



CARZ AUTO SERVICES PTE LTD

UEN/ GST 201409457D

61 WOODLANDS IND PARK E9 (E9 PREMIUM) #04-04 Singapore 757047

Email: jeslyn@carzauto.com.sg Tel: 65 6493 1924 Fax: 65 6493 1928

Date: 10 December 2021

Our Ref: CT/2110-006/SMT6344J

Your Ref: SLW268G

AIG Asia Pacific Insurance Pte Ltd

Motor Claims Department

78 Shenton Way #07-16

Singapore 079120

Dear Sir/Mdm

ACCIDENT INVOLVING SMT6344J / SLW268G **ALONG** PASIR RIS DRIVE 1
TOWARDS LOYANG **ON** 17/10/2021

Please refer to the above mentioned accident.

We are writing in on the behalf of KAZ AUTO PTE LTD the registered owner of motor vehicle number SMT6344J which was involved in the above accident.

We are instructed that the above accident was caused solely and completely by the negligence of your insured's vehicle number SLW268G.

As a result of which, our client have suffered loss and expenses.

*(Remark: The number of repair days approved by Surveyor is not inclusive of Saturday, Sunday and Public Holiday.)

We are instructed by our client to claim for :

1. Cost of Repair (Agree with Surveyor)	\$ 3,638.00 (\$3400 with 7% gst)
2. Loss of Uses (3 days)	\$ 300.00 (\$100 per day)
3. LTA Search	\$ 7.45
TOTAL AMOUNT	<u>\$ 3,945.45</u>

We hereby enclosed the following documents for your consideration :

- (A) Original Final Repair Bill
- (B) GIA Report Lodged by Our Client
- (C) Owner/ Driver Nric/ Driving Licence
- (D) Certificate of Insurance
- (E) LTA Search Invoice / Rental Agreement and Invoice
- (F) Letter of Authority / Satisfaction Voucher

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

Yours Faithfully,

Jeslyn

Person Incharge: Ms Jeslyn Chua

Job Title: Motor Claim

Mobile: 65 9380 9969

Email: jeslyn@carzauto.com.sg



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UEN/ GST 201409457D

61 WOODLANDS IND PARK E9 (E9 PREMIUM) #04-04 Singapore 757047

Email: jeslyn@carzauto.com.sg Tel: 65 6493 1924 Fax: 65 6493 1928

FINAL REPAIR BILL

Date : 10/12/2021

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

Vehicle Number : SMT6344J
Make/Model : MERCEDES CLA180
Date of Accident : 17/10/2021

REPAIR COST	\$	3,400.00
	7% GST	\$ 238.00
	GRAND TOTAL	<u>\$ 3,638.00</u>

ISSUED BY

Jeslyn

Person Incharge: Ms Jeslyn Chua
Job Title: Motor Claim
Mobile: 65 9380 9969
Email: jeslyn@carzauto.com.sg



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20211018/7072

Victim			
Person Name	NG WEI HAO, JONATHAN		
ID Type	NRIC NO	ID No	S8313561A
Gender	Male	Age	38
Race	Chinese	Language	English
Occupation	Manager	Address	3 BEACH ROAD #01-4821 SINGAPORE 190003
Mobile No	90222226	Is Informant A Victim?	Yes
Person Name	NG WEI HAO, JONATHAN (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

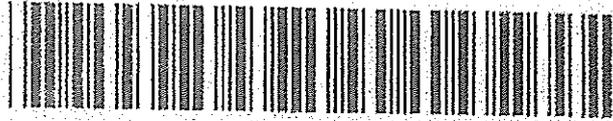
Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
18/10/2021 17:04

Classification Of Case:

4594514



NRIC No S8313561A

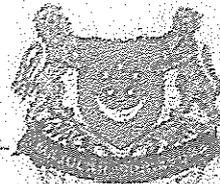
Date of issue
18-03-2011

APT BLK 3 BEACH ROAD #01-482L
SINGAPORE 190003

NRIC No: XXXXX561A

Date of change: 12/03/2021

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8313561A



Name

NG WEI HAO, JONATHAN
(HUANG WEIHAO, JONATHAN)

黄伟豪

Race

CHINESE

Date of birth

07-05-1983

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF CHINA

BRNINTECH



Name
HUANG WENJIAO, JONATHAN
(HUANG WENJIAO, JONATHAN)

Birth Date: 07 May 1983
Valid Until: 17 Jun 2005



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

PASS DATE

Class 3

Motor cars =< 3000 kg with =< 7 passengers,
exclusive of the driver, and motor tractors
(vehicles =< 2500 kg)



License No: S8313561A

NP 428A

Motor Private Car

MX4E

E SN

AN0714A

Cov. Type:C

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No. DMPCSNW00126702100

Engine No.: 28291480158354

Cha. No.:WDD1183842N007445

1. Index Mark and Registration
Number of Vehicle

SMT6344J

2. Name of Policy Holder

KAZ AUTO PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

09/07/2021
(00:00:00)

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN . S\$100.00

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use:*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : MBFS PTE. LTD.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: _____
Tan Mingjie
Authorised Officer

_____ 
Authorised Signatory

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 18 Oct 2021 / 11:53:17

Receipt Date/Time : 18 Oct 2021 / 11:53:16

Tax Invoice/Receipt

Receipt No. : ITNET-00000-211018-001319

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 - SLW268G As at 17 Oct 2021/19:05:00 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SLW268G Enquiry Fee 20211018115136972871	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				
	526471XXXXXX8843		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.



CARZ AUTO SERVICES PTE LTD

ROC: 201409457D

LETTER OF AUTHORITY AND INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. SMT634UJ AND SLW268G
AT/ALONG Posir Ris Drive 1 Toward Loyang
ON 17 DAY 10 MONTH 2021 YEAR

- I/We, the owner of vehicle no. SMT634UJ hereby instruct and authorize you to commence repair to the said vehicles.
- You are further authorized to appoint solicitors on my/our behalf and give the solicitors full instructions as if the appointment are given by me/us with respect to the conduct of my/our claims against third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
- You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit. Upon settlement of my claim, you are authorized to sign any Discharge Voucher or any document to confirm my acceptance of the settlement as full and final discharge of my claim, on my behalf.
- Upon resolving my/our claim, you are authorized to agree with my/our solicitors on the amount of their professional cost and disbursements for acting for me/us and to relieve payment of the balance of the settlement sum on my/our behalf directly into your account.
- In the event that, I/we am/are required to attend at my/our solicitors' office or to attend court in connection to my/our claim, I/we shall render full co-operation.
- In the event that my/our claim against the third party and/or his insurers is Not successful or cannot be proceeded with, I/we authorized you to make a claim against my/our own insurers for the cost of repairs and any other losses recoverable under my/our policy of insurance. In this respects, I/we understand and accept that the excess amount applicable under the policy of insurance shall be borne by me/us. I/we shall also be personally liable to bear all legal cost incurred by you in claiming back for the repair cost by your Solicitors.
- If for whatever reasons, my/our insurers reject my/our claim for indemnity for the cost of repairs and/or any loses recoverable under the policy of insurance or make any offer to pay less than the amount claimed by you, I/we agree to undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred on my/our behalf or to pay you the difference in amount, as the case may be.
- I/we have read and understand the above statement and agreed.

Dated this 18 day October month 2021 year

Signature : 
Name : Kaz Auto Pte Ltd.
NRIC/ROC No. : 20000902C
Address : _____

Company Stamp





SATISFACTION VOUCHER

ACCIDENT INVOLVING SMT6344J AND SLW268G1 ON 17/10/2021
ALONG Pasir Ris Drive 1 Toward Loyang

I, Carz Auto Pte Ltd. hereby acknowledge having received from Carz Auto Services Pte Ltd, my vehicle bearing registration number SMT6344J, which has been repaired to my satisfaction and acceptance. And I agree that the payment of the account for such repairs to Carz Auto Services Pte Ltd. shall be in full discharge of all claims under policy number DMP CSNW00126702100 in respect of the damage caused in the accident.

Signature : 

NRIC/Co. Reg.: ~~202000902C~~

Date : 28/10/2021

Company Stamp:
(if applicable)



(*Based on final settlement from insurance)

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 19/10/2021 15:09 (SGT)
Date of Accident 17/10/2021 19:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information PASIR RIS DRIVE 1 TOWARD LOYANG
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMT6344J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KAZ AUTO PTE LTD
Company Reg No 2XXXXX902C
Email Address KAZAUTO2020@GMAIL.COM
Mobile Phone No (Phone) +65-90222226
Alternative Phone No +65-90222226

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Cla180
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 1332

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00126702100
Cover Note Number -

DRIVER

Name of Driver NG WEI HAO JANATHAN
NRIC No SXXXX561A

Date Of Birth	07/05/1983
Occupation	Indoor
Date Of Driving Pass	17/06/2005
Driving experience	16 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90222226
Alt. Phone Number	-
Email Address	KAZAUTO2020@GMAIL.COM
Address	BLK 3 BEACH ROAD #01-4821
Address complement	-
Postcode	S190003
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ZHENG HAI RONG
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER POLICE REPORT : G/20211018/7072

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	SLW268G
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE SHEUN HAUW
NRIC No	SXXXX812A
Contact Number	(Phone) +65-96382129
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	GBE2804J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ZHENG HAI RONG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMT6344J
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.

B. 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:

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

www.gia.com.sg

















SINGAPORE POLICE FORCE
POLICE REPORT (NP239)
 Police Station Of Origin
 Station Division HQ
 30 Beach Road, Singapore 45670
 Tel No: 1800 2440000



Report No. G00110187073

Date/Time Report Made 18/10/2021 17:04	File Report No.	Station Diary No.
Name Of Informant NG WAI HAO, JONATHAN	Address 3 BEACH ROAD #01-4821 SINGAPORE 180002	
ID Type / ID No NRIC NO: S8012811A	Contact No Home/Office	Mobile 90222228
Nationality SINGAPORE, CHINESE	Email Address JONATHAN@SCAD24.COM.SG	
Occupation Manager	Sex Male	Age 38
Education/School Name	Date of Birth 07/05/1992	Race Chinese
Date/Time Of Incident 17/10/2021 19:05 - 17/10/2021 18:10	Location Of Incident PASIR RIS DRIVE 1	

Brief details:
 On 17th Oct 2021 at about 7:05pm along pass rd at 1 towards toyang, my vehicle was stationary with my hazard lights on as there has been a serious accident at the cross junction. I had stopped my vehicle to help to direct traffic as it is raining at that time. My girlfriend (Shang Hanying No: S 8028907 G) was seated inside my vehicle at the time when suddenly I heard a loud bang and I realised that my vehicle had been hit by SLW 298 G due to the impact of GBE 2984 J barging on SLW 298 G. My girlfriend was injured due to the collision and was given 3 days of medical leave by Singkong General Hospital.

Subjects Involved:

Signature Of Officer Recording The Report Not applicable	Signature Of Informant The identity of the person making this report has been authenticated by Singapore. No signature is required.
Signature Of Interpreter Not applicable	Date/Time 18/10/2021 17:04
Officer In-Charge Of Case:	Classification Of Case:



SINGAPORE POLICE FORCE
POLICE REPORT (NP239) CONTINUATION OF REPORT



Report No. G00110187073

Notes:			
Person Name	NG WAI HAO, JONATHAN	ID No	S8012811A
ID Type	NRIC NO	Age	38
Gender	Male	Language	English
Race	Chinese	Address	3 BEACH ROAD #01-4821 SINGAPORE 180002
Occupation	Manager	Mobile No	90222228
Mobile No	90222228	Is Informant A Victim?	Yes
Person Name	NG WAI HAO, JONATHAN (Informant)		

Signature Of Officer Recording The Report Not applicable	Signature Of Informant The identity of the person making this report has been authenticated by Singapore. No signature is required.
Signature Of Interpreter Not applicable	Date/Time 18/10/2021 17:04
Officer In-Charge Of Case:	Classification Of Case:

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SS2721AI0008 Vehicle Registration No : SMT6344J
 Name(as shown in NRIC): Ng Wei Hao Jonathan
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 NRIC/Passport No : SXXXX561A
 Address : Blk 3 Beach Road #01-4821 Singapore 190003
 Contact (Tel) : _____ (H/P) : 9022 2226
 (Email) : kazauto2020@gmail.com
 Date of Accident : 17/10/2021 Time of Accident : 19:05
 Place of Accident : PASIR RIS DRIVE 1 TOWARD LOYANG
 Insurance Company : CHINA TAIPING

(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:

Amend Name of Insurance Company and Policy No

Insurance Company: China Taiping Insurance

Policy No: DMPCSNW00126702100

Signature of Vehicle Owner / Driver

Date:

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm