



1 Kaki Bukit Ave 6, # 02-22/21/20 @ Autobay Blk D Singapore 417883  
Company & GST Registration No : 201828067M

Proforma Inv : CAS/20/PI0154

Email: contact@casgarage.sg

21.12.2020

Our Ref : SLL 7163L

Your Ref : SJE 8191J

M/s AXA Insurance Pte Ltd  
8 Shenton Way  
#27-01  
Singapore 068811

Dear Sir/Mdm

**ACCIDENT INVOLVING SLL 7163L AND SJE 8191J ALONG TEACHER'S HOUSING ESTATE 15B KALIDASA  
AVE 78939 ON 26.01.2020**

Please refer to the above mentioned accident.

We are writing in on the behalf of **IAN ANG CHONG YI** the registered owner of motor vehicle number  
**SLL 7163L** which was involved in the above accident.

We are instructed that the above accident was caused solely and completely by the negligence of your insured's vehicle  
number **SJE 8191J** As a result of which, our client have suffered loss and and expenses.

We are instructed by our client to claim for :

1.	Cost of Repair ( <b>Recommended By LKK Adrian</b> )	\$	3,103.00 (w/gst)
2.	Loss of Use ( 3 days x \$100)	\$	300.00
3.	LTA Search Fees	\$	7.45
4.	GIA Search Fees	\$	29.00
<b>TOTAL AMOUNT</b>		<b>\$</b>	<b>3,439.45</b>

We enclsloed hereby the following documents for your consideration :

- ( A ) Proforma Invoice
- ( B ) Letter of Authority
- ( C ) LTA Search Invoice
- ( D ) GIA Search Invoice

Kindly acknowledge receipt of the above said documents and your favorable reply is greatly appreciated.

**CAS GARAGE PTE LTD**

UEN 201828067M

Ms Nicole Chong  
Admin and Finance Officer  
Mobile: 65 97916119  
Email: nicole@casgarage.sg

## 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	30/01/2020 06:09
Date Of Accident	26/01/2020 11:55
Exact Location Of Accident	TEACHER'S HOUSING ESTATE 15 KALIDASA AVENUE 78939
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL7163L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	IAN ANG CHONG YI
NRIC No	SXXXX343E
Email Address	XZLOPS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96678846
Alternative Phone No	OFFICE-96678846
<b>Vehicle Particulars</b>	
Manufacturer	SUBARU
Model	LEVORG 1.6GT-S AWD CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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
<b>Insurance Company</b>	
Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D20MTPV01001682
Cover Note Number	
<b>Driver</b>	
Name of Driver	IAN ANG CHONG YI
NRIC No	SXXXX343E
Date Of Birth	10/03/1981
Occupation	INDOOR
Date Of Driving Pass	10/10/2000
Driving Experience	19 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96678846
Fax Number	
Contact Number	OFFICE-96678846
Email Address	XZLOPS@GMAIL.COM

Address	NIL
Postcode	
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	ANG MOMKIO NORTH NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO. T/20200126/2040 LODGE AT ANG MOMKIO NORTH NPC ON 26/01/2020 AT 10:30AM ALONG KALIDASA AVENUE, I PARKED MY CAR SLL7163L. ON THE SAME DAY AT 11.55AM, I WAS APPROACHED BY MY NEIGHBOR THAT ONE SALOON CAR SJE8191J HAD HIT ONTO MY STATIONARY CAR. I WENT TO MAKE A CHECK ON MY CAR AND SAW THE RIGHT FOG LIGHT WAS ON THE GROUND AND THERE WERE SCRATCHES AND DENT ON THE RIGHT SIDE OF MY CAR NEAR TO MY RIGHT HEADLIGHT. MY NEIGHBOR NAMELY MR STEVEN HP:93201656 SHOWED ME THE VIDEO WHICH CAPTURED THE ACCIDENT. HE THEN SENT A COPY OF THE VIDEO. I AM LOADING THE REPORT AS IT IS A HIT AND RUN ACCIDENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJE8191J
Vehicle Make/Model/Colour	TOYOTA / CAMRY 2.4 AUTO ABS AIRBAG
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	NA
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**SKETCH PLAN**  
**SLI7163L**


**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 "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:

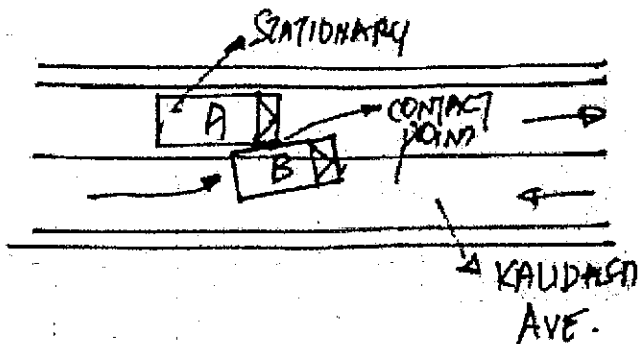
  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 29 Jan 2020

**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
**HASHIM BIN KAMARI**

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

\_\_\_\_\_

x jme.  
A: SLL7163L  
B: SJF8195



REFER TO ATTACHED STATEMENT.

**REFER TO ATTACHED STATEMENT.**

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

me.  
Policyholder's Signature  
Date & Time:

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

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
HASHIM BIN KAMARI

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

police report



**SINGAPORE  
POLICE FORCE**



T/20200126/2040

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

1 of 3

Report No. T/20200126/2040

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/01/2020 13:23		Vide Report No.:	Station Diary No. 17
Name of Informant: IAN ANG CHONG		Address: 15A KALIDASA AVENUE SINGAPORE 789394	
ID Type / ID No.: NRIC NO / S8106343E		Contact No.: Home/Office: Mobile: 96678846	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 38	Date of Birth: 10/03/1981	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: PILOT		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

Type of Accident:	Non-Fatal / Hit and Run	Drink Drive: No	Date/Time of Accident: 26/01/2020 11:55	Type of Location: Straight Road						
Location: Along Road: KALIDASA AVENUE										
Road Surface:		Road Speed Limit:								
Control: Controlled		Traffic Volume: Light								
Anyone conveyed by ambulance: No										
<table border="1"> <tr> <td>Driver</td> <td>0</td> </tr> <tr> <td>Passenger</td> <td>0</td> </tr> <tr> <td>Other</td> <td>0</td> </tr> </table>					Driver	0	Passenger	0	Other	0
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Driver	0									
Passenger	0									
Other	0									

police report



**SINGAPORE  
POLICE FORCE**



T20200126/2040

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

2 of 3

Report No. T/20200126/2040

CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	IAN ANG CHONG YI	ID No.	S 106343E
Related Vehicle	NIL	Contact No.	S6678846
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details:**

On 26/01/2020 at 10:30 am, I parked my car (SLL7163L). On the same day at 11:55 am, I was approached by my neighbour that one saloon car (SJE 8191J) had hit onto my stationary car. I went to make a check on my car and saw the right fog light was on the ground and there were scratches and dents on the right side of my car near to my right headlight. My neighbour namely Mr Steven HP:93201656 showed me the video which captured the accident. He then sent a copy of the video. I am lodging the report as it is a hit and run accident.





**SINGAPORE  
POLICE FORCE**



T/20200126/2040

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

3 of 3

Report No. T/20200126/2040

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have one, please attach a copy to 65474886 stating the report number as reference.

Signature Of Informant: 
Date/Time: 23/07/2020 10:28
Signature Of Officer: 

SLL 71632

&gt; Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 23 Apr 2020 / 11:08:34

Receipt Date/Time : 23 Apr 2020 / 11:08:34

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-200423-000795

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SJE8191J

As at 26 Jan 2020/11:55:00

Insurance Co: TOKIO MARINE INSURANCE SINGAPORE LTD

1	Insurance Enquiry - SJE8191J Enquiry Fee 20200423110616156309	7.00	0.49	7.49
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<b>Sub-Total</b>	7.00	0.49	7.49
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<b>Total Before Rounding</b>	7.00	0.49	7.49
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<b>Rounding Difference</b>			0.04
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<b>Total Amount Payable</b>			7.45
-----------------------------	--	--	------

Paid By

421808XXXXXX7506 eNETS Credit Card	7.45
------------------------------------	------

<b>Total</b>	7.45
--------------	------

Cash Change	0.00
-------------	------

Tendered Amount	7.45
-----------------	------

Excess Refundable Amount	0.00
--------------------------	------

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

## TAX INVOICE

Our Ref No: GR-20-060713  
Date of Request: 30/04/2020

Your Ref No: BY MAIL

CAS GARAGE PTE LTD  
NO.1, KAKI BUKIT AVE 6, #02-22 AUTOBAY  
SINGAPORE 417883

Dear Sir/Madam,

Your Vehicle No: SLL7163L  
Date of Accident: 26/01/2020  
Place of Accident: 15 KALIDASG AVE  
Involving Vehicle No: SJE8191J

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

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For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque



RECORDS MANAGEMENT CENTRE

**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-20-039957

Date of Request: 09/03/2020

Your Ref No: WALK IN ANG

CAS GARAGE PTE LTD  
NO.1, KAKI BUKIT AVE 6, #02-22 AUTOBAY  
SINGAPORE 417883

Dear Sir/Madam,

Your Vehicle No: SLL7163L

Date of Accident: 26/01/2020

Place of Accident: 15 KALIDASG AVE

Involving Vehicle No: SJE8191J (NO REPORT) VALID TILL 10-18/3

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

---

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque



FAX: 6509 9501

Email: contact@casgarage.sg

## LETTER OF AUTHORITY AND INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. SLL 7163L AND SJE8191J  
AT/ALONG Teachev's Housing Estate 15 Kalidasa Ave S'789394  
ON 26 DAY JAN MONTH 2020 YEAR

- a) I/We, the owner of vehicle no. SLL 7163L hereby instruct and authorize you to commence repair to the said vehicles.
- b) You are further authorized to appoint solicitors on my/our behalf and give the solicitors full instructions as if the appointment are given by me/us with respect to the conduct of my/our claims against third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
- c) You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit. Upon settlement of my claim, you are authorized to sign any Discharge Voucher or any document to confirm my acceptance of the settlement as full and final discharge of my claim, on my behalf.
- d) Upon resolving my/our claim, you are authorized to agree with my/our solicitors on the amount of their professional cost and disbursements for acting for me/us and to relieve payment of the balance of the settlement sum on my/our behalf directly into your account.
- e) In the event that, I/we am/are required to attend at my/our solicitors' office or to attend court in connection to my/our claim, I/we shall render full co-operation.
- f) If for whatever reasons, my/our insurers reject my/our claim for indemnity for the cost of repairs and/or any losses recoverable under the policy of insurance or make any offer to pay less than the amount claimed by you, I/we agree to undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred on my/our behalf or to pay you the difference in amount, as the case may be.
- g) I/we have read and understand the above statement and agreed.

Dated this 26 day JAN month 2020 year

Signature : [Signature]  
Name : Ian Ang Chong Yi  
NRIC/ROC No. : S8106343E  
Address : 15A Kalidasa Ave  
S'789394

Company Stamp