatsoever reason in respect of or in connection with its use or operation.
- The hirer and/or driver shall be responsible for all claims, damages, losses, increased insurance premiums, non-waiver excess and cost expense (including

- legal costs on a full indemnity basis), whatsoever and howsoever brought against, suffered or incurred by you in respect of the vehicle or the use or the operation of the vehicle. Full excess amount have to be paid immediately in the event of an accident. The owner reserve the right not to replace an replacement vehicle if an accident occurred. Any damage to the car will be repair at BKW authorized workshop.
- Smoke or permit smoking and transport of pets in the vehicle are not allowed. Any offensive smell e.g. cigarette, durian or pet's smell, the hirer and/or driver shall bear the cost of removing the offensive smell or pet's hair between \$200 - \$400.
- The Hirer agrees that a punctured tyre, empty petrol tank, loss of vehicle's key or locked keys inside of vehicle, by itself, does not constitute a breakdown and that in the event the owner's 24-Hours Emergency Service is called upon to respond to such occurrence, the Hirer shall bear the cost of such response at \$50.00 per trip.
- In case of accident, the hirer shall report to rental office immediately. An accident report must be made within 24 hours. Failure to comply, the hirer will have to borne all liability from all parties claim. Full excess amount have to be paid immediately in the event of an accident.
- The hirer/Driver also have the responsibility to ensure that the radiator water level in the car is sufficient and do not drive when the vehicle is stall and does not have sufficient water. Any damage to the engine will be bear by the hirer/driver.
- All customers' data will be kept strictly confidential and is solely used for the purpose of completing the sales transactions and other relating matters.
- I understand and agree to the personal data collection statement stated on the Terms and Conditions Page.

Date Out	Time Out	Mileage	Check By	Remarks
<u>11/01/18</u>	<u>1800</u>	<u>62387</u>	<u>KIM</u>	

Hirer's/Driver Signature

Return Of Vehicle: The Hirer Driver Is Required To Sign In The Column "Signature Of Hirer Driver Failing Which The Day And Time Inserted Below Shall Be Deemed To Be The Day And Time The Vehicle Is Returned To BKW Rent A Car Pte Ltd And The Same Shall Be Accepted As Conclusive Evidence Of The Same And Shall Not Be Challenged Or Questioned On Any Account Whatsoever. And I had cleared my belonging items from the rental vehicle (cashcard, parking coupons, etc)"

Date In	Time In	Mileage	Check By	Remarks
<u>8/10/18</u>	<u>7.30 pm</u>	<u>1257</u>		

Hirer's/Driver Signature

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-18-151363

Date of Request: 01/10/2018

Your Ref No: Online Purchase

Kang Car Repairers Pte Ltd
No 1 Kaki Bukit Ave 6
#02-06 AutoBay@Kaki Bukit
Singapore 417883

Dear Sir/Madam,

Enquiry Date 01/10/2018
Enquiry By Yee Mei Cheng
TP Vehicle No. GZ1570U
Accident Date 01/10/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GZ1570U	China Taiping Insurance (Singapore) Pte. Ltd.	03/01/2018-02/01/2019	6389 6111

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-151363

Date of Request: 01/10/2018

Your Ref No: Online Purchase

Kang Car Repairers Pte Ltd
No 1 Kaki Bukit Ave 6
#02-06 AutoBay@Kaki Bukit
Singapore 417883

Dear Sir/Madam,

Enquiry Date 01/10/2018
Enquiry By Yee Mei Cheng
TP Vehicle No. GZ1570U
Accident Date 01/10/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ [X] GIRO ☐ [] Cash ☐ [] Cheque