



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 : KCR0120221965CTI

Your Ref : GBJ4797G

Date : **27 MAY 2022**

WITHOUT PREJUDICE

China Taiping Insurance (Singapore) Pte Ltd

C/O LKK Auto Consultant Pte Ltd

51 Ubi Ave 1

#01-25 Paya Ubi Industrial Pk

Singapore 408913

Attention : Motor Claim Department

Dear Sirs,

Accident involving SNB1965H and GBJ4797G on 09.01.2022 along Leonie Hill Rd twds River Valley Rd.

We refer to the above accident. On our record showed that you are the insurer of motor vehicle GBJ4797G.

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 Mr Toh How Kiam Simon, the owner of motor-vehicle no: SNB1965H, we submit his claim to you:

Cost of repairs (Inclusive of 7% GST)	\$ 16,087.84
Loss of use (15 days x \$80.00-Pte Hire)	\$ 1,200.00
Loss if Income (15 days x \$110.00)	\$ 1,650.00
Towing Fee	\$ 50.00
GIA search fee	\$ 2.00
	<u>\$ 18,989.84</u>
	=====

Our claim for the loss of use is as follows :

<u>No of days</u>	<u>Date</u>	<u>Remarks</u>
	09.01.22	Date of Accident
1	10.01.22	Reporting
2	11.01.22	surveyed by LKK Auto
3	12.01.22	Day 1 repair
4	13.01.22	Day 2
5	14.01.22	Day 3
6	15.01.22	Day 4
7	16.01.22	Sunday
8	17.01.22	Day 5
9	18.01.22	Day 6
10	19.01.22	Day 7
11	20.01.22	Day 8

<u>No of days</u>	<u>Date</u>	<u>Remarks</u>
12	21.01.22	Day 9
13	22.01.22	Day 10
14	23.01.22	Sunday
<u>15</u>	24.01.22	<u>Day 11</u>
15 days		11 recommended repair days

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

- 1) Tax invoice no: KCR-INV2200154
- 2) GIA report and insurance certificate of SNB1965H
- 3) GIA search fee and invoice
- 4) Grab & Ryde Income Statement
- 5) Towing Bill :S/N5854

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 : CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
3 ANSON ROAD
#16-00 SPRINGLEAF TOWER
SINGAPORE 079909
TEL: 63896111 FAX: 62247175
ATTN: Motor Claim Department

Final No: KCR-INV2200154
Claim No: EST2200011
Date: 26 May 2022
Policy No: 5123491426
Veh Reg No: SNB1965H
Make/Model: HYUNDAI CN7
AVANTE 1.6 DOHC
CVT S/R
Chassis No: KMHLN41ETNU184940
Engine No: G4FMMU015905
Reg. Date: 07/09/2021

Your Ref No: GBJ4797G
Claim Type: Third Party
Accident Date: 09/01/2022
TP Veh Reg No: GBJ4797G

Tax Invoice to Vehicle No :SNB1965H

PAGE:1

Description	Quantity	List Price	Amount
		S\$	S\$

As recommended by surveyor to proceed repair at total cost/lumpsum cost	S\$ 15,035.36
Add GST @ 7%	1,052.48
Total Amount payable	S\$ 16,087.84

TOTAL: SINGAPORE DOLLAR SIXTEEN THOUSAND EIGHTY SEVEN AND CENTS EIGHTY FOUR 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	10/01/2022 15:13 (SGT)
Date of Accident	09/01/2022 13:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LEONIE HILL RD TWDS RIVER VALLEY RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB1965H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TOH HOW KIAM SIMON
NRIC No	SXXXX954C
Email Address	SIMONTOH88@GMAIL.COM
Mobile Phone No	(Phone) +65-90038765
Alternative Phone No	+65-90038765

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5123491426
Cover Note Number	DRIVO CLASSIC

DRIVER

Name of Driver	TOH HOW KIAM SIMON
NRIC No	SXXXX954C

Date Of Birth	21/07/1965
Occupation	Outdoor
Date Of Driving Pass	11/01/1983
Driving experience	39 YEARS
Gender	Male
Mobile Number	(Phone) +65-90038765
Alt. Phone Number	+65-90038765
Email Address	SIMONTOH88@GMAIL.COM
Address	BLK 194 RIVERVALE DR #02-755
Address complement	-
Postcode	540194
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 - Major/Minor Rd
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS STATIONARY AT THE LEONIE HILL RD TO GIVE WAY TO THE MAIN ROAD TRAFFIC TO CLEAR. WHEN THTE TRAFFIC WAS CLEAR, I PROCEED TO TURN LEFT TOWARDS RIVER VALLEY RD. VEHICLE B (GBJ4797G) SUDDENLY REVERSED FROM THE RIVER VALLEY RD TOWARDS MY VEHICLE. I SOUNDED MY HORN TO ALERT THE DRIVER AND HIS PASSENGERS BEHIND. VEHICLE B STILL CONTINUED TO REVERSE AND HIT ONTO THE FRONT PORTION OF MY VEHICLE CAUSING DAMAGE. NOBODY WAS INJURED AT THE TIME OF ACCIDENT. I HAVE A IN CAR CAMERA WHICH CAPTURED THE ACCIDENT.

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	TO EMAIL TO NTUC INCOME
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ4797G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
Name of Driver	MUHAMMAD HAIDHAR BIN ZULKIFLI
NRIC No	SXXXX578H
Contact Number	(Phone) +65-91194940
Address	BLK 39 CHAI CHEE AVE #08-231
Address complement	
Postcode	461039
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	VEHICLE B
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.

Policyholder's Signature / Date & Time

10-02-2022

Sketch Plan @ 1110 hrs

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

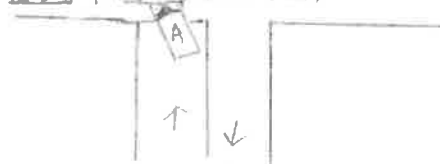
10-02-2022

@ 1110 hrs

Witnessed by Reporting Centre Personnel

River Valley Rd

← B → A (reversed)



Banyan Hill Rd

A: SNE 1965H

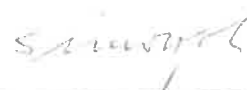
B: GBJ 4797G


Describe Circumstances of the Accident

I was stationary at the Leenie Hill Rd to give way to the main road traffic -> clear. When the traffic was clear, I moved to turn left towards River Valley Rd. A white car (REG 47474) suddenly reversed from the River Valley Rd towards my vehicle. I sounded my horn to alert the driver & his passengers which made a girl exclaimed to reverse and hit onto the front portions of my vehicle causing damage. Nobody was injured at the time of accident. I have a local camera which captured the accident scenario.

Declaration

We declare the foregoing particulars are true in every respect


 Policyholder's Signature / Date & Time 10.03.22
 @ 1110 hrs


 Driver's Signature (If driver is not the policyholder) / Date & Time 10.03.22
 @ 1110 hrs


 Witnessed by Reporting Centre Personnel

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5123491426

Cover : drive CLASSIC

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 1. Index mark and Registration Number of Vehicle | : To Be Advised |
| Chassis Number | : KMHLN41ETNU184940 |
| 2. Name of Policyholder | : TOH HOW KIAM SIMON |
| 3. Effective Date of Insurance | : 26 Aug 2021 |
| 4. Expiry Date of Insurance | : 25 Aug 2022 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her 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#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.
(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TOH HOW KIAM SIMON
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DICKSON CAPITAL PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : KOMOCO TRADING PTE LTD (00000614810)

Date of Issue : 26 Aug 2021 11:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

GBJ4797G

Date of Accident

09/01/2022 **Reset**% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **China Taiping Insurance (Sing...**Period of Insurance **30/04/2021 - 29/04/2022**Requested By **SHARON YEE (KANG CAR REPA...**Requested Date **10/01/2022 11:07****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**



S/N: 5854

SUNNY RECOVERY PTE LTD

*65-9233 0609

Email : sunnyrecoverysg@gmail.com

AGENTS

CASHY

24hrs Recovery Services

Job Details: Date : 9.1.22 Time Received : 15:30 Time Arrived : Time Completed : 		Car Details: Car Regn No : SHB1965H Make & Model : 		Operator Details: Driver's Name : Tow Truck No : Total Mileage (KM) : 	
		Police Force ID : ID :		Driver Signature :	
Location From: River Valloga Rd			Location To: Lot 1, Sub 1		
			Indicate Damaged Areas On Vehicles Day / Night Wet / Dry Clean / Soiled Place X On Damage Area For Scratch And Y For Dent		
<input type="checkbox"/> Accident / Breakdown <input type="checkbox"/> Multistorey / Basement / Shelter <input type="checkbox"/> Car Carrier <input type="checkbox"/> Crane Up / Winch Out <input type="checkbox"/> King Dolly <input type="checkbox"/> Change Tyre / Battery			<input type="checkbox"/> Removal Of Axel <input type="checkbox"/> Go Jak <input type="checkbox"/> Collect Key / Letter <input type="checkbox"/> Transport Charge <input type="checkbox"/> Standby <input type="checkbox"/> Cashcard: Yes / No S\$		
Remarks:					
Customer Declaration <ul style="list-style-type: none">I am entitled to the service requested. In the event of this sequently not being the case, I shall be responsible for the cost of any assistance provided.I accept that any roadside repairs will be a temporary nature and that advice of a franchised dealer should be sought by me as soon as possible.In the case of forced entry, I confirm that I specifically requested that the operator to forcefully enter the vehicle and that all damages occasioned thereby is and shall be my sole responsibility. All removable item of value should be removed separately. I declare that there is no valuable items in the vehicle.I accept that any removable items left in the vehicle will not be the responsibility of the emergency service or their agents.Conditions on the use of the recovery trucks, truck cranes, etc, and the recovery of vehicle is at my own risk. Sunny Recovery Pte Ltd will not be responsible for any consequences which may arise due to breakages or other unforeseen circumstances.					
Customer Name & Signature :		Date :		Phone No :	
Agent/Dealer Declaration <ul style="list-style-type: none">I hereby represent the company and verify that the abovementioned vehicle has damages as indicated by Sunny Recovery Pte Ltd or their agents.Any damages or loss of valuable found after this acceptance of declaration will not be held against Sunny Recovery Pte Ltd or their agents.					
Release to Name & Signature :		Date :		Phone No :	
Payment Details : Cash :		Cheque :		Others : \$50	