



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 : KCR022021566AIG
Your Ref : SML6243J

Date : 14 OCT 2021

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 SKB566T and SML6243J on 12.02.2021 along Jubction of Tampines Ave 2/ Tampines St 31.

We refer to the above accident. On our record showed that you are the insurer of motor vehicle SML6243J.

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 Mdm Jennifer Victoria Lee Wan Wah, the owner of motor-vehicle no: SKB566T, we submit her claim to you:

Cost of repairs (Inclusive of 7% GST)	\$ 5,671.00
Loss of rental (4 days x \$120.00)	\$ 480.00
GIA search	\$ 2.00
	\$ 6,153.00
	=====

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

- 1) Tax invoice no: KCR-INV2100292
- 2) GIA report of SKB566T
- 3) GIA search and invoice
- 4) Rental Invoice and rental agreement

We hope to receive your early reply soon.

Thank you.

Yours faithfully,
KANG CAR REPAIRERS PTE LTD



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

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: SML6243J
Claim Type: Third Party
Accident Date: 12/02/2021
TP Veh Reg No: SML6243J

Final No: KCR-INV2100292
Claim No: EST2100059
Date: 09 Oct 2021
Policy No: 5116865185
Veh Reg No: SKB566T
Make/Model: VOLKSWAGEN NEW
BEETLE 1.6 A 6SPD
Chassis No: WVVZZZ9CZ9M558290
Engine No: BFS074651
Reg. Date: 04/06/2009

Tax Invoice to Vehicle No :SKB566T

PAGE:1

Description	Quantity	List Price	Amount
		S\$	S\$
As recommended by surveyor to proceed repair at total cost/lumpsum cost			S\$ 5,300.00
Add GST @ 7%			371.00
Total Amount payable			<u>S\$ 5,671.00</u>

TOTAL: SINGAPORE DOLLAR FIVE THOUSAND SIX HUNDRED SEVENTY ONE ONLY

For Kang Car Repairers Pte Ltd

E. & O. E.

AUTHORISED 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	15/02/2021 13:02 (SGT)
Date of Accident	12/02/2021 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF TAMPINES AVE 2 / TAMPINES ST 31
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB566T
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JENNIFER VICTORIA LEE WAN WAH
NRIC No	SXXXX089I
Email Address	YSLJEFFREY@GMAIL.COM
Mobile Phone No	(Phone) +65-98598539
Alternative Phone No	+65-98598539

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Beetle
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	5116865185
Cover Note Number	DRIVO CLASSIC

DRIVER

Name of Driver	JEFFREY YONG SHY LIOU
NRIC No	SXXXX693F
Date Of Birth	22/10/1958
Occupation	Indoor

Date Of Driving Pass	07/06/1982
Driving experience	38 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98523993
Alt. Phone Number	-
Email Address	YSLJEFFREY@GMAIL.COM
Address	28A WOO MON CHEW RD
Address complement	-
Postcode	455169
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collision - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JENNIFER VICTORIA LEE WAN WAH
Gender	Female

PASSENGER 2

Name	YONG JOELLE
Gender	Female

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

I WAS DRIVING STRAIGHT ALONG TAMPINES AVE 2. UPON NEARING THE JUNCTION, VEHICLE B (SML6243J) DRIVING ON MY RIGHT SUDDENLY SWERVED OUT AND COLLIDED ONTO MY RIGHT PORTION OF THE VEHICLE CAUSING DAMAGE. NOBODY WAS INJURED AT THE TIME OF 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	SML6243J
Vehicle Manufacturer	Mitsubishi

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JAMAL
Contact Number	(Phone) +65-96176424
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**
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
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 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.

[Handwritten Signature] 15/02/21

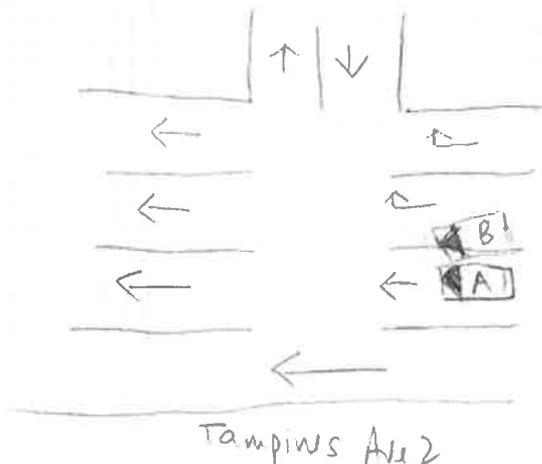
[Handwritten Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: SKB 566T
B: SML 6243J

Describe Circumstances of the Accident

I was driving straight along Tampines Ave 2
Upon nearing the junction, Vehicle B (SML 621435) driving
on my right suddenly swerved out & collided into my
right portion of the vehicle causing damage. Nobody was
injured at the time of accident.

Declaration

We declare the foregoing particulars are true in every respect

Policyholder's Signature / Date & Time

15/05/21

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

Witnessed by Reporting Centre Personnel



**LUXS LEASING & LIMOUSINES
SERVICES PTE LTD**

Invoice LUXS_INV-0528
Date: 19-Feb-2021
Cashier: Jane
Term:

Bill To: JEFFREY YONG SHY LIOU
28A WOO MON CHEW ROAD S(455169)

Contact: 98523993
Car No. Plate: SML421B
Car Make/Model: HYUNDAI AD AVANTE 1.6 GLS (A)

Item Description	Amount (S\$)
Rental (4 Days) 15-Feb-2021 - 19-Feb-2021	480.00

Remarks:

Sub Total:SGD	480.00
Discount:SGD	
Total Amt. Payable:SGD	480.00

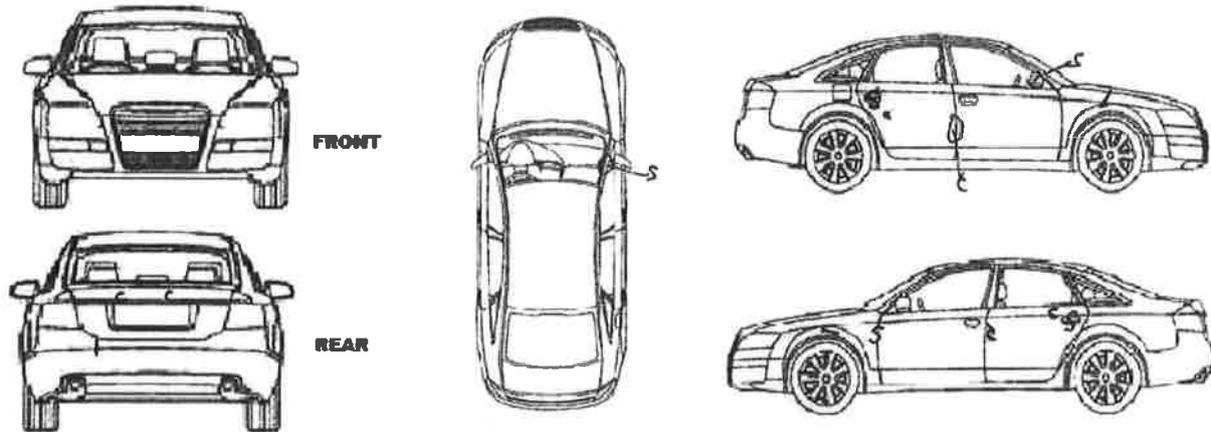
This document is computer generated. No signature is required



LUXS LEASING & LIMOUSINES SERVICES PTE LTD

Booking Ref No:
BOOKING-19346

HIRER'S PARTICULARS	
Name: JEFFREY YONG SHY LIOU	Mobile Phone: 98523993
Address(Residential): 28A WOO MON CHEW ROAD S(455169)	
NRIC / Passport No.: S1318693F	Home Phone:
Phone(Next Of Kin / Friend):	Email:
License Date / Country of Issue:	D.O.B
VEHICLE DETAILS	
Model / Make: HYUNDAI AD AVANTE 1.6 GLS (A)	Vehicle No.: SML421B



Legend: D = Dent S = Scratch C = Chip Off R = Rust M = Missing L = Loose CR = Crack					
Additional Features in Vehicle:		Delivery Address:		Collection Address:	
RENTAL CHARGES		Out Date: 15-Feb-2021	Out Time: 14:30	Hirer Signature 	Staff Signature KENNY
4 Day(s)	\$0.00	Return Date: 19-Feb-2021	Return Time: 14:30	Hirer Signature	Staff Signature
Malaysia Charge	\$0.00	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>OUT</p> </div> <div style="text-align: center;"> <p>IN</p> </div> </div>			
Additional Driver	\$0.00				
CDW	\$0.00				
GPS Rental	\$0.00				
Surcharge	\$				
Misc Charges	\$0.00				
Delivery	\$				
Collection	\$				
Damage	\$				
Refundable Deposit	\$0.00				
Total	\$0.00	Remarks:			
Reservation	\$0.00				
Balance	\$0.00				

By signing on the below, I have agreed that all the information stated above are true and accurate at the time of print.

Hirer Signature

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SML6243J

Date of Accident

12/02/2021 **Reset****% RESULT & RECEIPT****TP Insurer Enquiry**Insurance **AIG**Period of Insurance **29/05/2019 - 28/05/2021**Requested By **SHARON YEE (KANG CAR REPA...**Requested Date **15/02/2021 11:42****Payment details**Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**