

Teamwork Garage Pte Ltd

53 Ubi Avenue 1 #01-23/24 Singapore 408934

Paya Ubi Industrial Park

Tel: 6844 2475 Fax: 6844 2474

Email: claims@teamworkgarage.com GST Register No: 201015366H

15th August 2020

Our reference: 2007-21 Your reference: SMA6502U

AIG Asia Pacific Insurance Pte Ltd

BY HAND

78 Shenton Way

#08-16

Singapore 079120

Attn: Motor Claims Department

Dear Sir/ Madam,

Claimant: TANG JIAN LONG

Address

: BLK 302B PUNGGOL PLACE #14-235 S(822302)

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on 17/07/2020 along JUNC CAIRNHILL RD & GRANGE RD involving our client's vehicle registration number **SMK6714Y** and vehicle registrations number **SMA6502U** driven by you/your insured's driver at the material time.

The accident was caused by your insured negligent driving and/or management of the vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

Total	•	\$ 4,238.45
Purchase 3P Report Fee	:	\$ 14.00
LTA Search Fee	:	\$ 7.45
Rental Fee	1 · 1 • 2	\$ 900.00
Cost of Repair	:	\$ 3,317.00

A copy of each of the following supporting documents is enclosed:-

- a) Our client's Accident Report/Police Report;
- b) COE/PARF Certificates;
- c) Owner / Driver's IC & Driving License;
- d) LTA Search;
- e) Letter Of Authorisation;
- f) Tax Invoice;
- g) Purchase 3P Report Tax Invoice;
- h) Rental Agreement & Official Receipt;

The demand herein is in respect of our client's claim for damages pertaining to their motor vehicle and any settlement following or subsequent of this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to personal injuries.

Please send to us an acknowledgement of receipt of this letter with 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim is quantified based on the supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

Yours faithfully,

Teamwork Garage Pte Ltd

Encl.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 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.

Date Of Report 18/07/2020 15:04 Date Of Accident 17/07/2020 19:39 Exact Location Of Accident JINC CAIRNHILL RD & GRANGE RD Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number Insured/Policyholder Name Of Registered Owner TANG JIAN LONG NRIC No SXXXX999J Email Address NOEMAIL Mobile Phone No (LOCAL) +65-88680784 Alternative Phone No OFFICE-88680784 Vehicle Particulars MERCEDES-BENZ Model C 180 BLUEEFFICIENCY Exact Purpose for which vehicle was being used at time of accident WORKING 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 NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 5110346592-01 Cover Note Number TANG JIAN LONG<		ACCIDENT STATEMENT
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Mobile Number (LOCAL) +65-88680784 Fax Number	Gender	
Fax Number		
	Fax Number	No.
	Contact Number	OFFICE-88680784

NOEMAIL

BLK 302B PUNGGOL PLACE Address

#14-235

Postcode 822302

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

SIDE SWIPE Type Of Accident CLEAR Weather Conditions

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME:

> GENDER: : MALE

: -

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

YES

2

NO

NO

2

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

Police Station Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200718/7009.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMA6502U Vehicle Make/Model/Colour **VOLVO**

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

TANG JIAN LONG

NECK & BACK

SMK6714Y

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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.
- 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.
- 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.
- 8) Consent under the Personal Data Protection Act (PDPA)

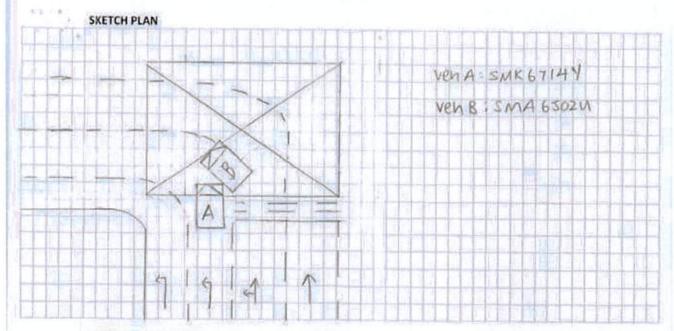
I understand, acknowledge, agree and consent that:

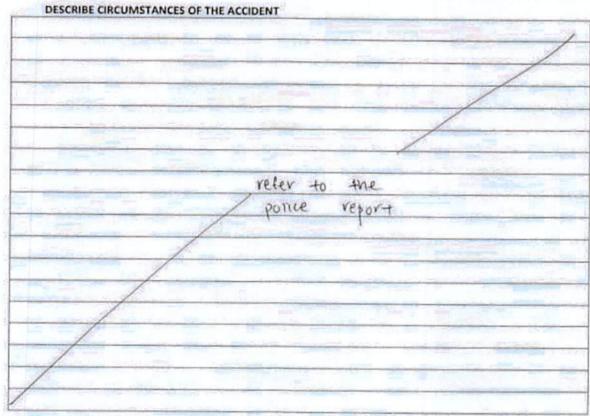
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time:

Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:

Accident Sketch Plan





DECLARATION

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

Policy holder's signature Date & time:

Driver's signature

(if driver is not policy holder) Date & time:

reporting centre personner's Signature NRIC/FIN No.:

Page 6

Police Report



REPORT OF A TRAFFIC ACCIDENT



Date of Expiry:

17/07/2020 19:30

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20200718/7009

18/07/2020 14:38	Vide Report No.:	Station Diary No.:
Informant's Particulars		
Name of Informant: TANG JIAN LONG	Address: APT BLK 302B PUNGGO 822302	DL PLACE #14-235 SINGAPORE
ID Type / ID No.: NRIC NO / S9641909J	Contact No.: Home/Office:	Mobile: 88680784
Nationality:	Email:	

SINGAPORE CITIZEN jianlong0711@gmail.com Sex: Age: Type of Informant: Driver Date of Birth: Male 07/11/1996 Race: Language: English Institution / School Name: Chinese Occupation: Driving Licence Information: Class: 3

General Information of the Accident Injury Drink Type of Location: X-Junction Date/Time of Type of Others Drive: Accident: Accident:

No.

CAIRNHILL ROAD

Location:

Gojek driver

Weather: Road Surface: Road Speed Limit: Clear Dry Traffic Flow: Traffic Volume: Traffic Control: Not Controlled Heavy Type of Collision: Anyone conveyed by Between Moving Vehicles - Side Swipe - Opposite Direction ambulance: No

Details of Vehicle Involved Vehicle No. Type Make Model Color Condition No of Passenger SMA6502U Car 0 SMK6714Y Car MERCEDES C 180 Black 0 BENZ BLUEEFFICE ENCY

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SMK6714Y	NTUC Income Insurance Co-Operative Limited	5110346592-01	15/07/2020	14/07/2021	

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20200718/7009

CONTINUATION OF REPORT

Details of Perso	n Involved	The second second				
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL	Use of Per	destrian	Cross	ing: NA	
Driver			o o o ii i di	01000	ing isn	
Name	TANG JIAN LONG		ID No		S9641909J	
Related Vehicle	SMK6714Y (Car)		Contact No. 88		88680784	
Hospital/Clinic	AMK FAMILY CLINIC PTE LTD		Class Driving Licence Expiry	e &	Class: 3 Date of Expiry: NIL	
	17/07/2020	Date Disc	narge	17/07	/2020	
No. of Days gran	ted Medical Leave 03	Degree of		Slight		

Brief Details.

I was at the 3rd lane of Cairnhill road waiting for the traffic light to turn green before turning left onto Orchard road. When the traffic lights turned green , I proceeded to Turn Left. While turning , vehicle B on the right lane made a sharp left turn and cut onto my lane. I came to a stop but vehicle B still collided onto the right portion of my vehicle.

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20200718/7009

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

NP166

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/07/2020 14:38
Officer In Charge Of Case: TP / TPHQ / WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

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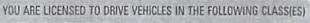
Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Singapore NRIC	
Owner ID: Vehicle Details	909J	
Vehicle No.:	SMK6714Y	
Vehicle to be Exported:	Yes	
Intended Deregistration Date:	27 Jul 2020	
Vehicle Make:	MERCEDES BENZ	
Vehicle Model:	C 180 BLUEEFFICIENCY	
Primary Colour:	Black	
Manufacturing Year:	2012	
Engine No.:	27491030028108	
Chassis No.:	WDD2040312A801313	
Maximum Power Output:	115.0 kW (154 bhp)	
Open Market Value:	\$31,873.00	
Original Registration Date:	15 Jan 2013	
First Registration Date:	15 Jan 2013	
Transfer Count:	1	
Actual ARF Paid: Intended PARF Rebate Details	\$26,873.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	14 Jan 2023	
PARF Rebate Amount: Intended COE Rebate Details	\$16,123.00	
COE Expiry Date:	14 Jan 2023	
COE Category:	A - Car (1600cc & below)	
COE Period(Years):	10	
QP Paid:	\$77,291.00	
COE Rebate Amount:	\$19,052.00	
Total Rebate Amount:	\$35,175.00	

The information contained herein is correct as at 20 Jul 2020







EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A





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Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

20 Jul 2020 / 09:52:13

Receipt Date/Time:

20 Jul 2020 / 09:52:13

Tax Invoice/Receipt

Receipt No.: ITNET-00000-200720-000533

Previous Receipt No.:

S/N Item Description/ Business Transaction Reference No.	•	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SMA6502U	J			
As at 17 Jul 2020/19:30:00				
Insurance Co: AIG ASIA PACIFIC INSUF	RANCE PTE. LTD.			
1 Insurance Enquiry - SMA6502U		7.00	0.40	7.49
Enquiry Fee 20200720095120118419		7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	540191XXXXXX0175	eNETS Credit Car	d	7.45
	Total			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.

LETTER OF AUTHORIZATION

Teamwork Garage PTE LTD
To AIG Workshop) (Third party insurance & Workshop)
Claimant Tang Jian Long
Dear Sirs,
I/We, Tang JIAN Long owner of vehicle no. SMK 67144
hereby authorize my/our repairer, Teamwork Garage PTE LTO
act as my/our agent and proceed on behalf for me/us with respect to my/our claim for repair costs and/or rental and/or loss of use ("claim") for my/our vehicle no. SMK 6714 Y that was damage pursuant to the accident which occurred at/along Junction Caichill Road & Grange Road
involving vehicle nos. SMA 6502 U
monies pertaining the above mentioned accident due to me/us to my/our repairer/solicitors Teamwork Garage PTE LTO
I/We acknowledge that the Discharge Voucher applies only to my/our property damage and will not affect any of the personal injuries claim(s) involved and/or uninsured losses claim in a later date. Further the settlement terms herein should not be used as an evidence to prejudice to any personal injuries claim(s) involved and/or other uninsured losses claim arising of the subject matter in the action.
Thank you.
Dated this 18 day of 07 (month) 20 20 (year)
Name of owner of vehicle (claimant). Tang Jian Long
NRIC Number (claimant). S9641909 J



TEAMWORK GARAGE PTE LTD

BLK 53 UBI AVE 1 #01-23/24 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934

(TEL)(65) 6844 2475(FAX) (65) 6844 2474 (E-MAIL) claims@teamworkgarage.com

UEN

201015366H

GST Reg

201015366Н

Bill To:

AIG ASIA PACIFIC INSURANCE PTE LTD AIG BUILDING 78 SHENTON WAY #08-16 SINGAPORE 079120

Tax Invoice

Invoice number:

TI-7841

Date:

17/8/2020

Terms:

C.O.D.

Vehicle number:

SMK6714Y

Make / Model:

MERCEDES C180

Description	Amount (S\$)
ACCIDENT INVOLVING SMK6714Y / SMA6502U ON 17/07/2020 @ JUNC CAIRNHILL ROAD & GRANG ROAD	GE
INCLUSIVE OF SUPPLYING PARTS , LABOUR , PANEL BEATING AND SPRAY PAINTING	
LUMP SUM REPAIR	\$3,100.00
SINGDOLLARS : THREE THOUSAND THREE HUNDRED AND SEVENTEEN DOLLARS ONLY	
	1.125
Thank you for your business and have a nice day !	
Reference: 2007-21 Subto	otal \$3,100.00
* Cheque payment should be issued in favour to TEAMWORK GARAGE PTE LTD Add: GST	
PAYNOW UEN: 201015366H ** Please ensure that your vehicle is of good condition upon the point of collection.	
Less: Depo	
E. & O. E Balance D	pue \$3,317.00





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

3P

Our Ref No:

GR-20-084554

Date of Request:

21/07/2020

Your Ref No:

PURCHASE BY EMAIL

TEAMWORK GARAGE PTE LTD

53 UBI AVE 1 #01-24, PAYA UBI INDUSTRIAL PARK

SINGAPORE 408934

Dear Sir/Madam,

Date of Accident:

17/07/2020

Vehicle No:

SMK6714Y

Place of Accident:

JUNC CAIRNHILL RD & GRANGE RD

Involving Vehicle No: SMA6502U

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SMA6502U	JUNC CAIRNHILL RD & GRANGE RD	14.00	1	13.08
GST Amount				0.92
Total Amount Due	e (GST Inclusive)			14.00

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.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date

[] GIRO [X] Cash [] Cheque