

#### 10 Kaki Bukit Road 2 #01-05 First East Centre S417868 M:94335558 E: profi.automotive@asia.com

23 March 2021

Your Ref: Your insured SMR232Z
Our Ref: PA210202-SMG9879G.AY

Date Of Accident:09 February 2021Name Of Registered Owner:Wong Kim FongVehicle Registered Number:SMG9879GVehicle Model:Toyota Sienta

AIG ASIA PACIFIC INSURANCE PTE LTD By email

#### **Attn: Motor Claims Department**

Dear Sir/Madam,

#### ACCIDENT INVOLVING SMG9879G / SMR232Z / SMQ7532S ON 09 FEBRUARY 2021

We are writing on behalf of **WONG KIM FONG**, the registered owner of motor vehicle number **SMG9879G** which was involved in the above accident.

We are instructed to claim the followings:

	Total	\$ 10547.45
LTA Tax Invoice		\$ 7.45
Loss Of Usage (10 repair days +1 Sunday +4 Public holidays +1 PRI) *CNY Period		\$ 2240.00
Cost Of Repair		\$ 8300.00

We enclose herewith the supporting documents:

- Final Repair Bill
- GIA Report/Police Report
- Owner/Driver NRIC & Driving Licence
- Certificate of Insurance
- Warrant to Act
- GIA / LTA Search Fee
- Rental Agreement & Invoice

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

Yours sincerely

Edward Ow Profi Automotive



#### 10 Kaki Bukit Road 2 #01-05 First East Centre S417868 M:94335558 E: profi.automotive@asia.com

23 March 2021

Date Of Accident:09 February 2021Name Of Registered Owner:Wong Kim FongVehicle Registered Number:SMG9879GVehicle Model:Toyota Sienta

Description	Amount
Final Repair Bill Lump Sum Repair	\$8300.00
	Total \$8300.00

# **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 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.

- 4. The issue and acceptance 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 10/02/2021 10:39 (SGT) Date of Accident 09/02/2021 19:15 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information TOWARDS SLE BEFORE MOULMEIN ROAD EXIT Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number SMG9879G

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner WONG KIM FONG NRIC No. SXXXX149B Email Address SWORDWONG@YAHOO.COM Mobile Phone No (Phone) +65-86888504 Alternative Phone No +65-86888504

#### VEHICLE PARTICULARS

Manufacturer

Model Sienta Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private hire

#### INSURANCE COMPANY

Name of Insurance Company **FWD** Type of Coverage ThirdParty Fleet Policy Policy Number PNCV2020-00000040-01 Cover Note Number

#### DRIVER

Name of Driver WONG KIM FONG NRIC No SXXXX149B Date Of Birth 02/06/1977 Occupation Indoor

Date Of Driving Pass 18/12/2013 Driving experience 7 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-86888504 Alt. Phone Number +65-86888504 Email Address SWORDWONG@YAHOO.COM Address BLK 624 JURONG WEST STREET 61 #05-147 Address complement Postcode 640624 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 Chain Collision Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name PAX 1 Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMR232Z

Private car

Accident report SP0U212A0005
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Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	SMQ7532S
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN CHOO ANN CAROLYN
Contact Number	-
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

- 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.
- 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.
- 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.
- 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 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:
  - 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:
  - 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.

olicyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

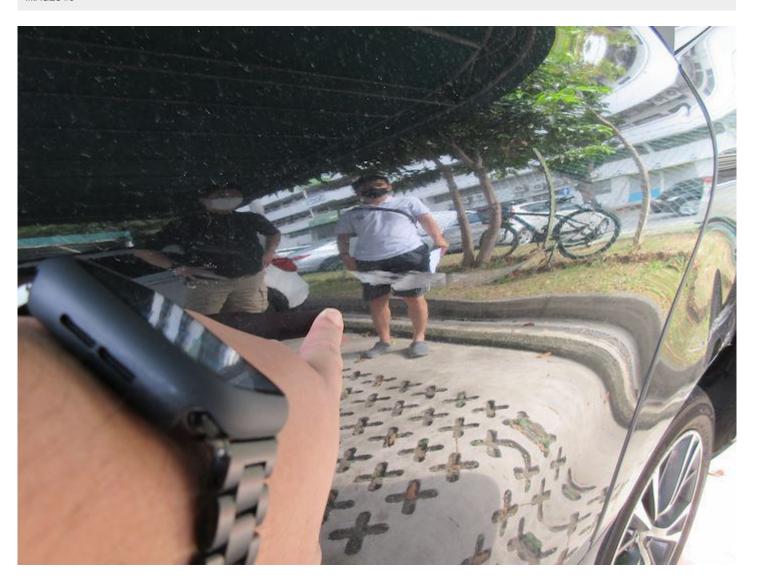
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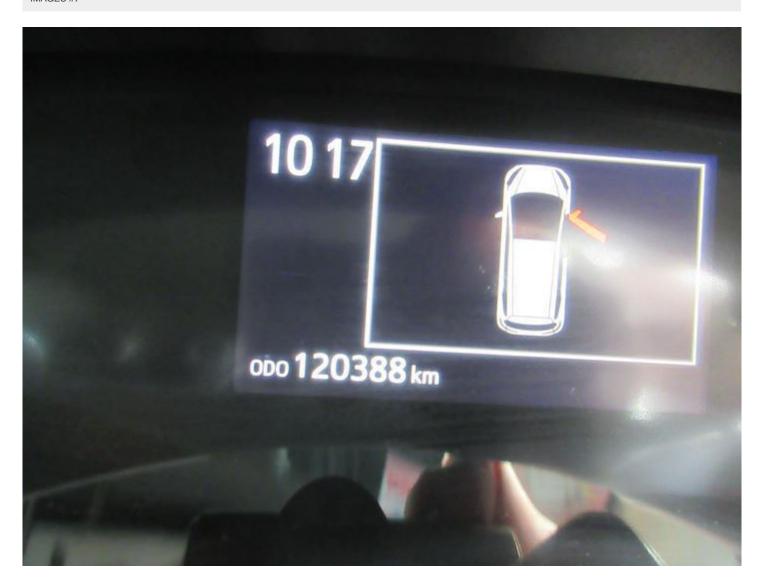


















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20210210/7013

### REPORT OF A TRAFFIC ACCIDENT

Date/Time 10/02/2021	•	ide:	Vide Report No.:		Station Diary No.:		
Informant'	s Particul	ars					
Name of In	formant:		Address:				
WONG KIN	/I FONG		624 JURONG WEST STREET	61 #05-147	SINGAPORE		
		640624					
ID Type / II			Contact No.:				
NRIC NO /	S7788149	)B	Home/Office: Mobile: 86888504				
Nationality:			Email:				
SINGAPOR	RE CITIZE	N	SWORDWONG@YAHOO.COM				
Sex:	Age:	Date of Birth:	Type of Informant:				
Male	43	02/06/1977	Driver				
Race:	1		Language:	Institution /	School Name:		
Chinese			English				
Occupation	1:		Driving Licence Information:				
Driver .			Class: 3,2B	Date of Ex	piry:		

General Informati	ion of the Accident				
Type of Accident:	Injury Others	Drink Drive:	Date/Time of Accident:	_	Type of Location: Straight Road
I a a a ti a a .		No	09/02/2021 19:15	)	
Location:					
CENTRAL EXPR	ESSWAY				
Weather:		Road Surface:		Road	d Speed Limit:
Raining		Wet		11001	
Traffic Flow:		Traffic Control:		Traff	ic Volume:
Dual Carriage Wa	ay	Not Controlled		Heav	<b>/y</b>
Type of Collision:				_	ne conveyed by
Between Moving	Vehicles - Head To Re	ar			ulance:
				No	

Details of Ve	Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Conditio	No of			
SMG9879G	Car	ТОҮОТА	SIENTA 1.5G CVT	Black	Seriously Damaged	1			
SMQ7532S	Car				Seriously Damaged	0			





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210210/7013

#### **CONTINUATION OF REPORT**

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Conditio	No of	
SMR232Z	Car				Seriously	0	
					Damaged		

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SMG9879G	FWD Singapore Pte. Ltd	PNCV2020-	08/01/2021	07/01/2022			
		00000040-01					

Details of Person Involved							
Any Pedestrian Involved: No							
No. of Pedestrian	No. of Pedestrians Injured: NIL Use of Pedestrian Crossing: NA						
Driver							
Name	WONG KIM FONG			ID No.		S7788149B	
Related Vehicle	SMG9879G (Car)		Contact No. 868885		86888504		
Hospital/Clinic STREET 21 CLINIC (TAMPINES)				Class Driving Licend Expiry	g ce &	Class: 3,2B Date of Expiry: NIL	
Date	10/02/2021		Date	·	10/02	2/2021	
No. of Days grant	ted Medical Leave	05	Degree of		Sligh		

#### Brief Details.

I was travelling along CTE tunnel when the traffic in front of me came to a halt. I also stopped my car. Suddenly I felt an impact from the rear of my car. The vehicle behind me (SMR232Z) collided into the rear of my car and into the road shoulder and also causing damages to the left side of my car as well. I came out of the car and checked that it was a 3 cars collision. the last vehicle is SMQ7532S.

We exchanged particulars and left. Subsequently I felt some discomfort at the neck and shoulder area and sought medical treatment at Street 21 Clinic Tampines Pte Ltd and was given 5 days medical leave.





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

3 of 3 Report No. T/20210210/7013

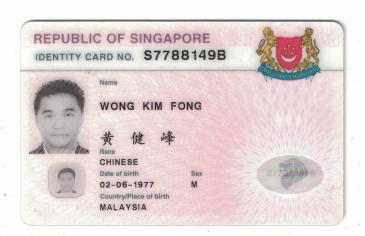
#### **CONTINUATION OF REPORT**

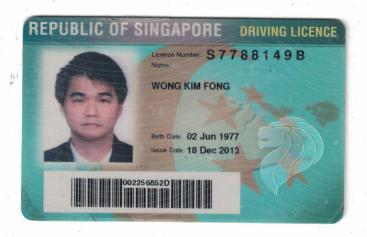
Sketch Plan					
Informant is	not	able	to	provide	sketch

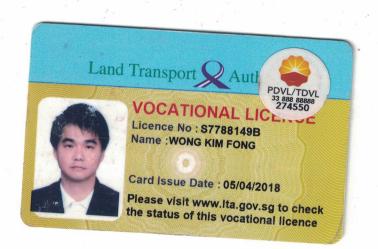
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	10/02/2021 12:56
Officer In Charge Of Case: TP / TPHQ /	Classification Of Case:
ONG YONG HOCK Contact No.: 65476436	
Contact No.: 034/0430	

**Authentication Stamp** 

NP168







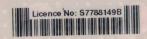
Date of issue
18-04-2019
Address
APT BLK 624 JURONG WEST STREET 61
#05-147
SINGAPORE 640624

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc . 18 Dec 2013
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 18 Dec 2013
of the driver; and other motor vehicles =< 2500kg

NP 428A



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please feturn to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Issue Date

14

PRIVATE HIRE CAR VL

05/04/2018





#### CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours or by the next working day of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNCV2020-00000040-01

Car plate number : SMG9879G

Coverage start date: 08/01/2021 Coverage end date: 07/01/2022

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: WONG KIM FONG NRIC/FIN: S7788149B

Address: 624 Jurong West Street 61 05-147 Singapore 640624

Email: swordwong@yahoo.com Mobile Number: 86888504

Date of Birth: 02/06/1977 Gender : Male

Marital status: Married Certificate of Merit: Yes

Current no claims discount: 30% Years of driving experience: Three or more

About your car and policy

Car make and model: TOYOTA SIENTA 1.5

Year of first registration: 2019

Plan type: THIRD PARTY Standard Excess: Not Applicable

NCD protector: Not Applicable Your preferred workshop: Not Applicable

Overseas Booster: Not Applicable Premium paid (Inclusive of GST): \$\$1,536.06

### **WARRANT TO ACT**

I/We, Wong com fong of S77881498
, owner of Swg 9879 G (vehicle no.) hereby authorize
PROFI AUTOMOTIVE, 10 Kaki Bukit Road 2 #01-05, First East Centre Singapore 417868,
to act for me with respect to my claim for repair costs and/or rental and/or loss of use ("claim")
for my vehicle no. Swy 98799 that was damaged pursuant to the accident which occur
on 09.02.2021 (date) along CRE towards SLE before Moulinein Rd Exit
(location) involving vehicle no/s SWG 9879 G   SWR 37372 A SWQ 75335 ("the accident").
I further authorize PROFI AUTOMOTIVE to settle my above-mentioned claim in a manner that
they deem fit and PROFI AUTOMOTIVE is further authorized to receive payment further to
settlement of my claim with payment cheque/s being made in favour of the workshop.
I further acknowledge that any settlement the workshop may reach on my behalf is on a without
prejudice and without admission of liability basis in so far as the driver/owner/insurers of the other
vehicle/s is/are concerned.
Dated this (day) of (month) 20 <u>21</u> (year)

Signed by the 3<sup>rd</sup> party claimant" (with company stamp if applicable)



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time: 10 Feb 2021 / 10:55:36

Receipt Date/Time: 10 Feb 2021 / 10:55:08

#### Tax Invoice/Receipt

Receipt No.: ITNET-00000-210210-001076

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 - SMR232Z As at 09 Feb 2021/19:15:00 Insurance Co: AIG ASIA PACIFIC INSURANCE 1 Insurance Enquiry - SMR232Z	PTE. LTD.			
Enquiry Fee 20210210105310446955		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			
	552630XXXXXX2854	eNETS	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.



## **AUTOVILL EXPORT AND LEASE**

Reg No. 53417510D 160 SIN MING ROAD SIN MING AUTOCITY #08-06 SINGAPORE 575722

## **CONTRACT AGREEMENT**

DATE: 09.02.21

THIS CONTRACT BINDS THE AGREED TERMS AND CONDITION MADE BETWEEN

**AUTOVILL EXPORT AND LEASE (53417510D)** 

AND THE ACCOUNT OF:-

HIRER'S NAME: WONG KIM FONG

NRIC: 57788149B

HOME ADDRESS: 624 5WOY WEST St. 61 #05-147 5 640624

CONTACT NO: 86888504

DURATION: 09.03.21 TO 25.02.21

**DESCRIPTION OF GOODS:-**

CAR REGISTRATION NUM: SWT & 141P

MAKE/MODEL: HONDA MCCOED J.O

ENGINE NO: (202 2,2 00318

CHASSIS NO: MICHCRI 630 EP 040074

YOM: 2014

INSURANCE EXCESS: \$ 3000 ]\_

PROMPT PAYMENTS IS REQUIRED.

NAME: WONG LIM FONG

NRIC NUMBER: 577881496

DATE: Inloal 21

NAME: AUTOVILL EXPORT AND LEASE

CO REG NO: 53417510D

\*UTOVILL EXPORT AND LEASE 53417510D



## **AUTOVILL EXPORT AND LEASE**

Reg No. 53417510D 160 SIN MING ROAD SIN MING AUTOCITY #08-06 SINGAPORE 575722

## TAX INVOICE

DATE:25/02/2021

HIRER'S NAME: WONG KIM FONG

NRIC: S7788149B

HOME ADDRESS:624 JURONG ST. 61, #05-147 SINGAPORE,640024

**CONTACT NO: 86888504** 

**DURATION:** 09/02/21 TO 25/02/21

Description	Amount	
Being Rental of: 140/day		
Rental Date: 09/02/21-25/02/21	\$140 x 16days= \$2,240.00	
NO GST INCLUDED		
Grand Total	\$2,240.00	

**DESCRIPTION OF GOODS:** 

CAR REGISTRATION NUM: SMT8141P MAKE/MODEL: HONDA ACCORD 2.0 A

**ENGINE NO: R20721200318** 

CHASSIS NO: MRHCRI630EP000074

YOM:2014

**INSURANCE EXCESS: \$3000/-**

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AUTOVILL EXPORT AND LEASE CO REG NO: 53417510D

AUTOVILL EXPORT AND LEASE 53417510D