



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 : KCR0920197201AIG

Your Ref : SMN210H

Date : 31 JAN 2020

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 SLZ7201L and SMN210H on 02.09.2019 along Raffles Quay twds Cross St.

We refer to the above accident. On our record showed that you are the insurer of motor vehicle SMN210H.

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 Singapore Mobility Corporation Pte Ltd, the owner of motor-vehicle no: SLZ7201L, we submit their claim to you:

Cost of repairs (Inclusive of 7% GST)	\$ 1,498.00
Loss of use (3 days x \$120.00)	\$ 360.00
	<u>\$ 1,858.00</u>
	=====

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

- 1) Tax invoice no: KCR-INV20000030
- 2) GIA report and certificate insurance of SLZ7201L
- 3) Vehicle Registration Detail

We hope to receive your early reply soon.

Thank you.

Yours faithfully,

KANG CAR REPAIRERS PTE LTD

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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
Your Ref No: SMN210H
Claim Type: Third Party
Accident Date: 02/09/2019
TP Veh Reg No: SMN210H

Final No: KCR-INV2000030
Claim No: EST1900290
Date: 21 Jan 2020
Policy No: 5070670731-04
Veh Reg No: SLZ7201L
Make/Model: HONDA FIT 1.3GF CVT
Chassis No: GK31316503
Engine No: L13B1419201
Reg. Date: 16/05/2018

Tax Invoice to Vehicle No :SLZ7201L

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

As recommended by surveyor to proceed repair at total cost/lumpsum cost	S\$ 1,400.00
Add GST @ 7%	98.00
Total Amount payable	S\$ 1,498.00

TOTAL: SINGAPORE DOLLAR ONE THOUSAND FOUR HUNDRED NINETY EIGHT ONLY

For Kang Car Repairers Pte Ltd

E. & O. E.

AUTHORISED SIGNATURE

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 09/09/2019 11:22

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 09/09/2019 10:48
Date Of Accident 02/09/2019 14:50
Exact Location Of Accident FROM RAFFLES QUAY TO CROSS STREET
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLZ7201L
Insured/Policyholder
Name Of Registered Owner SINGAPORE MOBILITY CORPORATION PTE LTD
Co Reg No 200603234Z
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-64239566

Vehicle Particulars

Manufacturer
Model HONDA
Exact Purpose for which vehicle was being used at time of accident FIT 1.3GF CVT
Are you claiming under your own insurance policy for repair to your vehicle? PERSONAL
If No, Please state action to be taken NO
Vehicle Category THIRD PARTY
Insurance Company PRIVATE HIRE

Name of Insurance Company
Type Of Coverage NTUC INCOME INSURANCE CO-OPERATIVE LTD
Fleet Policy COMPREHENSIVE
Policy Number YES
Cover Note Number 5070670731-04

Driver

Name of Driver
Passport No/FIN FADIA INDAH
Date Of Birth AT514854
Occupation 11/05/1970
Date Of Driving Pass INDOOR
Driving Experience 05/05/2018
Gender 1 YEAR AND 3 MONTHS
Mobile Number FEMALE
Fax Number (FOREIGN) 1703-6289879
Contact Number
EMail Address IFADIA70@GMAIL.COM

Address	5450 CROSSRAIL DRIVE, BURKE VA 22015 UNITED STATES OF AMERICA
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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	2
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)	3
Passenger 1	NAME: : NINA PERMATASARI GENDER: : FEMALE
Passenger 2	NAME: : NUARSARRY SRIYONO 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

SEE ATTACHED SKETCH PLAN

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	SMN210H
Vehicle Make/Model/Colour	AUDI/WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANDREW T ROBINSON
NRIC/Passport Number	S2662549A
Contact Number	96703650
Address	
Postcode	

Insurance Company Name

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.

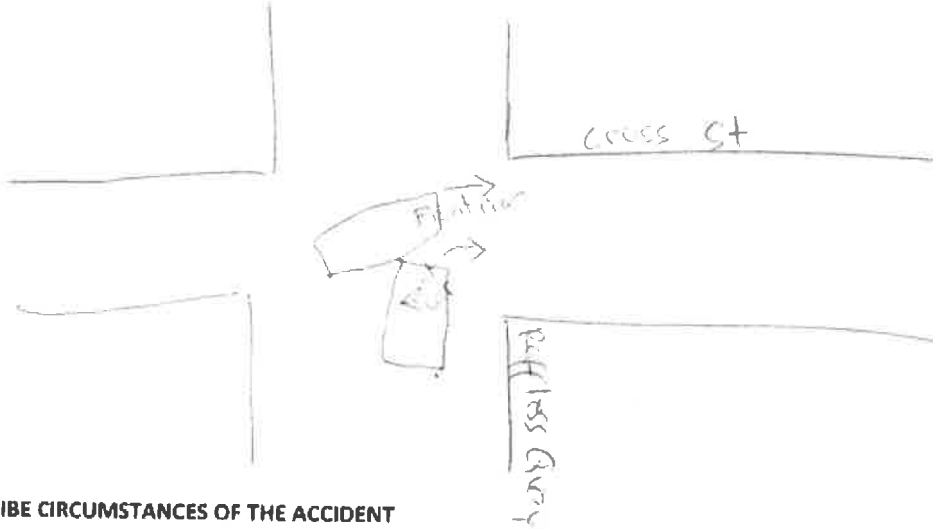


Policyholder's Signature
Date & Time:

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

It takes about 2 weeks to make a right with slowly turn, and other vehicle made a right turn also from left lane it forced me to stop and slightly hit/scratched his vehicle.

DECLARATION

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



Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Sept 2, 2001 / 17 10

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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: 5070670731-04

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLZ7201L**
Chassis Number : GK31316503
2. Name of Policyholder : SINGAPORE MOBILITY CORPORATION PTE LTD
3. Effective Date of Insurance : 01 Jan 2019
4. Expiry Date of Insurance : 31 Dec 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) 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.

EXCESS (SECTION 1)	: S\$1,500
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : VICOM LTD (00000615110)

Date of Issue : 02 Jan 2019 07:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	SLZ7201L		
Vehicle Type:	R10 - Private Hire (Self-Drive) Motor Car	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	HONDA	Vehicle Model:	FIT 1.3GF CVT
Chassis No.:	GK31316503	Engine No.:	L13B1419201
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	4
Engine Capacity:	1317 cc	Power Rating:	-
Maximum Power Output:	73.0 kW (97 bhp)		
Unladen Weight:	1030 kg	Maximum Laden Weight:	1305 kg
Primary Colour:	Brown	Secondary Colour:	-
First Registration Date:	16 May 2018	Original Registration Date:	16 May 2018
Manufacturing Year:	2018	Open Market Value:	\$17,411.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$3,705.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$17,411.00 (100%)
Actual ARF Paid:	\$7,411.00		

Owner Particulars

Owner Name:	SINGAPORE MOBILITY CORPORATION PTE. LTD.
Owner ID Type:	Company
Owner ID:	200603234Z
Registered Address Type:	Private Residential (non-Condo Apt / non-House)
Registered Block/House No.:	20
Registered Street Name:	CHANGI NORTH CRESCENT
Registered Unit No.:	# 03 - 00
Registered Building Name:	VICOM VEHICLE INSPECTION CENTR
Registered Postal Code:	499613
COE No. / Expiry Date:	2018040107000508E / 15 May 2028
COE Bid Category:	E - Open - all except motorcycle
QP Paid:	\$39,000.00

Transaction Details

Business Transaction Ref. No.:	20180516142910670199
Business Transaction Date:	16 May 2018
Business Transaction Time:	14:29:10

Message

The above vehicle has been successfully registered.

Please note that \$36,935.00 will be deducted from your GIRO account.



OK

Save as PDF