

Revo Performance Pte Ltd
Business Reg. No. 201200256H
GST Reg. No. 201200256H
Tel : 6745 6706 Fax : 64843653
Email : Contact@revoperformance.com.sg

Date 25/05/2021

Your ref : SMN 3702 K
Our ref : SMJ 9148 S

WITHOUT PREJUDICE

AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way #07-16
Singapore 079120

Dear Sir / Madam ,

ACCIDENT INVOLVING : (SMJ 9148 S & SMN 3702 K) ALONG PIE, AFTER ENG NEO AVENUE TOWARDS TOA PAYOH EXIT

DOA : 05/05/2021 TIME : 1450 HOURS

We refer to the above matter and write on behalf of **THONG WING KONG**, The registered owner of **SMJ 9148 S** in respect of the above accident

We are instructed that the above accident was caused by your insured's negligent driving / or management of your insured vehicle . Your insured's vehicle SMN 3702 K collided onto the side portion of our client's vehicle SMJ 9148 S . As a result of the accident , Our client has been put to loss and expenses , Particulars of which are as follows :

1. Cost of repair (\$4700 + 7%GST)	\$ 5,029.00
2. Car rental (\$200 x 4 days)	\$ 800.00
3. Buy 3 rd party's GIA report	\$ 29.00
Total Amount :	\$ 5,858.00

Enclosed are the following documents for your perusal

- 1) Owner's Identity card
- 2) Driver's driving license / Identity card
- 3) GIA report
- 4) GIA search receipt
- 5) Original repair Tax invoice
- 6) Car rental agreement / Receipt

Our company is not the authorized workshop of any of the GIA member companies and we are writing in purely for amicable sake.

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

Kindly acknowledge receipt of the above said documents within 7 days and your favourable reply is deeply appreciated.

Your faithfully ,


1 Kaki Bukit Ave 6
#02-51 & 53 Singapore 417883
Tel: 6745 6706 Fax: 6484 3653
contact@revoperformance.com.sg
www.revoperformance.com.sg
ROC No. 201200256H

Benjamin Yu

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1353283D



THONG WING KONG

唐永光

CHINESE

Date of Birth

20-05-1959

Sex

M

Country of Birth

SINGAPORE



0383202



NRIC No: S1353283D

Religion

O+

Date of Issue

15-06-1992

Address
APT BLK 85B LORONG 4 TDA PAYOH #05-338
SINGAPORE 312085

NRIC No: S1353283D

Date:

07/08/2007

No: 5773712

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9412845E



Name
SHEN ZHI KAI, DARRELL
(XIAN ZHIKAI)
冼志凯

Race
CHINESE

Date of birth
12-04-1994

Sex
M

Country of birth
SINGAPORE



4391880



NRIC No. S9412845E



Date of issue
22-04-2009

Address
APT BLK 117C RIVERVALE DRIVE
#10-56
SINGAPORE 543117



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9412845E
Name: SHEN ZHI KAI, DARRELL
(XIAN ZHIKAI)

Birth Date: 12 Apr 1994
Issue Date: 28 Jul 2016

002593305E

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	28 Jul 2016

NP 428A

Licence No: S9412845E

SA0021560003 / AMK Autopoint Pte Ltd
ENTRY DATE & TIME: 06/05/2021 15:03 (SGT)
SUBMITTED BY: Jodie Tan
VERSION: 1 (06/05/2021 15:03 (SGT))

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	06/05/2021 15:03 (SGT)
Date of Accident	05/05/2021 14:50 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE, AFTER ENG NEO AVENUE TOWARDS TOA PAYOH EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ9148S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	THONG WING KONG
NRIC No	SXXXX283D
Email Address	darrellshen9@gmail.com
Mobile Phone No	(Phone) +65-98911134
Alternative Phone No	+65-96334813

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vellfire
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	2403

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5110357380-01
Cover Note Number	-

DRIVER

Name of Driver	SHEN ZHI KAI, DARRELL
NRIC No	SXXXX845E

Date Of Birth	12/04/1994
Occupation	Indoor
Date Of Driving Pass	28/07/2016
Driving experience	4 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83997776
Alt. Phone Number	-
Email Address	darrellshen9@gmail.com
Address	BLK 117C RIVERVALE DRIVE #10-56
Address complement	-
Postcode	543117
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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	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	CANDICE THONG
Gender	Female

PASSENGER 2

Name	LEE THOI LAN
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

PLEASE REFER TO ACCIDENT STATEMENT AS 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	SMN3702K
Vehicle Manufacturer	

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN YONG PIN
NRIC No	SXXXX628C
Contact Number	(Phone) +65-85183462
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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 to the GIA Record Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee or made available upon approval of the 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 purposes 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 to be 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:

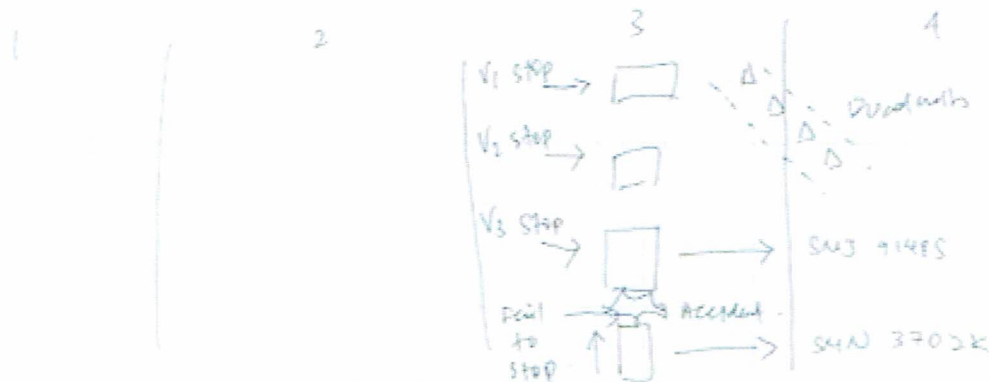
Driver's Signature
(If driver is not the policyholder)
Date & Time:

6th May 2021
2.45 PM

Reporting Centre Personnel's Signature
Name:
NIC/FIN No:

JOELLE TAN
AME AUTOPPOINT PTE LTD
06.05.2021

SKETCH PLAN PIE, towards ~~Chap~~ Chap Aspect ~~After~~ Before TDA Payan
Bridges
East



Weather at that time was rainy. Dark, but visibility is semi clear.
 Slow traffic ahead with intermittent stops, due to road works ahead of road
 I was in ~~the~~ lane 3 behind a van. Traffic was slow and had to stop as
 traffic infant was drifting from lane 3 from lane 4 due to road works on lane 4
 Accident happened when my vehicle was at a complete stop.
 I/B As the The car behind hit me as he did not stop in time.

With vehicle stop to check damages. Both driver exchange numbers and to note
which ~~no~~ ^{no} damaged to proceed later as the road was busy and dangerous.

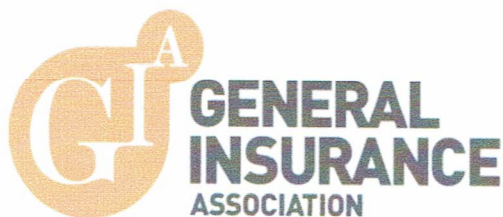
Damage to SH-3 91485 found the boat dented in with the persons fully off
Theough the persons of the car were not hurt.

JMW 3702k did not seem to suffer much damage to its wing.

precipitant happened in DIE, i.e. a distance before TDA through /broadly/ ext.

✓
Driver's Signature: _____
(If different it has the copyholder's)
Date & Time: 6th May 2021
24/11

12/05/2024
 Jodelle Tan
 AMK AUTOPOINT PTE LTD
 06.05.2024



RECORD MANAGEMENT CENTRE

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

Date of Request: 11/05/2021

Your Ref No: SMJ 9148 S

Dear Sir/Madam,

Date of Accident: 05/05/2021 00:00 (SGT)

Vehicle No: SMJ9148S

Place of Accident: Singapore

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$\$)	QTY	AMOUNT (\$\$)
SMN3702K	Singapore	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(29.00)

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.

 1 Kaki Bukit Ave 6
#02-51 & 53 Singapore 417883
Tel: 6746 8706 Fax: 6484 3653
contact@revopformance.com.sg
www.revopformance.com.sg
ROC No: 201200256H



DAWN ENTERPRISES

21 Seletar West Farmway 1
Singapore 798125
Tel: 63832661 Fax: 64842836
Reg No.430058/00D

Nº 37907

RENTAL AGREEMENT

DATE

17/5/21

HIRER'S PARTICULARS

Name Shen zhi kai, Danrell
Address Apt B1K 117C Rivervale Drive
#10-56 Singapore 543117
I/C or Passport No. S941284SE Country Singapore
Occupation _____
Date of Birth 12-04-1994 Age _____
Driving Licence No. S941284SE Date Passed 28-07-2016
Tel: (HP) 83997776 (Residence) _____

DRIVER'S PARTICULARS

Name Shen zhi kai, Danrell
Address Apt B1K 117C Rivervale Drive
#10-56 Singapore 543117
I/C or Passport No. S941284SE Country Singapore
Occupation _____
Date of Birth 12-04-1994 Age _____
Driving Licence No. S941284SE Date Passed 28-07-2016
Tel: (Office) 83997776 (Residence) _____

IMPORTANT NOTES:

- 1 No Insurance Coverage if the driver is below 24yrs old or less than 2 years driving licence.
- 2 This vehicle is licenced to carry 2000 passengers only.
- 3 Hirer is liable to pay first \$ 2000 as excess all claims any accident plus loss of earning while damaged vehicle is under repair.
- 4 For usage to Malaysia subject to higher excess all claims of S\$5,000.00 and different rental rate
- 5 Please notify our office should there be any accident involving this hired vehicle within 24 hrs
- 6 No refund will be given for vehicle returns early.
- 7 No refund will be given for petrol left in vehicle.
Hirer is liable to pay all parking fee and traffic summonses.
- 8 Vehicles to be return during office hour only.
- 10 No Service on Public Holiday and Sunday.

SCHEDULE

MODEL

SMM 1A797

T/Estima

Date

Time

Mileage

17/5/21

3:29 pm

22/5/2021

1:30 pm

CHARGES

5 Day at \$ <u>200.00</u> per days	\$ <u>1000.00</u>
Day at \$ _____ per week	
Day at \$ _____ per month	
TOTAL AMOUNT	\$ <u>1000.00</u>
AMOUNT PAID	\$ <u>1000.00</u>
BALANCE DUE	
Days Extension From _____ To _____	
Amount Deposit (refundable) \$	

FROM

17/5/21

TO

22/5/21

I/we have read and understood the terms and conditions above and hereby agreed to abide

[Signature]

[Signature]



DAWN ENTERPRISES

21 SELETAR WEST FARMWAY 1
SINGAPORE 798125
TEL: 6383 2661 FAX: 6484 2836
REG. NO. 430058/00D

No. 20529

Date, 22/5/21

OFFICIAL RECEIPT

Received from Shen Zhi Kai, Darrell

the sum of Dollars One thousand only

being Payment Of SMM 19791 (17/5/21 - 22/5/21)

DAWN ENTERPRISES

\$ 1000/-
Cash/Cheque No.