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

\*\*KCR0120198752AIG

Your Ref

SDY1086S

Date

: 3 5 MAY 2019

WITHOUT PREJUDICE

AIG Asia Pacific Insurance Pte Ltd C/O LKK Auto Consultants Pte Ltd 51 Ubi Ave 1 #01-25 Paya Ubi Industrial Pk Singapore 408933 Attention: Motor Claim Department

Dear Sirs,

Accident involving SJS8752S and SDY1086S on 23.01.2019 along PIE twds Tuas near Toa Payoh.

We refer to the above accident. On our record showed that you are the insurer of motor vehicle SDY1086S.

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 Mohamad Azam B Abdul Jalil, the owner of motorvehicle no: SJS8752S, we submit his claim to you:

Cost of repairs (Inclusive of 7% GST) \$ 6.955.00 Loss of use (9 days (8 days +1Sunday x \$150.00) \$1,350.00 GIA search 2.00 \$ 8,307.00

=======

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

- 1) Tax invoice no: KCR-INV1900197
- 2) GIA report and certificate insurance of SJS8752S
- 3) GIA search fee & invoice

We hope to receive your early reply soon.

Thank you.

Yours faithfully.

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

FAX: 68357416

AIG ASIA PACIFIC INSURANCE PTE LTD M/S

78 SHENTON WAY #07-16

AIG BUILDING, SINGAPORE 079120

64193000 TEL:

ATTN: Motor Claim Department

SDY1086S Your Ref No: Claim Type:

Third Party Accident Date: 23/01/2019

TP Veh Reg No: SDY1086S

Final No:

KCR-INV1900197

Claim No:

EST1900027 11 Apr 2019

Policy No:

Date:

5097477216

Veh Reg No:

**SJS8752S** 

Make/Model:

MITSUBISHI GRANDIS

2.4L SPORT GEAR

Chassis No:

JMYLRNA4W9Z000289

Engine No:

4G69NX0222

Reg. Date:

14/09/2009

#### Tax Invoice to Vehicle No: SJS8752S

		PAGE:1
Description	Quantity   List Price	Amount
•	<u>S\$</u>	<u>S\$</u>
As recommended by surveyor to	As recommended by surveyor to proceed repair at total cost/lumpsum cost	S\$ 6,500.00
	Add GST @ 7%	455.00
	Total Amount payable	S\$ 6.955.00

TOTAL: SINGAPORE DOLLAR SIX THOUSAND NINE HUNDRED FIFTY FIVE ONLY

For Kang Car Repairers Pte Ltd

E. & O. E.

**AUTHORISED SIGNATURE** 

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 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 <u>truthful</u> and <u>accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	23/01/2019 11:24
Date Of Accident	23/01/2019 08:20
Exact Location Of Accident	PIE TOWARDS TUAS NEAR TOA PAYOH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS8752S
Insured/Policyholder	
Name Of Registered Owner	MUHAMAD AZAM B ABDUL JALIL
NRIC No	S1377994E
Email Address	AZAMTHINK1@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98736833
Alternative Phone No	OFFICE-98736833
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	GRANDIS 2.4L SPORTS-GEAR
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097477216
Cover Note Number	
Driver	
Name of Driver	MUHAMAD AZAM B ABDUL JALIL
NRIC No	S1377994E
Date Of Birth	30/07/1959
Occupation	INDOOR
Date Of Driving Pass	16/06/1979
Driving Experience	39 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98736833
Fax Number	

OFFICE-98736833

AZAMTHINK1@GMAIL.COM

Address

9B PASIR RIS DRIVE 4 #06-28

Postcode

519464

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 (including own vehicle) involved in the accident

3

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)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) Passenger 1

NAME:

SITI HAJAR

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 MY VEHICLE SJS8752S ALONG PIE TOWARDS TUAS NEAR TOA PAYOH WHEN THE VEHICLE IN FRONT OF ME SLOWED DOWN AND STOPPED. I FOLLOWED TO STOP MY VEHICLE. SUDDENLY I FELT AN IMPACT AT THE REAR OF MY VEHICLE. UPON ALIGHTING, I FOUND OUT THAT THE VEHICLE SDY1086S HAD COLLIDED INTO THE REAR OF MY VEHICLE AND THAT THERE WAS ANOTHER VEHICLE SKN3705B BEHIND SDY1086S ALSO INVOLVED IN THE ACCIDENT.

#### 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

SDY1086S

Vehicle Make/Model/Colour

NISSAN

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

SIM KOK HEE, GLEN

NRIC/Passport Number

S9034021B

Contact Number

96419887

Address

BLK 723 PASIR RIS ST 72 #11-133

Postcode

510723

Insurance Company Name

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKN3705B

PRIVATE CAR

NI XIANGRONG

S2737461A

98523140

BLK 119B RIVERVALE DRIVE #11-320

542119

#### 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 "Purnoses")
- (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
- 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.
- 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
- 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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

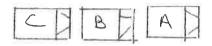
Reporting Centre Personnel's Signature Name: Ht. & Typ

NRIC/FIN No.:

### Sketch Plan Pg. 2

SKETCH PLAN

A) SJS8752S B) SDM1086S C) SKN 3705B



DESCRIBE CIRCUINSTANCES OF THE ACCIDENT
I was driving my vehide SJS 2523 along PIE towards
That near Too Payon when the retirle in front #
the school and stopped I followed to stop
my vehicle. Suddenly I felt an impact at the vear of my vehicle. Upon a lighting, I found out
year of my vehicle. Upon alighting, I found out
that the vehicle SDY 10865 hat collided into
the rear of my religible and that there was another vehicle SKR 3705B behind SDY 10865 also
remide OSKR 370SB behind SDY 1086S also
involved in the accident.

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

Policyholder's Signature
Date & Time: 33 / 1 / 2019

10.50am

Driver's Signature

(If driver is not the policyholder)

Date & Time.

Name: A



### 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 Number: 5097477216

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJS8752S

Chassis Number

JMYLRNA4W9Z000289

2. Name of Policyholder

: MUHAMAD AZAM B ABDUL JALIL

3. Effective Date of Insurance

: 18 Jan 2018

4. Expiry Date of Insurance

: 13 Mar 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

- (b) Any other person who is driving on the Policyholder's order or with his/her 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#
  - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

#### This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
  - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

headings.	
EXCESS (SECTION 1)	; S\$600
EXCESS (SECTION 2)	N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	NO
INCLIDE WITH COF	; YES
NCD PROTECTION	NO
TRANSPORT ALLOWANCE	NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	II MUHAMAD AZAM BIN ABDUL JALIL
NAMED DRIVER (1)	≅ N/A
NAMED DRIVER (2)	N/A
HIRE PURCHASE COMPANY	TOKYO CENTURY LEASING (S) PTE LTD
SUM INSURED	MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS
301111111111111111111111111111111111111	

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)

: LQ INSURANCE AGENCY PTE LTD (00000613125)

Date of Issue

§ 18 Jan 2018 11:11 hrs

LQ INSURANCE AGENOY PTERE
1803 BENCOOLEN PTUELT
104-07 THE DENI DOLEN
TEL: 6-33 / 7 3
Co. Reg. No. 199 05.3 057

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Coun	tersigi	nea i	ΒĄ:
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**Authorised Officer** 

Chief Executive



# 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-19-013104

Date of Request:

23/01/2019

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** 

23/01/2019

Enquiry By

Alice Tng Peck Ee

TP Vehicle No.

SDY1086S

Accident Date

23/01/2019

**Enquiry Result** 

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SDY1086S	AIG Asia Pacific Insurance Pte. Ltd.	19/03/2018-18/03/2019	65-6419-3000

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.



# 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-19-013104

Date of Request:

23/01/2019

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** 

23/01/2019

Enquiry By

Alice Tng Peck Ee

TP Vehicle No.

SDY1086S

Accident Date

23/01/2019

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