



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: KCR0620191725AIG
Your Ref: SJA3629T

26 June 2019

WITHOUT PREJUDICE
BY FAX: 6415 3727

AIG Asia Pacific Insurance Pte Ltd
Claims Department
78 Shenton Way
#07-16 AIG Building
Singapore 079120

Dear Sirs,

Notice to inspect our client's damaged motor-vehicle SLB1725H.
Accident involving SLB1725H / SJA3629T & others on 24/06/2019 along
Serangoon Rd.

Our client's motor vehicle no: SLB1725H which was damaged as a result of negligence of your driver, is now lying at our premises/workshop awaiting for repairs to be carried out.

As you are the insurer of the motor-vehicle no: SJA3629T, we hereby give you NOTICE TO INSPECT OUR CLIENT'S DAMAGED MOTOR VEHICLE at our premises/workshop. If your representative/surveyor does not inspect our client's damaged motor vehicle within the next two(2) days, we shall proceed to repair our client's damaged motor vehicle without any further notice and our client will thereafter look to you/your insured for the repair costs. This is without prejudice to our client's claim for damages, loss of use and incidental loss.

Please let us have your list of your panel surveyors for our consideration.

We enclosed herewith our estimate cost of repairs and our clients' accident report for your reference.

Thank you.

Yours faithfully,
KANG CAR REPAIRERS PTE LTD

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Kang Car Repairers Pte Ltd

1 Kaki Bukit Ave 6, #02-06 Autobay@ Kaki Bukit Singapore 417883
 TEL: 6747 7636 FAX: 6748 5071 Email: kangcar@singnet.com.sg
 GST:201300201N

M/S : AIG ASIA PACIFIC INSURANCE PTE LTD
 78 SHENTON WAY #07-16
 AIG BUILDING, SINGAPORE 079120
TEL: 64193000 **FAX:** 68357416
ATTN: Motor Claim Department

Estimate No: EST1900192
Date: 26 Jun 2019
Veh Reg No: SLB1725H
Make/Model: HYUNDAI ACCENT
 (RB) 5DR 1.4MT
Chasis No: KMHCT51BLGU251140
Reg. Date: 30/03/2016
Your Ref No: SJA3629T

Claim Type: Third Party
Accident Date: 24/06/2019
TP Veh Reg No: SJA3629T

Estimate Repair Cost to Vehicle No :SLB1725H

Quantity	Description	List Price S\$	Amount S\$
List Price			
1	1 PC BOOT LID	1,303.20	
2	1 PC BOOT LID LOGO	23.30	
3	1 PC BOOTLID "ACCENT" EMBLEM	31.20	
4	1 PC BOOT LID LOCK	166.80	
5	1 PC BOOT LID LOCK CHECKER	12.00	
6	1 PC BOOT LID RUBBER	82.60	
7	1 PC BOOT LID TRIM	58.20	
8	1 PC TAIL LAMP LH	326.30	
9	1 PC TAIL LAMP - RH	326.30	
10	1 PC REAR PANEL	499.30	
11	1 PC REAR PANEL TRIM	115.10	
12	1 PC REAR BUMPER	466.40	
13	1 PC REAR BUMPER REINFORCEMENT	365.40	
14	2 PCS REAR BUMPER LOWER BRACKET	33.40	
15	2 PCS REAR BUMPER SIDE RETAINER	48.60	
16	1 PC REAR BUMPER REFLECTOR - LH	53.40	
17	1 PC REAR BUMPER REFLECTOR - RH	53.40	
18	2 PCS REAR NUMBER PLATE LAMP	70.60	
		4,035.50	
	Less 20%	807.10	3,228.40
Special Net			
19	1 SET BOOTLID TRIM CLIPS	40.00	
20	1 PC REAR WINDSCREEN SEAL	60.00	
21	1 PC REAR WINDSCREEN SEALANT	60.00	
22	1 SET REAR PANEL TRIM CLIPS	30.00	
23	1 SET REVERSE SENSORS	250.00	
24	1 PC REAR NUMBER PLATE	50.00	
		490.00	490.00
Labour			

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TP Veh Reg No: SJA3629T

Estimate Repair Cost to Vehicle No :SLB1725H

Quantity	Description	List Price	Amount
		S\$	S\$
25	1	TO CHECK WIRING	50.00
26	1	TO REMOVE AND REFIT REAR WINDSCREEN	120.00
27	1	TO REMOVE AND REFIT REVERSE SENSOR	80.00
28	1	TO SPRAY UNDERSEAL	150.00
29	1	(REAR) TO SPRAY PAINTING	1,000.00
30	1	TO REMOVE AND REPLACE THE DAMAGED PARTS, KNOCK OUT ACCIDENT DENTED PORTIONS, AND FOR CUTTING/WELDING WORKS.	1,000.00
		2,400.00	2,400.00
		Total	S\$ 6,118.40
		Add GST @ 7%	428.29
		Total Amount Payable	<u>S\$ 6,546.69</u>

TOTAL: SINGAPORE DOLLAR SIX THOUSAND FIVE HUNDRED FORTY SIX AND CENTS SIXTY NINE ONLY

This is only an estimate based on our preliminary inspection and does not cover additional parts, labour time which may be required after work has begun.

For Kang Car Repairers Pte Ltd

AUTHORISED SIGNATURE

MKCR19082764 / Kang Car Repairs Pte Ltd - HQ
ENTRY DATE & TIME: 28/08/2019 16:25
SUBMITTED BY: Yee Mei Chang

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 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.

ACCIDENT STATEMENT

Date Of Report 25/06/2019 16:25
Date Of Accident 24/06/2019 22:05
Exact Location Of Accident SERANGOON RD OUTSIDE TEKKA MARKET
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLB1725H
Insured/Policyholder
Name Of Registered Owner GOLD8N
Co Reg No 53367993A
Email Address YUXUAN.XU@YMAIL.COM
Mobile Phone No (LOCAL) +65-84440006
Alternative Phone No OFFICE-84440006

Vehicle Particulars

Manufacturer HYUNDAI
Model ACCENT(RB) 5DR 1.4MT ABS D/AB/2WD
Exact Purpose for which vehicle was being used at time of accident PERSONAL USE
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 5093335815-01
Cover Note Number

Driver

Name of Driver XU YUXUAN G M
NRIC No S8520739C
Date Of Birth 17/07/1985
Occupation INDOOR
Date Of Driving Pass 09/01/2006
Driving Experience 13 YEARS AND 5 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-84440006
Fax Number
Contact Number
Email Address YUXUAN.XU@YMAIL.COM

Address BLK 9 GLOUCESTER RD #06-15
 Postcode 210009
 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) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 1

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 SERANGOON RD. THE VEHICLE IN FRONT BRAKED AND I ALSO FOLLOWED TO BRAKE. SUDDENLY, I FELT AN IMPACT FROM BEHIND MY VEHICLE. WHEN I ALIGHTED, I SAW THE VEHICLE B (SJA3629T) COLLIDED TO THE REAR OF MY VEHICLE AND VEHICLE B WAS HIT BY VEHICLE C (SLK7399D). TOTAL 3 VEHICLES WERE INVOLVED AND NOBODY WAS INJURED AT THE TIME OF 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 SJA3629T
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category PRIVATE HIRE
 Name of Driver LAW ZHONG WEI
 NRIC/Passport Number S8126091E
 Contact Number 90404995
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLK7399D
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
Vehicle Category	PRIVATE CAR
Name of Driver	WONG HUI XIANG
NRIC/Passport Number	S8926105H
Contact Number	83234251
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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 Authorized 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.

GOLD8N
Co Reg No: 53367993A

Policyholder's Signature:
Date & Time: 25/6/19

GOLD8N
Co Reg No: 53367993A

Driver's Signature
(If driver is not the policyholder)
Date & Time: 25/6/19

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

Sketch Plan Pg. 2

SKETCH PLAN

Serangoon Rd



A: SLB1725H
 B: SJA 3629T
 C: SLK7399D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along Serangoon Rd. The vehicle in front brake so I followed to brake. Suddenly, I felt an impact from behind my vehicle. When I alighted, I saw the vehicle B (SJA 3629T) collided to the rear of my vehicle & Vehicle B was hit by vehicle C (SLK7399D). Total 3 vehicles was involved & nobody was injured at the time of accident.

DECLARATION

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

GOLDEN
 Co Reg No: 33867983A

Policyholder's Signature
 Date & Time: 26/6/19

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 26/6/19

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