



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 : KCR0220218497AIG
Your Ref : SLZ9150L

Date : 1 SEP 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 SMG8497G and SLZ9150L on 14.02.2021 along TPE twds Changi at Punggol Way Exit.

We refer to the above accident. On our record showed that you are the insurer of motor vehicle SLZ9150L.

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 Sumanthi D/O Ramalingam, the owner of motor-vehicle no: SMG8497G, we submit her claim to you:

Cost of repairs (Inclusive of 7% GST)	\$ 6,955.00
Loss of use (7 days (6 days +1Sunday) x \$60.00)	\$ 420.00
GIA search fee	\$ 2.00
	<u>\$ 7,377.00</u>
	=====

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

- 1) Tax invoice no: KCR-INV2100248
- 2) GIA report of SMG8497G
- 3) Police Report No: T/20210220/2084
- 4) GIA search and invoice

We hope to receive your early reply soon.

Thank you.

Yours faithfully,
KANG CAR REPAIRERS PTE LTD

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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: SLZ9150L
Claim Type: Third Party
Accident Date: 14/02/2021
TP Veh Reg No: SLZ9150L

Final No: KCR-INV2100248
Claim No: EST2100056
Date: 31 Aug 2021
Policy No: 5107129283-01
Veh Reg No: SMG8497G
Make/Model: MAZDA 2-5-DOOR
HATCHBACK 1.5L
SP6EAT
Chassis No: JM6DJ2HAA01101044
Engine No: P520377529
Reg. Date:

Tax Invoice to Vehicle No :SMG8497G

PAGE:1

Description	Quantity	List Price	Amount
		S\$	S\$

As recommended by surveyor to proceed repair at total cost/lumpsum cost	S\$ 6,500.00
Add GST @ 7%	455.00
Total Amount payable	S\$ 6,955.00

TOTAL: SINGAPORE DOLLAR SIX THOUSAND NINE HUNDRED FIFTY FIVE 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 22:35 (SGT)
Date of Accident	14/02/2021 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE TOWARDS CHANGI AT PUNGGOL WAY EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG8497G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SUMATHI D/O RAMALINGAM
NRIC No	S8026387B
Email Address	GSGSGS3120@GMAIL.COM
Mobile Phone No	(Phone) +65-97770521
Alternative Phone No	+65-97770521

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	2
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
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5107129283-01
Cover Note Number	

DRIVER

Name of Driver	SUMATHI D/O RAMALINGAM
NRIC No	S8026387B

Date Of Birth	20/08/1980
Occupation	Indoor
Date Of Driving Pass	21/10/2011
Driving experience	9 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97770521
Alt. Phone Number	+65-97770521
Email Address	GSGSGS3120@GMAIL.COM
Address	BLK 313A #11-115 SUMANG LINK
Address complement	-
Postcode	821313
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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WILL SUBMIT TO MOTORVIDEO@INCOME.COM.SG
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ9150L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	DHRUZ KAMLESH KAMDAR
NRIC No	S9412264C
Contact Number	(Phone) +65-83990055
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Sumathi D/O Ramalingam
Address	BLK 313A #11-115 SUMANG LINK
Address Complement	-
Post Code	821313
Approximate Age Years Old	40
Injuries Sustained	As per police report.
Injured person in which vehicle?	SMG8497G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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:

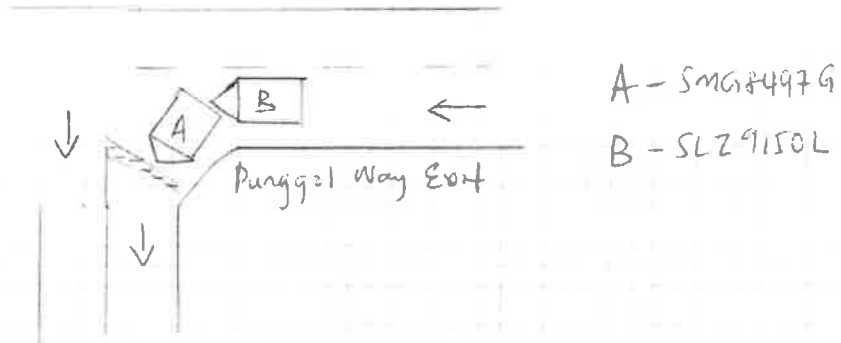
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 15/02/2021
2050 hrs

Reporting Centre Personnel's Signature
Name: Chan A R
NRIC/FIN No.: 527320877

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving slowly upon approaching the stop way sign and came to a complete stop to give way to the oncoming car. After a few seconds I was rear ended by vehicle B.

DECLARATION

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

Policyholder's Signature _____
Date & Time: _____

Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/4/2021
2050 hrs

Reporting Centre Personnel's Signature
Name: K44212
NRIC/FIN No: 577350572

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Sermahli Abu Ramadimgani
 NRIC 800253870, has reported to the Police a non-injury traffic accident
 which occurred at the filter line of Terminal 1 Way towards Pengerol Field
 on 14/02/2021 at 04:50 am/pm involving the following vehicles:

- 1) SMQ8497G
- 2) SLZ9150L

2. If this accident was reported to the Police within 24 hours of its occurrence,
 then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSSGT RAJIV FARIZ
 Date: 14/02/2021 Time: 10:00am
 I/D Ref: 32
 Police Post/Unit: Pengerol STPC

Original copy to be issued to affected
 Department of Motorisation and Traffic Police

CONFIDENTIAL

Version 1.0 of 12 Dec 2013

Printed on 14/02/2021 at 10:00am
 by 123456789
 Tel: 1234 5678 910


**SINGAPORE
POLICE FORCE**


T/20210220/2084

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 4

Report No: T/20210220/2084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/02/2021 19:16		Vide Report No.		Station Diary No. 90	
Informant's Particulars					
Name of Informant: SUMATHI D/O RAMALINGAM			Address: APT BLK 313A SUMANG LINK #11-115 SINGAPORE 821313		
ID Type / ID No.: NRIC NO / S8026387B			Contact No.: Home/Office: Mobile: 97770521 /		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 40	Date of Birth: 20/08/1980	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: SENIOR PATIENT ASSOCIATE			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/02/2021 16:00	Type of Location: Bend	
Location: TAMPINES EXPRESSWAY					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passengers
SLZ9150L	Car					0
SMG8497G	Car	MAZDA	MAZDA2 5-DOOR HATCHBACK 1.5L SP 6EAT	Pink		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20210220/2084

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20210220/2084

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMG8497G	NTUC Income Insurance Co-Operative Limited	5107129283-01	28/04/2020	27/04/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	DHRUV KAMLESH KAMDAR		ID No.	S9412264C
Related Vehicle	SLZ9150L (Car)		Contact No.	83990055
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Driver				
Name	SUMATHI D/O RAMALINGAM		ID No.	S8026387B
Related Vehicle	SMGB497G (Car)		Contact No.	97770521
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	15/02/2021		Date Discharge	17/02/2021
No. of Days granted Medical Leave		03	Degree of Injury	NIL

Brief Details.

On 14/02/2021 at about 1600hrs, I was driving my vehicle bearing registration number SMG8497G along TPE (Punggol Way Exit) Filter lane. I stopped my vehicle at the filter lane at the stop/give way line as there was ongoing traffic. However, when my vehicle came to a complete stop, the vehicle behind me bearing registration number SLZ9150L did not stop and collided on to me. As at the point of time there was no injuries and I did not feel any pain, I then went to the police station and was issued with a Notice of Compliance.

On the same day at about 2000hrs, I started to feel pain and decided to go to the hospital. I was granted 3 days MC from Sengkang General Hospital. I did not lodge the police report earlier as I did not know that I was suppose to do it. It was on 20/02/2021 at about 1200hrs, when I send my vehicle to the workshop and to settle the insurance claim, I was then told to make a Police Report.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-8049999



T/20210220/2084

3 of 4

Report No. T/20210220/2084

CONTINUATION OF REPORT

**SINGAPORE
POLICE FORCE**

T/20210220/2084

Police Station Of Origin
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

4 of 4

Report No T/20210220/2084

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 the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sgt 1 YEO HUI YU	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 20/02/2021 19:16
Officer In Charge Of Case: TP / AEIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No: 65476185	Classification Of Case
Authentication Stamp NP168	



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN07212F0019 Vehicle Registration No: SMG8497G
 Name (as shown in ~~my~~ my): SUMATHI D/O RAMALINGAM NRIC/FIN/Passport No: S8026387B
 ("Vehicle Driver/Vehicle Owner") (*) Please delete as appropriate
 Address: BLK 313A SUMANG LINK #11-115 Singapore (821313)
 Contact (Tel): _____ Mobile No.: 97770521
 Email Address: GSGSGS3120@GMAIL.COM
 Date of Accident: 14.2.2021 Time of Accident: 16.00
 Place of Accident: TPE TOWARDS CHANGI AT PUNGGOL WAY EXIT
 Insurance Company: NTUC INCOME


(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

1) TO AMEND: YES, THERE IS INJURY

2) ATTACH POLICE REPORT NO: T/20210220/2084


 Policyholder / Driver's Signature
 Date: 19/3/2021



 Reporting Centre Personnel's Signature
 Name: Joe Toh
 NRIC/FIN No.: S890328
 Date: 19/3/2021

INSURER ENQUIRY**Find insurer**

Vehicle reg. no.

SLZ9150L

Date of Accident

14/02/2021 **Reset****% RESULT & RECEIPT****TP Insurer Enquiry**Insurance **AIG**Period of Insurance **23/05/2020 - 22/05/2021**Requested By **ALICE TNG (KANG CAR REPAIR...**Requested Date **20/02/2021 12:07****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**