

STK AUTO (S) PTE LTD



ADDRESS: 8 KAKI BUKIT AVE 4 #03-21 S415875

PREMIER@KAKI BUKIT

EMAIL: stkaautosg@gmail.com

TEL No. : 63860669

FAX No. : 63860669

24HRS HOTLINE: 81517426

Your Ref: GBE8352G

Our Ref: SJH9898G

Date: 08-06-2021

AIG ASIA PACIFIC Insurance PTE LTD.

'by email'

Attn: Motor Claims Dept

Dear Sirs

ACCIDENT INVOLVING MOTOR VEHICLE GBE8352G & SJH9898G **ALONG** Clementi Road **ON** 05-02-2021 **AT ABOUT** 1627 **HOURS**

We are the authorised repair workshop for the owner of vehicle, SJH9898G, which was involved in the captioned accident with your insured's vehicle. The vehicle owner has requested and authorized us to assist him/her in presenting the claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of your insured GBE8352G, we are submitting these claims for your consideration on behalf of the owner /driver/claimant.

	S\$
1. Cost of Repairs with GST	<u>2193.50</u>
2. Loss of use /rental \$ <u>120</u> X <u>05</u> days	<u>600.00</u>
3. Surveyor Fee	
5. LTA Search Fee	<u>7.45</u>
6. TP/GIA Fee	
Total	<u>2800.95</u>

We enclose the following documents to support the claims :-

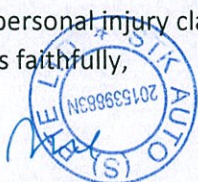
Cost of Repairs	<input checked="" type="checkbox"/>	Insurance Certificate	<input type="checkbox"/>
Surveyor Report	<input type="checkbox"/>	Car Rental Bill	<input type="checkbox"/>
GIA/ Police reports	<input checked="" type="checkbox"/>	Medical Bill	<input type="checkbox"/>
GIA/ TP search	<input checked="" type="checkbox"/>	Witness Statement	<input type="checkbox"/>

Others: _____

Kindly look into the matter and let us hear from you on the settlement of our client's claim as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/driver/claimant.

Yours faithfully,



STK AUTO(S) PTE LTD



TAX INVOICE

AIG ASIA PACIFIC INSURANCE PTE LTD
Attention: MOTOR CLAIM DEPARTMENT

Invoice Date
04 Jun 2021
Invoice Number
2020-7176
UEN/GST Reg. No.
201539883N

STK AUTO (S) PTE. LTD.
8 Kaki Bukit Ave 4
#03-21 S 415875
HP:91237949
Tel:63860669

Description	Quantity	Unit Price	Amount SGD
COST OF REPAIR FOR SJH9898G D.O.A:03.02.2021	1.00	2,050.00	2,050.00
		Subtotal	2,050.00
		INCLUDES SALES GST 7%	143.50
		TOTAL SGD	2,193.50

Due Date: 04 Jun 2021

- ** Received In Good Order & Condition. Goods Sold Are Not Refundable/Return.
- ** Interest rate of 5% per month, calculated on a daily basis, is levied on payment for overdue amount/account owing to STK AUTO (S) PTE LTD after seven (7) days from date of invoice.
- ** Cheque should be crossed and make payable to "STK AUTO (S) PTE LTD".
- ** Transfer to OCBC current account: 6951-58626-001
- ** Paynow UEN NO. 201539883N

Customer's Signature

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 Submission	08/02/2021 17:56 (SGT)
Date of Accident	05/02/2021 16:27 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CLEMENTI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH9898G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DING XIAOLING
NRIC No	SXXXX517A
Email Address	stkautosg@gmail.com
Mobile Phone No	(Phone) +65-92275658
Alternative Phone No	+65-92275658

VEHICLE PARTICULARS

Manufacturer	BMW
Model	B.M.W. / X1 SDRIVE18I AT D/AB 2WD 5DR GAS/D SR
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5082440074-04
Cover Note Number	-

DRIVER

Name of Driver	DING XIAOLING
NRIC No	SXXXX517A
Date Of Birth	20/12/1975
Occupation	Indoor

Date Of Driving Pass	08/03/2012
Driving experience	8 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92275658
Alt. Phone Number	+65-92275658
Email Address	stkautosg@gmail.com
Address	BLK 371 #11-306 CLEMENTI AVENUE 4
Address complement	-
Postcode	120371
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED;

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	GBE8352G
Vehicle Manufacturer	Nissan
Vehicle Model	NISSAN / NV350 PANEL VAN 2.5 5MT 5DR EURO V
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-97616639
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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 willful 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.
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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.

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.

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4 #02-02

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vackb@vicom.com.sg

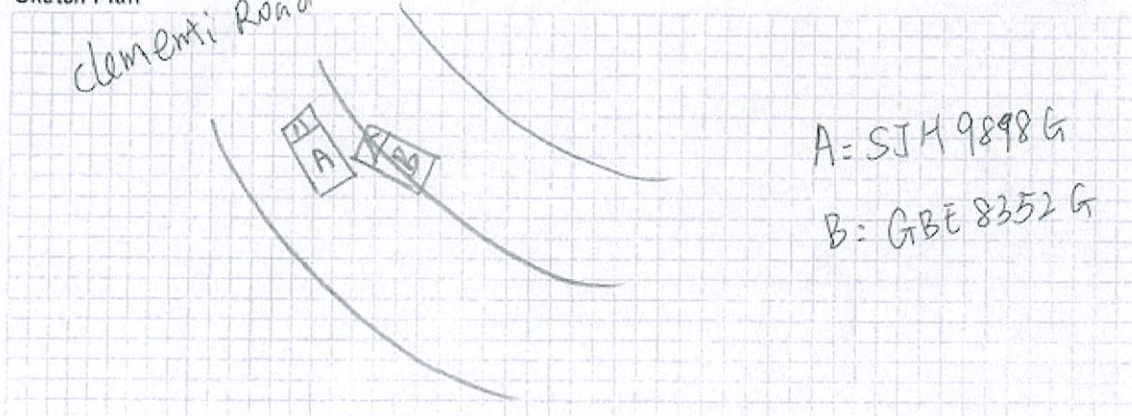
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

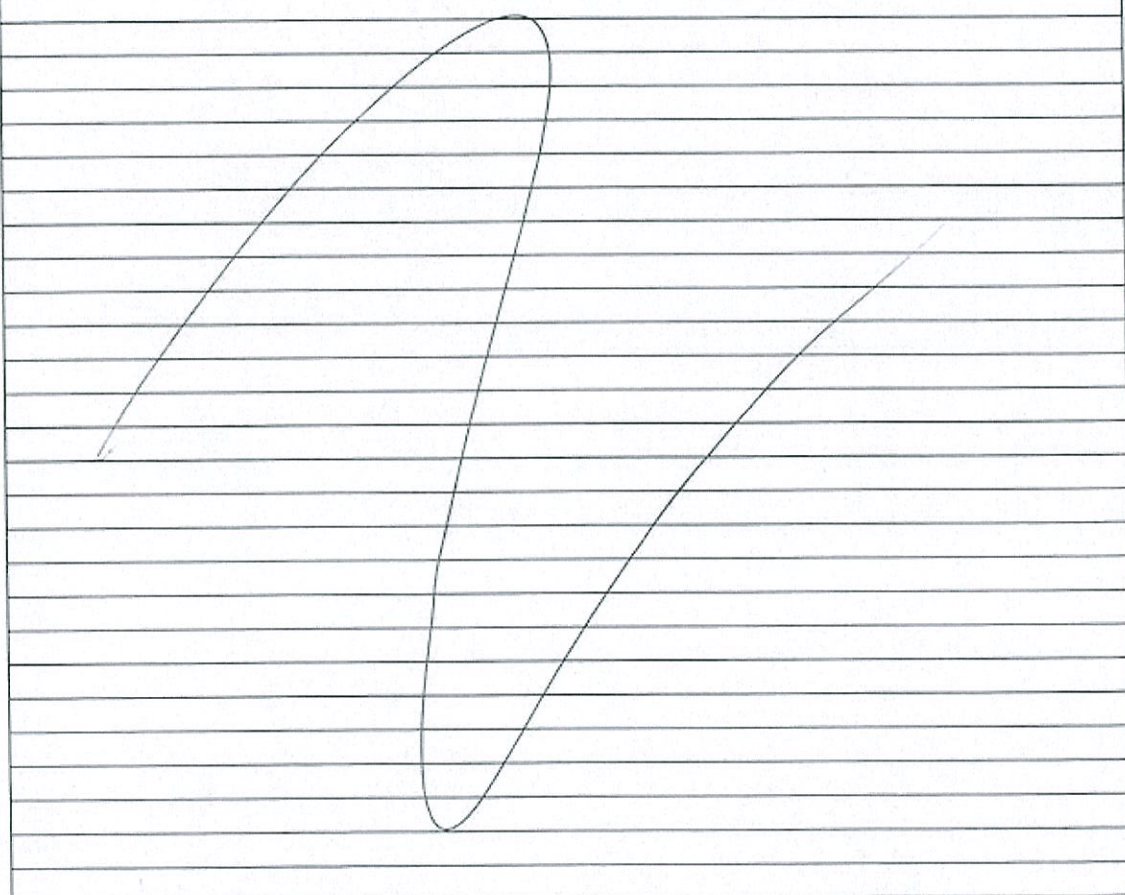
08 FEB 2021

Sketch Plan



Describe Circumstances of the Accident

On 05/02/2021 @ 1600hrs, while I turn to Clementi Road
 Suddenly, I felt an impact from my behind I realize my
 car was hit by van B (G8E852G) This cause my car's
 right portion was damaged



Declaration

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

[Handwritten Signature]

Policyholder's Signature / Date &
 Time

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

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4 #02-02
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: vackb@vicom.com.sg

Witnessed by Reporting Centre
 Personnel

08 FEB 2021

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 08 Mar 2012

NP 428A



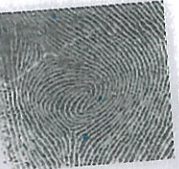
Licence No. S7564517A

8861675

NRIC No. S7564517A



Nationality
CHINESE
Date of Issue
11-07-2007



APT BLK 371 CLEMENTI AVENUE 4 #11 - 306
SINGAPORE 120371

NRIC No: S7564517A

Date: 01/10/2012

No: 7140603

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7564517A

Name DING XIAOLING



Birth Date 20 Dec 1975
Issue Date 08 Mar 2012



002049129F

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7564517A

Name

DING XIAOLING

丁小玲

Race
CHINESE

Date of Birth
20-12-1975

Sex
F

Country of birth
CHINA



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 06 Feb 2021 / 12:04:44

Receipt Date/Time : 06 Feb 2021 / 12:04:35

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210206-000846

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
	Result of Insurance Enquiry - GBE8352G As at 05 Feb 2021/16:27:00 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.			
1	Insurance Enquiry - GBE8352G Enquiry Fee 20210206120412530795	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 cjsk2dtv-- 4FD95102S4174410C		Credit Card	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.