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: KCR0620192442CTI Your Ref: SKNM19D202533

Date

1 1 SEP 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 SGZ2442A and GU3020D on 07.06.2019 along Eunos Ave 8.

We refer to the above accident. On our record showed that you are the insurer of motor vehicle GU3020D.

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 Ho Kek Loon, the owner of motor-vehicle no: SGZ2442A, we submit his claim to you:

Cost of repairs (Inclusive of 7% GST) \$ 6,206.00 Loss of use (6 days (5 +1Sunday) x \$150.00) \$ 900.00 GIA search fee \$ 2.00 \$ 7,108.00

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

- 1) Tax invoice no: KCR-INV1900495
- 2) GIA report and certificate insurance of SGZ2442A
- 3) GIA search fee and 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

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD M/S:

3 ANSON ROAD

#16-00 SPRINGLEAF TOWER

SINGAPORE 079909

TEL:

63896111

FAX: 62247175

ATTN: Motor Claim Department

Your Ref No:

SNM19D202533

Claim Type:

Third Party

Accident Date: 07/06/2019 TP Veh Reg No: GU3020D

Final No:

KCR-INV1900493

Claim No:

EST1900173

Date:

29 Aug 2019

Policy No:

8-V0009948-MVA-R004

Veh Reg No:

SGZ2442A

Make/Model:

MERCEDESBENZ

CLA200(R18)

Chassis No:

WDD1173432N074531

Engine No:

27091030352404

Reg. Date:

19/03/2014

Tax Invoice to Vehicle No: SGZ2442A

PAGE:1 List Price Amount Quantity Description S\$ S\$

As recommended by surveyor to proceed repair at total cost/lumpsum cost

Add GST @ 7%

S\$ 5,800.00

406.00

Total Amount payable

S\$ 6,206.00

TOTAL: SINGAPORE DOLLAR SIX THOUSAND TWO HUNDRED AND SIX ONLY

E. & O. E.

AUTHORISED SIGNATURE

MSM119074202-01 / Specialism Motor Pia Lid - HQ ENTRY DATE & TIME: 07/08/2019 13:38 SUEMITTED BY: Tap Waf Jhun SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to spead up the dalme process.

2. This Form must be completed by the Policyholder and/or the Authorised Driver.

3. Information provided must be as iruthful and accurate as possible. Any wifel misrepresentation or witholding of materies feets may allow insurance companies to

4. The leave and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance compenies.

Any false reporting may be referred to the Police for Investigation.

6. This report will be forwarded by the insurate 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 tee, be made evallable upon epphication by interested parties.

7. By the ladgement of this report to the insurers, you haveby consent to the enchiving of this report at the centre and to cooled of the report being made available

ACCIDENT STATEMENT

DETAILS OF OWN VEHICLE

Date Of Report

07/08/2019 13:38

Date Of Accident

07/06/2019 10:15

Exact Location Of Acadent

EUNOS AVE 8

Country/State of Lose

SINGAPORE

Vehicle Registration Number

Insured/Policyholder

8GZ2442A

Name Of Registered Owner

of Mary marky as John

NRIC No

HO KEK LOON

S1711164G

Email Address

EVERFIRE@SINGNET.COM.SQ

Mobile Phone No

(LOCAL) +65-96364294

Alternative Phone No

OFFICE-67488601

Vehicle Particulars

an the first of the

Manufacturar Madel

MERCEDES-BENZ CLA 200D-2.1 (A)

Exact Purpose for which vehicle was being used all

lime of accident

PRIVATE USED

Are you claiming under your own insurance policy

for repair to your vehicle?

If No. Please state solion to be taken

Vehicle Category

THIRD PARTY

PRIVATE CAR

Insurance Company

Name of Insurance Company

The second of th QBE INSURANCE (SINGAPORE) PTE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

8-V0009948-MVA-R004

Cover Note Number

Driver

NRIC No

HO KEK LOON

Name of Driver

S17111646

Date Of Birth

Occupation

01/10/1946

INDOOR

Date Of Driving Pass

06/01/1968

Driving Experience

53 YEARS AND 5 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-96384294

Fax Number

Contact Number

OFFICE-67486691

EMail Address

EVERFIRE@SINGNET.COM.8Q

4ge 1 of 15

Address

BLK 498J TAMPINES ST.45

#09-464

Postcode

527498 pany NO

Was driver an employee of the Insured's Company

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

2 NO

Was any body injured in the Accident?

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.

soliciting/offering accident claims assistant

NO

Number of Passengers (Including Driver)

٥

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 PARKED MY CAR (SGZ2442A) AT BLK 1003 EUNOS AVE 8. VEHICLE B (GU3020D) REVERSING HIS VEHICLE AND COLLIDED INOT THE REAR LH OF MY VEHICLE.

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 Witness 1

Name

S.C YEO

Phone Number

96806343

Email Address

NOEMAIL

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GU3020D

Vehicle Make/Model/Colour

NISSAN

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

S1508590H

Contact Number

94523131

Address

Postcode

Page 2 of 14

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
 - 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.

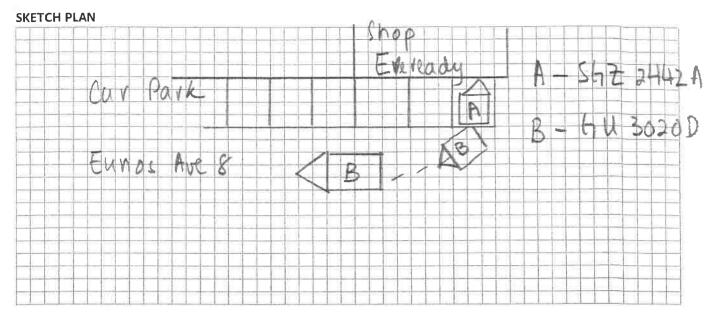
Policyholder's Signature

Date & Time:

2.02 pm

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

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

T parted an Cox	(L7 2111) A	at RIV	Inna	FLIMOS	And S #	01-4
I parked my car Vehicle B (hu 3 inot the year LH	2007	alex bic	1003	cla or a	called	
VENICLE D (CIA)	5200 RIVIN	SING TIS	ven	CIX and	COLLIO	-01
INOT THE VERY LA	of my Veh	icila				
						_
						=
						
					h	

DECLARATION

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

Policyholder's Signature

Date & Time:

51ARMC SketchPlanForm v3

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

Mar

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

E Insurance (Singapore) Pte Ltd

A member of the worldwide QBE Insurance Group - Unique Entity No. 198401363C

1 Raffles Quay, #29-10 South Tower, Singapore 048583 Tel: 65-6224 6633 Fax: 65-6533 3270 GST Registration No.: M200644018 www.gbe.com.sg



GIDEON INSURANCE AGENCIES PTE LTD 吉連保險代理私人有限公司

26 Sin Ming Lane #06-119 Midview City Singapore 573971 Tel: (65) 6899 6686 Fax: (65) 6227 7071 E-mail: contact@gnf.com.sq



Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULE, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No.

Account Name GIDEON INSURANCE AGENCIES

MCI Type MX1

8-V0009948-MVA-R004

PRIVATE LIMITED

Index Mark and Registration Number of Vehicle or Chassis No:

SGZ2442A

2 Name of Policyholder HO KEK LOON

Effective date of Commencement of Insurance for the purpose of the Regulations

19/03/2019

Date of Expiry

18/03/2020

- Person or Classes of Person entitled to drive*
 - (a) The Policyholder
 - . The Policyholder may also drive a motor car not belonging to him/her and not hired to him/her under a hire purchase agreement.
 - (b) Any 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 the driving the Motor Vehicle

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage

Limitations as to use*

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risk 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 Vehicle (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act. 1987 (Malaysia)

QBE Insurance (Singapore) Pte Ltd

Date of Issue: 18/02/2019

Authorized 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-19-090572

Date of Request:

07/06/2019

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

07/06/2019

Enquiry By

Alice Tng Peck Ee

TP Vehicle No.

GU3020D

Accident Date

07/06/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GU3020D	China Taiping Insurance (Singapore) Pte. Ltd.	23/02/2019-22/02/2020	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.

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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-19-090572

Date of Request:

07/06/2019

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

07/06/2019

Enquiry By

Alice Tng Peck Ee

TP Vehicle No.

GU3020D

Accident Date

07/06/2019

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