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

: KCR0220198178AIG

Your Ref

: SLZ4185U

Date

2 3 MAR 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 PC8178M and SLZ4185U on 06.02.2019 at Blk 519 Tampines Central 8 MSCP.

We refer to the above accident. On our record showed that you are the insurer of motor vehicle SLZ4185U.

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 Wind Limousine Service, the owner of motor-vehicle no: PC8178M, we submit their claim to you:

Cost of repairs (Inclusive of 7% GST) \$ 1,177.00 Loss of use (3 days x \$250.00 – Pte Hire) \$ 750.00 Loss of Income (3 days x \$280.00) \$ 840.00 GIA search \$ 2.00 \$ 2,769.00

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

- 1) Tax invoice no: KCR-INV1900153
- 2) GIA report of PC8178M
- 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.sq Co. Reg. No. 201300201N GST Reg. No. 201300201N

FAX: 68357416

M/S: AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY #07-16

AIG BUILDING, SINGAPORE 079120

TEL: 64193000

ATTN: Motor Claim Department

Your Ref No: SLZ4185U Claim Type: Third Party

Accident Date: 06/02/2019 TP Veh Reg No: SLZ4185U Final No:

KCR-INV1900153

Claim No: EST1900043

14 Mar 2019

Policy No:

Date:

5079184469-02

Veh Reg No:

PC8178M

Make/Model:

M.BENZ VIANO CDI 2.2TREND EL AUTO

Chassis No:

WDF63981523865742

S\$ 1,177.00

Engine No:

65194032054690

Reg. Date:

28/05/2014

Tax Invoice to Vehicle No: PC8178M

Description		PAGE:1
	Quantity List Price	Amount
	<u>S\$</u>	<u>S\$</u>
	As recommended by surveyor to proceed repair at total cost/lumpsum cost	
	Add GST @ 7%	77.00

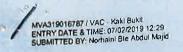
TOTAL: SINGAPORE DOLLAR ONE THOUSAND ONE HUNDRED SEVENTY SEVEN ONLY

For Kang Car Repairers Pte Ltd

Total Amount payable

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 witholding of material facts may allow insurance companies to

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.

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

07/02/2019 12:29 Date Of Report 06/02/2019 15:30 Date Of Accident

BLK 519 TAMPINES CENTRAL 8 (MSCP) **Exact Location Of Accident**

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

PC8178M

Vehicle Registration Number

Insured/Policyholder

Name Of Registered Owner WIND LIMOUSINE SERVICE

o Reg No 53258405L **Email Address** NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-91115400

Vehicle Particulars

Manufacturer MERCEDES-BENZ

Model VIANO CDI2.2 TREND EL AUTO ABS D/AB HID

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

COMPREHENSIVE

et Policy

NO

Policy Number

5079184469-02 COMP

Cover Note Number

Driver

Name of Driver SEOW GUAN LEONG

NRIC No. S1674968J Date Of Birth 25/02/1964 Occupation OUTDOOR Date Of Driving Pass 07/08/1991

Driving Experience

27 YEARS AND 5 MONTHS

Gender

MALE

Mobile Number

Fax Number

(LOCAL) +65-91115400

Contact Number

EMall Address

NOEMAIL

Address

BLK 520C #11-67 TAMPINES CENTRAL 8 CENTRALE 8 AT TAMPINES

523520 Postcode

Was driver an employee of the Insured's Company NO

OTHER - SOLE PROPRIETOR 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

COLLISION - HEAD TO REAR Type Of Accident

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

MY VAN WAS STATIONARY AT THE CARPARK GANTRY WAITING FOR THE GANTRY TO OPEN. BEFORE THE GANTRY OPEN, A CAR(SLZ4185U) CAME FROM BEHIND AND CRASHED ONTO THE REAR LEFT PORTION OF MY VAN.

Attachment(s)

Are accident photos available for attachment?

YES

Vas there any video captured by Car Camera?

YES

2

NO

1

NO

NO

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLZ4185U

Vehicle Make/Model/Colour

KIA CERATO K3 1.6A

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MOHAMMED ARIFF BIN MOHTAR

NRIC/Passport Number

S8832015H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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, involces, 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.

i () Dr

Oriver Signature (If oriver is not the policyholder)

- 7 FEB 2019

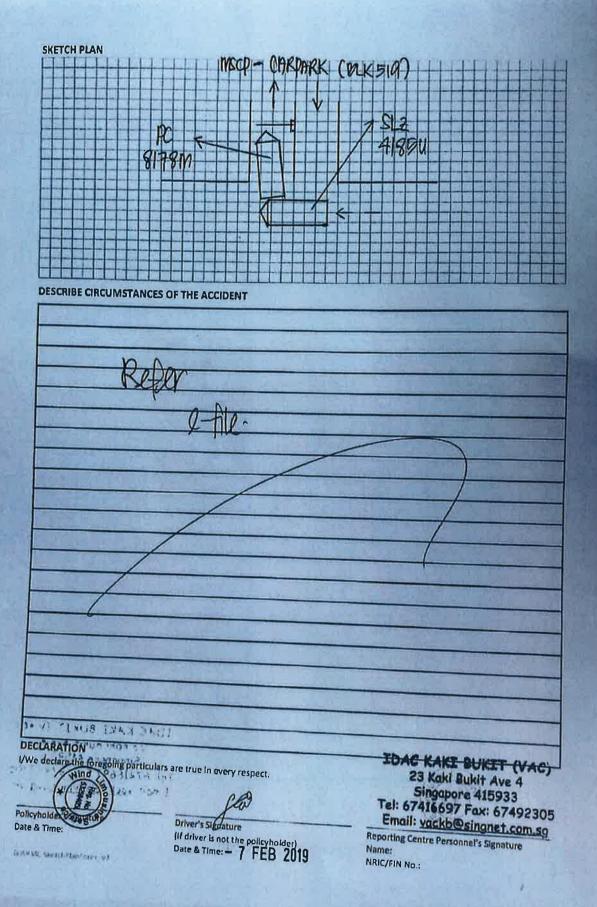
IDAG KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933

Tel: 67416697 Fax: 67492305

R Gmails count to Deimonastroum, se Name: NRIC/FIN No.:

STATUTE OF SCHOOLS VI

Policyhal





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-19-020069

Date of Request:

08/02/2019

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

08/02/2019

Enquiry By

Yee Mei Cheng

TP Vehicle No.

SLZ4185U

Accident Date

06/02/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLZ4185U	AIG Asia Pacific Insurance Pte. Ltd.	02/05/2018-01/05/2020	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.

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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-19-020069

Date of Request:

08/02/2019

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

08/02/2019

Enquiry By

Yee Mei Cheng

TP Vehicle No.

SLZ4185U

Accident Date

06/02/2019

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