

KANG

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

FAX: 6835 7416

REMINDER Via Fax!
04/12/18

03.12.2018

M/S **AIG Asia Pacific Insurance Pte Ltd**
AIG Building
78 Shenton Way, #07-16
Singapore 079120
Attn: Motor Claims Dept

Your Insured: SFM9300K
Our Insured : GBD2021G

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 3S Solid Surface Pte Ltd , the owner of motor vehicle GBD2021G who has appointed us to act on his behalf to claim against your insured's vehicle SFM9300K in regards to the road traffic accident on 01.12.2018.

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
Email: kangauto@singnet.com.sg

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 commerce repairs thereafter without further reference to you.

YOURS FAITHFULLY,

KANG AUTO ENGINEERING PTE LTD


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



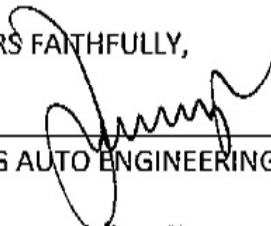
M/S	3S SOLID SURFACE PTE LTD	POLICY NO	:	THIRD PARTY CLAIMS
	18 SUNGEI KADUT	OUR REF	:	TP18/12/1125
	STREET 6	VEHICLE NO	:	GBD2021G
	SINGAPORE 728863	MAKE/MODEL	:	TOY. DYNA
		DATE OF ACCIDENT	:	01.12.18

1 PC	TAIL BOARD ALUMINIUM		S\$	1,692.70
1 PC	TAILGATE			2512.50
1 PC	TAILGATE SAFETY BAR			1203.00
2 PCS	TAILGATE HINGES	\$ 79.80	EA	159.60
2 PCS	TAILGATE SIDE HINGES	\$ 90.80	EA	181.60
1 PC	TAILLAMP ASSY (LH)			195.60
1 PC	TAILLAMP REFLECTOR (LH)			260.60
1 PC	TOOL BOX			580.90
1 PC	SPARE TYRE BRACKETS			210.00
1 PC	STEP PANEL			205.00
			S\$	7,201.50
		LESS 25%		1,800.38
			S\$	5,401.13

1 PC	COMPANY STICKERS REPASTING ON DAMAGE	280.00	S'NETT
1 PC	TAILGATE 70 KM/H STICKER	15.00	
1 PC	TAILGATE 'DYNA' STICKER	18.00	
1 PC	TAILGATE '6 PAX' STICKER	12.00	
1 PC	REAR NUMBER PLATE	40.00	

TO REMOVE & REFIX NEW TAILGATE	S\$	250.00
TO APPLY RUST PROOFING ON REPAIRED PANELS		360.00
TO PUTTY AND SPRAY PAINT		800.00
LABOUR CHARGE		1,000.00
	S\$	8,176.13

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



Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
SFM9300K	01 Dec 2018 / 16:30:00	AIG ASIA PACIFIC INSURANCE PTE. LTD.

☒ Scene Pic
☐ Auth Letter

☐ Owner
☒ Driver
ACCIDENT STATEMENT

Date of Accident	Time (24 HRS)	Location of Accident
01.12.18	16:05pm	SELETAR WEST LINK TOWARDS YISHUN AVE 1

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number	GRD 2021G
Name of Policyholder	35 SOLID SURFACE PTE LTD
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	200722216Z
Address	18 SUNGEI KADUT ST. 6 # 128863
Address	
Contact Number	Tel: 67535388 Hp: /
Email Address	a.trans@hotmail.com.sg

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model	TOY DYNA
Type of Vehicle	Saloon, MPV, CRV, Van, Motor Bus M/cycle, Others:
Are you claiming under your own insurance policy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Remarks: 3rd party
Vehicle category	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company	CHINA TAIPIING
Type of Policy	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> TP Fire & Theft <input type="checkbox"/> Third party
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number	DMCVEN1644141802

DRIVER

Name of Driver	ZHENG XIPENG
NRIC/ FIN/ Passport	G8062307R
Date of Birth	11-05-1979
Occupation	DRIVER
Driving Pass Date	05-11-2018
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Contact Number	Tel: Hp: 90084956
Address	-
Address	
Email Address	

Was driver an employee of the Insured's Company?

☐ Yes ☐ No

If No, relationship of Driver with the Insured.

No. of Passenger in vehicle (including Driver)

4 (including Driver)

For 2 passengers and above, please state:

Name:	WU JIWEI	Gender:	M
Name:	ZANIL	Gender:	M
Name:	JABBA	Gender:	M

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Weather Conditions	<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others:
Road Surface	<input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Others:

OTHER INFORMATION

Was there any foreign vehicle(s) involved? (Malaysia car)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was anybody injured in the accident? (Including Witness)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was any other vehicle(s) or property damaged?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes SFM 9300K
Was there any video captured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, please state which police station & Report No.	
Was notice of intended Prosecution given?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, against whom?	

OWN VEHICLE REGISTRATION NUMBER

GBD 20219

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED (OTHER PARTY INFORMATION)

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number	SFM 9300K
Make/ Model/ Others	KIA
Vehicle category	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
Name of Driver	NG BEE HOON
NRIC/ FIN/ Passport	S1535597B
Contact Number	

Other Vehicle or Property 2 (VEHICLE C)

Vehicle Registration Number	
Make/ Model/ Others	
Vehicle category	<input type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
Name of Driver	
NRIC/ FIN/ Passport	
Contact Number	

DETAILS OF WITNESS

Name	
Phone / Email Address	
NRIC/ FIN/ Passport	

DETAILS OF INJURED PERSON 1

Name	
NRIC/ FIN/ Passport	
Contact Number	
Injuries Sustained	
If Vehicle Occupants, state in which vehicle?	
Were Seat Belts Worn?	<input type="radio"/> Yes <input type="radio"/> No
Was Injured conveyed to hospital by ambulance?	<input type="radio"/> Yes <input type="radio"/> No

DETAILS OF INJURED PERSON 2

Name	
NRIC/ FIN/ Passport	
Contact Number	
Injuries Sustained	
If Vehicle Occupants, state in which vehicle?	
Were Seat Belts Worn?	<input type="radio"/> Yes <input type="radio"/> No
Was Injured conveyed to Hospital by Ambulance?	<input type="radio"/> Yes <input type="radio"/> No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.



Signature of Policy Holder
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

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.

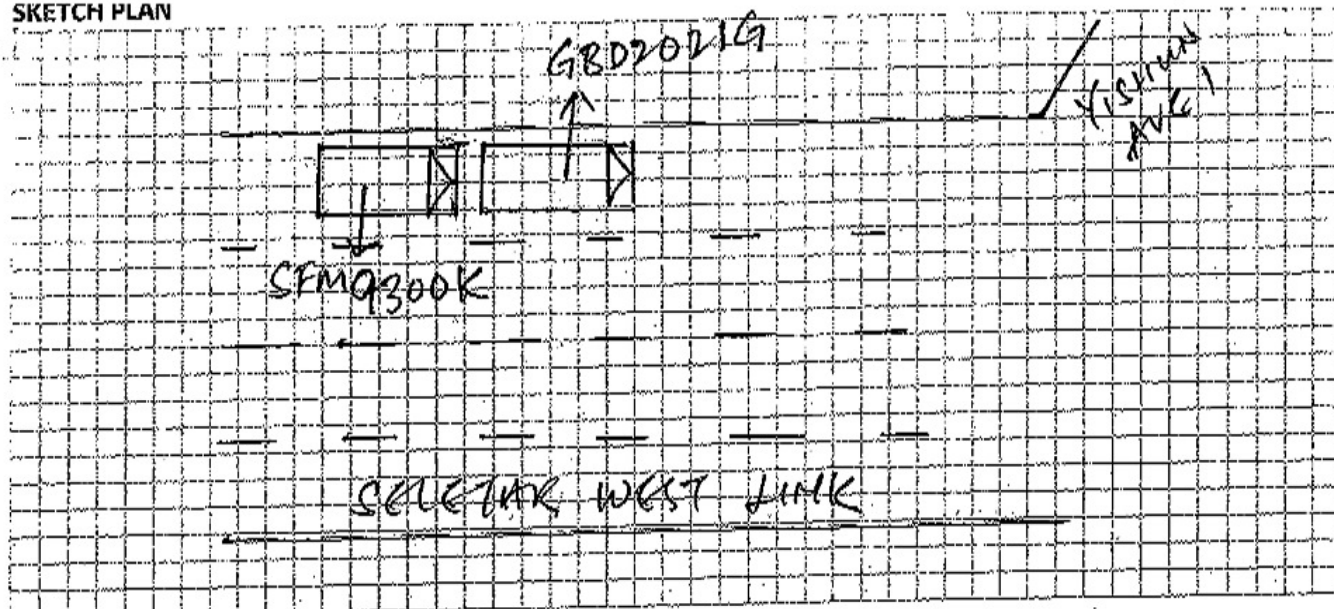


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along seletar west link towards Yishun Ave 1 at the extreme left lane.

It was raining heavily and the traffic flow was slow. Front vehicle brake and I follow to slow down.

Suddenly, there was a bang onto the back of my lorry GBD2021G.

I alighted and saw a car # SFM9300K had hits onto my lorry.

Nobody was injured.

DECLARATION

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



Policyholder's Signature

Date & Time:

Company Chop (if applicable)

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208384E

MZ300/C

R. SN

DR0683A

Cov. Type: C

PLM 315217

ORIGINAL

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVEN1644141802

Engine No : 1KD2405252

Chassis No: KDY2318015888

1. Index Mark and Registration
Number of Vehicle

OSD2021G



2. Name of Policy Holder

3S SOLID SURFACE PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

31 July 2018

Excess Sect I S\$500.00

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

30 July 2019

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use:

(1) Use in connection with the Policyholder's business.

(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

(3) Use for social, domestic or pleasure purposes.

The Policy does not cover.

(1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED AS H.P. OWNER

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

Authorised Officer

Authorised Signatory

